



# Investigation of Catholic Relief Services-Madagascar

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*Produced by the Population Research Institute*



Priests and religious worshipping during Mass at the Cathedral in Antananarivo

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# Executive Summary

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The Population Research Institute (PRI) carried out an investigation of Catholic Relief Services (CRS) activities in the African country of Madagascar in late 2012. We were particularly interested in the degree to which CRS was collaborating with USAID and other U.S. Government-funded non-governmental organizations (NGOs), in the execution of the “integrated health and family planning programs” in that country. We found, at the time of our research that:

CRS was working together with CARE and Population Services International (PSI) on an “integrated health and family planning program” in Madagascar called “SantéNet2” [HealthNet2]. This is a program of the U.S. Agency for International Development (USAID) which, it is important to note, is CRS’ major donor.

CRS was collaborating with Cooperative for Assistance and Relief Everywhere (CARE) and PSI as fellow members of a “consortium,” which is a funding/program-execution arrangement that is now generally favored by USAID for the NGO organizations that receive its grants. The “lead agency” of the SantéNet2 consortium was RTI (the Research Triangle Institute), with CRS, CARE, and PSI as three of the leading “subs,” or sub-grantees, of USAID/RTI.

Over the course of a month in-country, we interviewed dozens of Catholic bishops, clergy, CRS employees, and representatives of other NGOs. Many of these interviews, along with the reflections of our field investigator, are included verbatim in the following report. We believe that the comments of the CRS employees, as well the clergy whom we interviewed, speak for themselves. We believe that African Catholics, who are the supposed “beneficiaries” of such programs, should also be allowed to speak for themselves, in their own voice, and we have allowed them to do so.

Their comments reveal, in sometimes jarring fashion, the huge gulf between the Church’s notion of charity and CRS’ USAID-driven version of the same. For example, the leading archbishop of Madagascar, whose archdiocese includes the capital city, reflecting on CRS-Madagascar’s almost total dependence on USAID funding, told us that he himself “would rather live in his poverty than take money from USAID.” You will read why in the enclosed report.

Likewise, our investigation revealed what we can only characterize as a deliberate effort on CRS’ part to “skirt” the official teaching of the Magisterium on the Life issues for fear of offending their major donor, USAID, which obviously promotes (and funds) a view that is diametrically opposed to the Church’s on a

whole host of issues, including abortion, sterilization, contraception, marriage, and so on. We believe that there is an irreconcilable tension between CRS’ claim to be a Catholic charity—the “official international humanitarian agency of the Catholic community in the United States”—and its true character as a U.S. NGO. To conform to Pope Benedict’s *Motu Proprio*, CRS should become an integral part of the USCCB (U.S. Conference of Catholic Bishops), and should carry out its programs through the local diocesan bishop.



Chapel of a Malagasy Blessed, Catholic Cathedral in Antananarivo

## Santénet2

Santénet2 is one of USAID/Madagascar's largest programs, and its main goal is to expand demand for and use of services more broadly and deeply into communities, with the ultimate goal of providing quality, pro-poor health services. By the end of the project period, the percentage of Malagasy people who have access to quality basic health services will have increased from 40 to 65 percent.

It has four components. The first component, community programs, has four strategic foci: (1) implementation of the Champion Community approach in 800 communes; (2) production of Champion Community tools; (3) Implementation of a IEC/BCC strategy with the involvement of Faith-Based Organizations (FBOs) and the media; and (4) scaling-up community-based funding mechanism. The second component, strengthening community health systems has four strategic foci: (1) strengthening of social and technical quality in the Champion Community communes; (2) training standardization and decentralization; (3) building a culture of data for decision-making; and (4) community supply system for health commodities. The third component, strategic results, has five strategic foci: (1) improving maternal and child health and nutrition; (2) scaling-up family planning, reproductive health, and safe motherhood services; (3) expanding community-based services for malaria prevention and control; (4) promoting prevention of sexually transmitted infections/HIV/AIDS among sex workers and Men who have Sex with Men (MSM); and (5) establishment of a Water, Sanitation and Hygiene (WASH) strategy. The fourth component focuses on coordination.

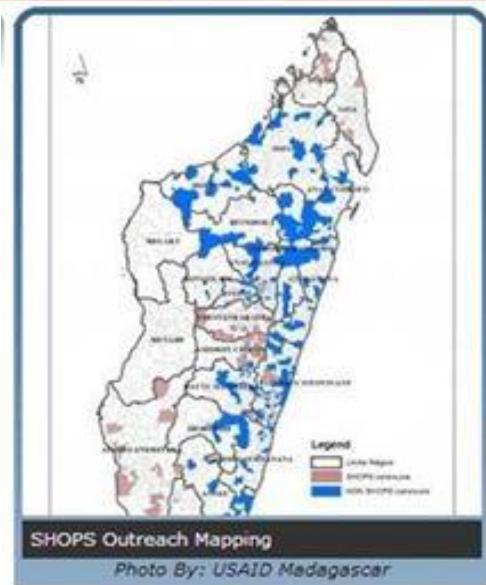
**Duration:** 7/25/2008 – 7/24/2013

**Cost (total cost over the life of the project):** \$31,889,785

**Implementing partners:** RTI, IntraHealth, PSI, CARE, AIM, AINGA, ASOS, Ny Tanintsika, Zetra, ODDIT Tamatave, SALFA, ACCES ZON'OLOMBELONA, SAGE, PENSER, ODEFI, MSIS, AINGA, DRV, Sandandrano, Fikrifama, APMM, IPM

**Focus Areas/Regions:** Amoron'i Mania, Analamanga, Analanjirofo, Androy, Atsimo Atsinanana, Boeny, Atsinanana, Haute Matsiatra, Ihosy, Sava, Vakinankaratra, Vatovavy Fitovinany

**Planned number of direct beneficiaries reached over life of the project:** Total estimated population of the coverage area is 10 million.



## Screen shot of the SantéNet2 program from the USAID website



# Introduction

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Population Research Institute's (PRI) investigation was carried out by an individual who has worked in francophone countries in Africa for both faith-based and non-faith-based non-governmental organizations (NGOs) for many years and who is *fluent in French*.<sup>1</sup> Madagascar was chosen as the site of the investigation since it is a French-speaking country where Catholic Relief Services (CRS) has a robust presence. Our investigator carried out on-the-record interviews with the leaders of both the Catholic Church in Madagascar and the NGO community at large. These verbatim interviews comprise the greater part of the report that follows.<sup>2</sup>

Names are obviously named in this largely unexpurgated report. None of what our investigator reports was said to him in confidence. All interviews were, as they say in the journalistic trade, on the record.

Like Archbishop Désiré Tsarahazana, the archbishop of Toamasina/Tamatave, we regard the employees of CRS and the other NGOs with whom we spoke to be “well-intentioned.” Nothing that we say is intended to be a personal attack and is not to be construed that way. The question is not whether CRS is “good”; the question is whether, on the ground in the countries where it operates, that it acts, or is able to act, in a manner that is authentically Catholic. That is what Catholic officials in Madagascar told us that the question should be and that is the question that we have tried to address.

There is little doubt that CRS will accuse PRI of causing scandal by allowing, by means of this unexpurgated report, the complaints of African bishops and laity about CRS to reach the ears of their Catholic counterparts in the U.S., Canada and Europe. We riposte that *the true scandal is one of CRS' own making*. For not only has it involved itself in programs that violate Church teaching, it has also willfully ignored the just complaints of African Catholics about its activities. Instead of taking corrective action—which would necessarily include informing the “Catholic community of the USA” to which it purportedly belongs of both the complaints and their resolution—it has instead sought to justify, cover-up and even, in some cases, to dissimulate about its continuing involvement in such programs. This is the true scandal.

We realize that these are serious charges. We are prepared to support them with first-hand evidence. As you will read within, the bishops of Madagascar tried for two years to arrange a meeting with the American bishops responsible for CRS to air their concerns about CRS' activities in their country. When that meeting finally took place late last year in the Madagascar capital, Bishop Gerald Kicanas and CRS Director Carolyn Woo heard the assembled Madagascar bishops complain about how the activities of the



Catholic Relief Services sign in their Antananarivo office

<sup>1</sup> His credentials include U.S. Peace Corps (Chad, Central African Republic); M.A. in African and Development Studies (Ohio University); Foster Parents Plan International (Mali); USAID (Côte d'Ivoire; Djibouti); Food for the Hungry (Mozambique); World Vision (Angola); American Red Cross (East and Southern Africa).

<sup>2</sup> All interviews/conversations were conducted in French except the following, which were conducted entirely or mainly in English: All at CRS-Madagascar HQ, all at USAID-Madagascar, with Henri Rabesahala, Deputy Country Representative Operations, PSI Madagascar, with François Gourraud, Project Director, Marie Stopes Madagascar, with Volkan Cakir, Chief of Party, SantéNet2/RTI, and with Penny Dawson, Chief of Party, MAHEFA/JSI

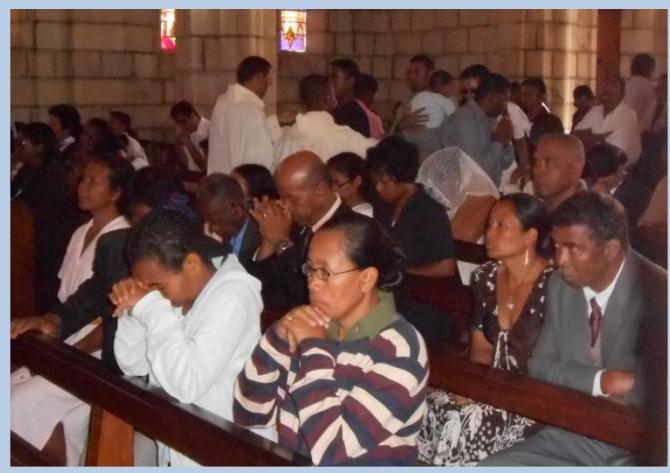
so-called “Catholic” Relief Services undermined both their authority and the teaching of the Church. They requested that CRS inform the American bishops and laity of the nature of their collective grievances and to take corrective action. Did CRS behave in a responsible, accountable, and transparent manner by honoring that request?

A similar request was made by the assembled African bishops at a recent, continent-wide *Caritas-Africa* meeting held in Kinshasa, in the Democratic Republic of the Congo. (The Kinshasa documents can be found in Appendix C.) The African bishops criticized – diplomatically, but surprisingly frankly – the un-Catholic behavior of certain “sister *Caritas* organizations from Northern countries.” Among the

“Northern sister organizations,” it should be noted, it is CRS that arouses the highest degree of African indignation according to PRI’s sources. Did CRS inform the Catholic bishops, who annually encourage the laity to respond to CRS’ fundraising appeals, of these problems? What about the laity itself? We could find no evidence that they did.

“The Catholic community in the United States,” which CRS claims to represent, almost never has the opportunity to hear the authentic voices of African bishops, priests, religious, or laypeople speaking frankly about the official aid programs that the U.S. government runs, through CRS and other NGOs, on the African continent. This report provides a rare opportunity to listen to some of those voices.

Malagasy Catholics praying in the Antananarivo Cathedral



To the criticism that these views represent a minority view among Catholic bishops and clergy in Africa, we reference the Caritas-Africa meeting in Kinshasa meeting. This meeting—providentially in our view—took place while our investigator was on the ground in Madagascar. (Just as providentially, the meeting between Bishop Kicanas, Carolyn Woo, and the Malagasy bishops occurred only a couple of months prior to his sojourn in that country). When he asked Malagasy bishops and local *Caritas* officials for their opinions on CRS, they immediately referenced the Kinshasa gathering and handed him documents from that meeting, as partial proof that the prevailing African sentiment regarding CRS was negative. (Translations of relevant portions of the documents can be found in an appendix to this report (Appendix C).)

We note that we were not actually present at that meeting and so we cannot personally attest that these Malagasy Catholic officials are correct in their claims of widespread anti-CRS sentiment: We are simply reporting what they told us. At the same time, it is clear to us that the Kinshasa meeting was a very important milestone in the intra-Church dialogue that the African bishops are attempting to carry on with American bishops.

After all, it resulted in the issuance of Pope Benedict XVI’s *Motu Proprio*, “On the Service of Charity” (Appendix B). This is the Magisterium’s definitive response to the complaints of the bishops of the less-developed world about the high-handed way that CRS and other “Northern Caritas organizations” operate in their countries and dioceses. It codifies the changes that the bishops of the developing world would like to see in the way that Catholic charities are organized and administered.

This full report provides, in a way that our earlier Weekly Briefings on this subject did not, the cultural and programmatic context in which CRS operates. It is almost impossible for someone who does not have extensive experience with U.S. Agency for International Development (USAID)-funded organizations

and programs to appreciate the kinds of constraints under which CRS works and the kinds of pressures to violate Church teaching to which it is subject.

Our chief focus here is the SantéNet2 program, in which CRS, Cooperative for Assistance and Relief Everywhere (CARE), and Population Services International (PSI) collaborated in a program that included a strong family planning component. But we are also at pains to illuminate how the entire stable of USAID-funded organizations works together in pursuit of what the director of the Program Office of USAID-Madagascar told us was *her agency's "life-saving" mission to promote artificial contraception*.

It is this for this reason—to provide a fuller context of the poisonous atmosphere of population control that permeates USAID programs—that our report includes interviews with the employees of organizations that were not directly involved in SantéNet2.

For example, we interviewed a doctor who works at a family planning clinic funded by USAID and run by the big UK abortion provider, Marie Stopes International. The doctor told us that he was a “practicing Catholic” and, even though he understood that he was violating the official teaching of the Catholic Church, felt that he had a moral obligation to help poor women obtain access to modern forms of contraception. Abortion was a different matter, however. He said that he was personally opposed to abortion and did not participate in the training sessions on abortion provided by the USAID-funded Marie Stopes-Madagascar. When women came to his clinic to ask him for an abortion, he told us, he would refer them to the main Marie Stopes facility in town.

The laws in Madagascar expressly forbid abortion except when necessary to save the life of the mother. So perhaps it is no surprise that, when we visited the main Marie Stopes facility, we were told by the director that *no* abortions were performed there.

Such interviews can provide valuable insights into the relentlessly pro-abortion, pro-population control views espoused by the employees of CRS’ major donor, the USAID, and help us to understand the corrosive ideological, moral and, not least, financial context in which CRS and its employees operate.

They help us to understand the frustration of Archbishop Odon Razanakolona, the Archbishop of Antananarivo, when, asked by CRS employees if they could put up a USAID sign in his office, “threw them out of his office.”



Malagasy woman getting hormonal contraceptives inserted in a clinic in Antananarivo

“ The Program Office of USAID told us it was her agency’s ‘life-saving’ mission to promote artificial contraception. ”

## Past Constructive Criticism Rejected

We did not expect to that our initial reports would be warmly welcomed by CRS. We were familiar with the hostile reaction that the distinguished Catholic moral theologian, Dr. Germain Grisez, received from CRS when he essayed an article critical of the organization's involvement in family planning. ("The Church Betrayed?" *Catholic World Report*, April 17, 2011). "What has been going on at CRS must be investigated," urged Dr. Grisez, telling the CRS Board of Directors that:

*If there has been betrayal at CRS, the evil is not unlike the clergy sexual seduction scandal, especially insofar as it spiritually harms those who should be served. I trust Archbishop Dolan, unlike Cardinal Bernard Law, will not compound any wrongdoers' wickedness by looking the other way, and I hope that other board members will cooperate with him in doing their duty. ... When the inquiry is completed, the results should be published, and the board should see to it that future CRS operations be transparent. In fact, regardless of what an inquiry turns up, it seems clear that CRS officials have not been fully open and above-board about what the agency is doing. That lack of accountability must end.*

Dr. Grisez' advice was rather sharply rejected, and there has been no move, obvious to us at least, in the direction of greater transparency.

## Pro-Life vs. "Pro-Life"

We at PRI think of ourselves as a pro-life organization, and by that mean that we are in favor of protecting human life from conception to natural death. We also oppose contraception, for the simple reason that it also constitutes an offense against the Author of Life and a direct rejection of the goods—children—that He would bestow upon us.

We recognize that CRS sometimes also refers to itself as a "pro-life organization." But it uses this term not only in the clear sense of Pope Paul VI's encyclical, *Humanae Vitae*, but in the broader fashion common to those who confuse authentic charity with social welfare programs run or funded by the government. "We feed the hungry," so goes the argument, "so we are pro-life." This leads to absurdities such as USAID's claim that it is "pro-life" because it distributes abortifacient contraceptives, because they have the secondary effect of reducing maternal mortality. "We had to destroy life in order to save it," USAID is saying in effect.

By this catch-all definition, almost everything we do for our fellow human beings and for ourselves is "pro-life." When we eat, when we drink, when we hydrate, we are acting in a "pro-life" fashion to sustain our lives. But if every act is "pro-life," then no act is recognizably so. Thus is the concept of being pro-life vitiated into meaninglessness.



Children heading to class at a Catholic school in Toamasina/Tamatave

## Follow the Money

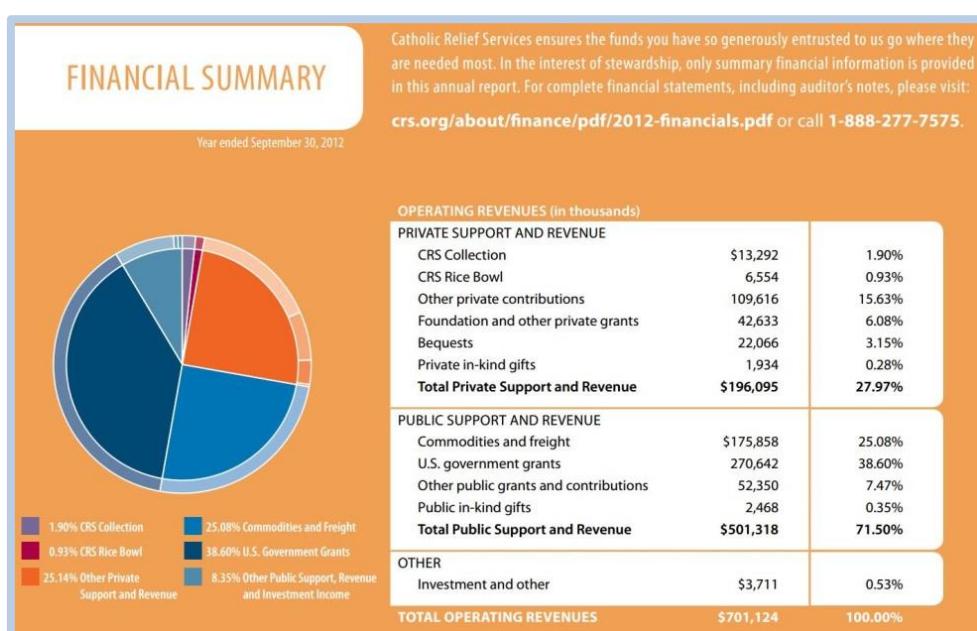
**“Where Your Treasure is, There Shall Your Heart be Also,” Matthew 6:21**

Many of the recent criticisms of CRS have revolved around the cozy relationships, financial and otherwise, that it enjoys with NGOs such as PSI and CARE that openly promote abortion, distribute abortifacient contraceptives, and the like. To describe this relationship, we and other critics of CRS have said that CRS is making “grants” to PSI, or that “the Church” is “funding” CARE.

CRS has strenuously objected to the implication that it is using money raised from *voluntary contributions from Catholics* to fund organizations that are fundamentally at odds with the Church on a whole host of issues. CRS maintains that the funds provided to PSI, CARE and other groups in its now infamous series of grants come not from the pews, but rather *from the U.S. government* and that it is kept in *carefully segregated accounts*. For example, when in late 2012 it was first revealed that CRS had made grants to CARE, the agency predictably responded that these were not “CRS grants” at all, but were merely “pass-throughs” of funds that actually *belonged* to the U.S. Government.

As anyone who has multiple bank accounts knows, however, funds are fungible. Funding provided for one purpose frees up funds that can be used for another. Maintaining separate accounts, as CRS does, is a mere bookkeeping solution which in no way resolves the problems that arise when an organization materially cooperates with evil.

For the sake of argument, however, let us take CRS’ exculpatory explanation at face value. After all, CRS does in fact receive some 70 percent of its funding, or \$500 million, in the form of grants from one or another U.S. government agency. And, in the case of the “grants” that CRS turns around and makes to CARE or PSI, it is not CRS’ own funds that are being disbursed. Rather, CRS is simply facilitating the *transfer* of part of a *U.S. government* grant to one of its fellow NGOs. So it is literally true that in the cases that have been in the news it is U.S. government funds that are being passed through, not CRS’ own funds. CRS does raise some \$200 million from non-governmental sources each year, but it’s highly unlikely that it would turn over its own money to fellow NGOs of questionable moral character.



Financial Summary from the CRS 2012 Annual Report

At the time we carried out our investigation, upwards of 80% of CRS’ support in Madagascar was coming from USAID, which is to say that some four-fifths of CRS-Madagascar’s money was not its own. In fact, CRS was making only one significant, genuine *grant* of its own funds. That grant, we were happy to learn, was to a Catholic organization, the Episcopal Conference of Madagascar. USAID funding, on the other hand rarely, if ever, found its way into the coffers of the Catholic Church because of separation of church and state considerations.

## **Is CRS a Privately Funded Charity or a Publicly Funded NGO?**

**(Hint: It cannot be both.)**

Over the past half century many faith-based charities, along with others of more secular stripe, have gradually become so dependent upon government funding that it is accurate to say that they are now almost wholly government owned. Meghan Clyne, reviewing the book *With Charity for All*, in the pages of the *Wall Street Journal*, is spot on when she writes that “the charitable sector is thoroughly fused with government. Many charities exist simply as government subcontractors.” [“With Charity for All; the Giving Business,” Meghan Clyne, WSJ, 15 April 2013]

This dependency upon government-funding is especially marked among the NGOs which help USAID to carry out its foreign aid programs, including those directed towards fertility control and population reduction. CRS, which manages to extract a half billion dollars a year from the public coffers, is one of the more astute practitioners of the kind of “crony philanthropism” that Clyne describes and, as we noted above, receives 70 percent of its funding from the U.S. government. Catholics who see the government as an ally in their efforts to achieve “social justice” are largely blind to the dangers inherent in such dependency. Although the advent of Obamacare is giving even some welfare-statist Catholics pause, many still try to minimize the dangers of becoming financially dependent on a government that is increasingly secularized and fundamentally hostile to many tenets of the Catholic faith.

It is the secularizing influence of the U.S. government — not CRS’ occasional bank transfers to PSI of government money — that accounts for CRS’ secularization. The bank transfers constitute material cooperation in the evil done by PSI, to be sure, and are, of course, highly visible. But it seems to us at PRI that even more importance should be attached to CRS’ intangible but ongoing, 24-hour-a-day, formal, “human-resource based” cooperation in the evil done by USAID through PSI and other NGOs.

While CRS *should*, if it wants to avoid compromising its Catholic identity, give up the annual bonanza it receives from the federal government, what it in fact *does* is precisely the opposite: It lobbies, continuously and indiscriminately, for ever more foreign aid. As James Piereson recently wrote in the *Wall Street Journal*, “In 2012, the U.S. Conference of Catholic Bishops received \$63 million [from the federal government], and World Vision, an evangelical relief organization, received \$57 million in federal grants. … [I]n view of their dependence upon government funds, no one can seriously maintain that these groups are ‘independent.’ Instead, they form one of the more powerful lobbying forces in Washington for increasing government spending….” [“How Big Government Co-Opted Charities,” James Piereson, WSJ, 17 July 2013]

Catholics can perhaps be forgiven for failing to realize that CRS is more government-funded NGO than privately funded Catholic charity. After all, the organization goes to great lengths to convince the people in the pews, no less than the bishops in their chanceries, that it is an authentically Catholic organization.

But with government funding comes not only dependency, but also a blurring of one’s identity and, ultimately, a loss of control. It is that loss of Catholic identity and purpose that accounts for the general distain with which the interviewed Malagasy Catholics hold “Catholic” Relief Services.

## Pope Benedict's *Motu Proprio*: A Dead Letter?

We interviewed the CRS-Madagascar country representative only a few days after Pope Benedict had issued his *Motu Proprio*, "On the Service of Charity." This document seemed to indicate, *inter alia*, that Catholic charitable agencies were not to make grants to, or receive funding from, organizations such as CARE and PSI.

When we advised the country representative of the content of the *Motu Proprio*, which she had yet to read, she did not seem at all concerned that CRS might not be able to make any more "grants" to CARE. Of course, she knew what most outside observers fail to grasp, which is that CRS *never makes any real grants to CARE* anyway, but merely transfers *USAID money* to that organization.

She also knew that, should the Vatican attempt to restrict exchanges of U.S. government funds between CRS and other NGOs such as CARE and PSI, this would only cause, at worst, a momentary technical hiccup: USAID would simply resume its former practice of making separate grants directly to each recipient NGO. CRS and other USAID surrogates would continue to receive exactly the same amounts of government money and would continue to do exactly the same things. Nor would such a prohibition on transfers in any way inhibit CRS' *real* cooperation, its meaningful cooperation, with the CAREs and PSIs of the NGO world, for such cooperation is not based on money, but on shared ideologies and social networks, and a common NGO culture. It would be business as usual.

Instead, her reaction on learning the outlines of Pope Benedict's *Motu Proprio* was to go right to what she saw as the heart of the matter. Remarking on what would happen if you took the apostolic letter literally and stopped taking USAID money, she expostulated, "I don't think that we could do development anymore! ... I think...you start questioning: 'Well, how could you do development?' It wouldn't matter where the funding source came from. For me that's a secondary issue. It's...on the ground, who could you work with if you...I mean...because those people...I mean even if they weren't receiving those services from another [foreign-funded NGO] organization, they're going to be receiving training from the government about family planning. How could we stop that? Or how could we stop working with community health volunteers that receive this type of information. So, uh, I think, you know...it's just a very fine line..."

To which we say: It's only a fine line if CRS remains primarily a USAID-funded NGO. If CRS were an authentic, privately funded charity run for and by the Catholic Church and its bishops such problems would disappear. It would no longer, as a condition of receiving USAID money, be required to cooperate with evil. And it is clear that the Pope, in issuing the *Motu Proprio*, intends precisely this outcome.

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Global Health Projects: Madagascar

SantéNet 2 (2008–2013)

Client/Agency

United States Agency for International Development

Background

Activities and Results

The project will strengthen community-level health service provision and address bottlenecks in the Ministry of Health and Family Planning's (MoHFP's) strategy to decentralize the national health system.

Specifically, RTI will seek to help the MoHFP and communities fill the service gap by enhancing and scaling up training of community health workers, expanding public demand for services through information and education campaigns, and linking the community health centers to a reliable supply chain of health commodities. In the first year, the project will target 200 communes, ultimately reaching out to 900 across Madagascar.

SantéNet 2 will also shore up weaknesses in the national health system through activities aimed at strengthening the quality assurance system for local health facilities, updating the curricula and teaching methods at medical schools; integrating and improving monitoring of the drug supply programs for malaria, childhood illnesses, and sexually transmitted infections (STIs); and promoting data-driven resource allocations using a national health management information system (HMIS).

SantéNet 2 will promote gender equity at every step in the project. Local partner Dinika sy Rindra ho an'ny Vehivavy (DRV) will conduct gender sensitivity and programming training for project staff, as well as conduct assessments of project activities' impact on gender equity and recommend remedial measures.

Additional partners include IntraHealth, PSI, CARE, and Catholic Relief Services

The SantéNet2 program on the website of RTI International, another USAID funded NGO

## **Formal Cooperation in Evil Goes Beyond Dollars and Cents**

As we mentioned above, the problem of CRS' formal cooperation with evil cannot be quantified in terms of dollars and cents and therefore cannot be resolved by merely keeping separate books or by resorting to other clever accounting techniques. It involves much more profound issues: shared ideologies, interlocking social networks, and a common NGO culture that is defined and enforced by USAID.

Let us illustrate this point by referencing an internal CRS-Headquarter email exchange concerning a cooperative arrangement that CRS entered into with PSI more than a decade ago. It is important to note that this arrangement does not involve sharing (or "passing through") USAID funding but rather has to do with developing and sharing a common, USAID-fostered ideology.

The e-mail exchange concerned CRS' new membership in the "Interfaith Center for Corporate Responsibility." The specific issue being discussed was the "screens" that CRS should be using to avoid association with *corporations* (not governments) that are now or which have in the past engaged in "wrongdoing."

In this context, the priest-counselor to the president of CRS makes the extraordinary statement that, for CRS: "PSI can become the resource base called upon for justice and peace issues in this area."

It should be obvious that for one of the most prominent pro-abortion, pro-contraception organizations in the world to serve as a "resource base" — a source of advice and counsel — for CRS on anything, much less on fundamental "justice and peace issues," is highly problematic.

Note that in this example of CRS-PSI cooperation it is highly unlikely that any money changes hands. That is to say, no grants were made or received, and no USAID pass-through funds were involved. The question of funding, and the attendant question of the fungibility of such funds, never arises.

Still, anyone who is aware of the character of PSI as one of the world's leading population control organizations would recognize the seriousness of the problem here. It would not be enough to simply say to CRS: "Be careful not to pass through any USAID money to PSI as you work closely with, and take advice from, your fellow humanitarian NGO on certain justice and peace issues." For if *financial* cooperation raises issues of fungibility, then *moral* cooperation — or what CRS likes to call active and positive *engagement* with anti-Catholic governments and organizations — poses even more serious "fungibility" problems. The reality is that CRS has been infected by the polluted cultural sea in which it chooses, for monetary considerations, to swim.

CRS likes to claim that its participation in such forums as the "Interfaith Center for Corporate Responsibility" provides it with an opportunity to teach the Catholic faith. This assertion is ludicrous on its face. Imagine, if you will, a lone CRS representative standing up in a roomful of her colleagues from secular humanitarian organizations — all funded by USAID and all in the population control business — and arguing for the Catholic position on birth control. She would be laughed out of the room, after which USAID would cut off the funding for the program that pays her salary.

The issue of taking tainted government funding did come up in the discussion over the "Interfaith Center for Corporate Responsibility." One CRS participant in the discussion did "express ... a concern that CRS

may get criticized for imposing certain screens on corporations but not when we deal with governments that engage in unacceptable activities: e.g., abortion programs or pharmaceuticals..."

Here we come to the heart of the issue. The NGOs that "engage in unacceptable activities" do so at the behest of, and with funding from, USAID and other government entities. PSI, CARE and the rest of the alphabet soup of NGOs are effectively owned and operated by the U.S. government, which prefers to carry out unpopular anti-people programs in foreign countries through surrogates. In CRS' case, it is not just that the organization "deals with" a USAID that methodically promotes abortion, sterilization, contraception and other evils, it's that CRS is effectively an extension of USAID in over two-thirds of what it does, and is seen as such by the local bishops and Catholics among whom it works.



An array of contraceptives and abortifacients displayed at a clinic in Antananarivo

Our investigator was in Madagascar on the day that "On the Service of Charity" was issued by Pope Benedict. We believed that the document was clearly intended to limit CRS' immoral cooperation with immoral organizations. But we also understood that the only "organization" that really mattered, as the interview with the CRS country representative showed, was the U.S. government. If the Pope's *Motu Proprio* was "interpreted" to exclude governments, nothing would change. It would become a dead letter.

Sadly, that is exactly what initially happened. The secretary of *Cor Unum*, Msgr. Giovanni Pietro Dal Toso, quickly issued a "clarification" that said, in effect, that Catholic NGOs such as CRS may continue to accept USAID funding, even though USAID is the biggest and most aggressive promoter of abortion, sterilization, and contraception on the planet.

CRS was quick to tout the exemption from the *Motu Proprio* that it had won for itself, saying:

*The Holy See has publicly confirmed that Church agencies may accept government funds, even if the government's policies do not fully conform to Catholic teaching, provided that the purpose for which the government funds will be used is in compliance with Catholic teaching. In an interview with Catholic News Service on December 6, 2012, Msgr. Giovanni Pietro Dal Toso, secretary of the Pontifical Council Cor Unum, explained that an apostolic letter on this topic by Pope Benedict XVI issued on December 1, 2012 "would not necessarily prevent such agencies from taking money from national or local governments that fund, promote or permit practices condemned by the church [sic], such as abortion or contraception."*

Of course, it is not merely the case that the Obama administration's policies, alongside USAID's more longstanding ones, "do not fully conform to Catholic teaching." Rather it is the case that on a host of fundamental issues not subject to prudential judgments, such as abortion, sterilization, contraception, marriage, gender ideology, population, etc., it relentlessly promotes and funds views that are *diametrically opposed to and serve to undermine Church teaching*.

CRS, like the other NGOs that receive a majority of their funding from USAID, has been influenced in various ways by the views of its major donor. This is why, when we spoke with Archbishop Désiré, current head of the national bishops' conference of Madagascar, he was not at all happy with "Catholic" Relief Services. (The quotation marks around "Catholic" are his.) He did not consider it Catholic. He did not consider it charitable. He did not appreciate that it was not in meaningful contact with him about its activities. He was not happy that it was involved in artificial family planning programs in his diocese.

It is worth noting that, when it came to assigning blame for the scandalous behavior of CRS — and the other nominally Catholic, government-funded NGOs that operate in his country — the mild-mannered archbishop did not condemn CRS' field workers in Madagascar. These he regarded as, in his words, "well-intentioned." "It's the Church's fault," he said instead. He was, of course, referring to the Western Church and its bishops, who first set up CRS and like-minded organizations as NGOs precisely so they could receive vast amounts of government funding. And who have been ceding, bit by bit, effective control of the organization they created to the U.S. government ever since.

#### D. Malagasy Community Health Volunteers

Madagascar's Government recognizes CHVs as an effective vehicle for reaching its predominantly rural population. CHVs were trained between 2007 – 2009, with the implementation of CIMCI from 2010. More than 13,000 CHVs are providing health services, many of them trained and supervised by local, international, and faith-based NGOs. USAID/Madagascar implements two large, integrated community-based primary health care projects where CHVs provide family planning, maternal health, and community case management, as well as water, sanitation, and hygiene communications and services.

The tasks CHVs perform are distinguished by training level and category. Level 1 CHVs have been trained to provide basic counseling and health education, while level 2s have had more advanced training, enabling them to also diagnose certain conditions and provide some treatments. For example for family planning, level 1 CHVs offer the standard days method (cycle beads), condoms, and pills and refer for long-acting and permanent methods, whereas level 2 CHVs also provide injectable contraceptives.

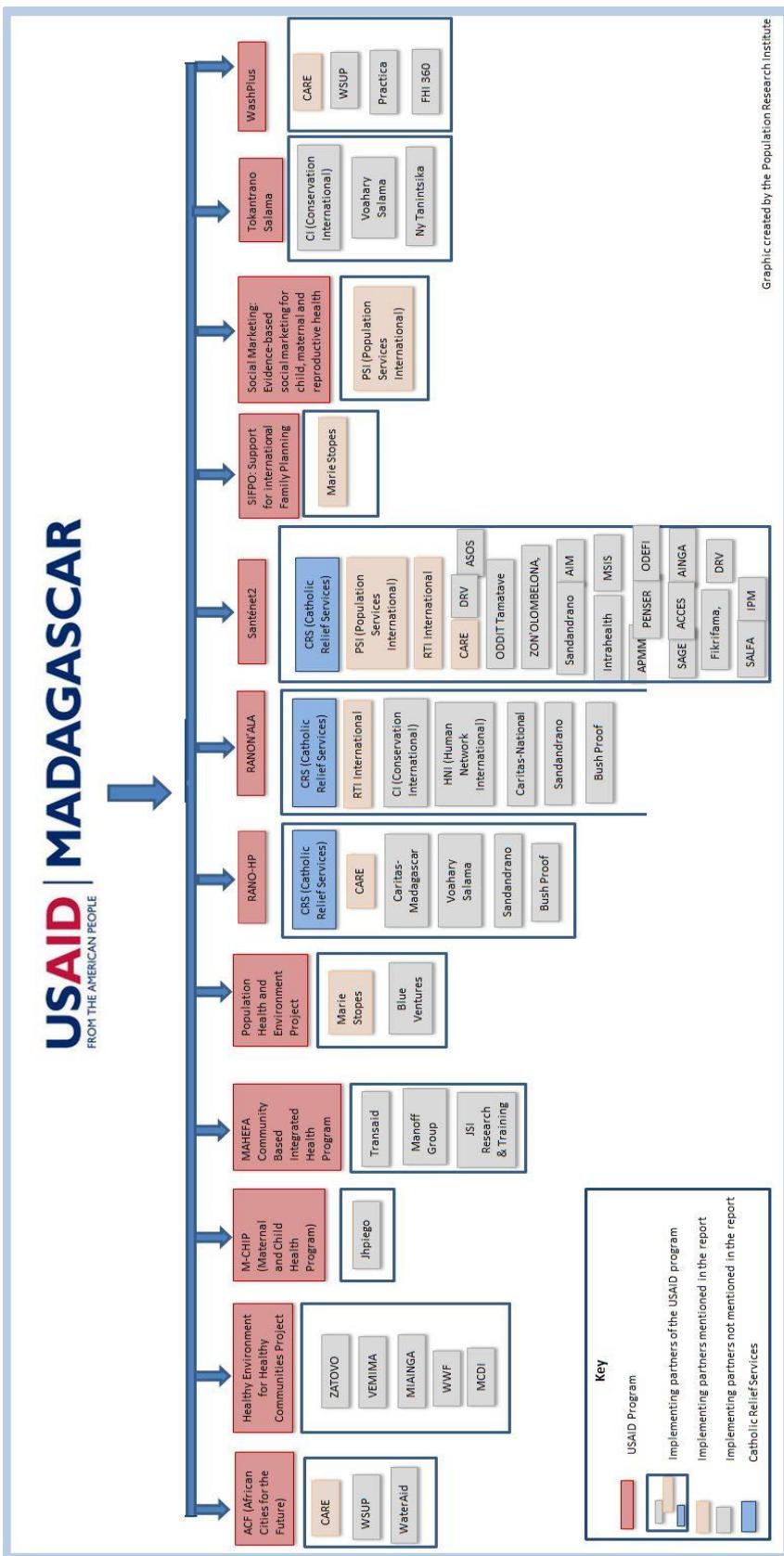
**Table 3: Number of SN2 Level 2 CHVs by Region, NGO, and Type (Mother/Infant)**

Region	NGO	Level 2 CHV (Mother)	Level 2 CHV (Infant)	TOTAL
Atsinanana	CRS	138	128	266
	CARE	158	143	301
	ODDIT	53	218	271
	MSIS	46	45	91
Analamanga	AIM	424	421	845
	SN2	25	25	50
Androy	ASOS	319	358	677
	CRS	222	228	450
<b>Total</b>		<b>1385</b>	<b>1566</b>	<b>2951</b>

Note: CRS stands for Catholic Relief Services; CARE for Cooperative for Assistance and Relief Everywhere; ODDIT for Diocesan Organization for the Development of Toamasina; MSIS for Multi-Service Information Systems; AIM for Intercooperation Association Madagascar; and ASOS for Action Socio Sanitaire et Organisation Secours.

A description of the work done under the Santénet2 program according to a USAID technical report

# Info-graphic of Madagascar Agencies



# Background

## Madagascar

Madagascar is an island off the southeast coast of Africa. The island is 580,000 square miles (about twice the size of Arizona) and the land is a mix of tropical, temperate, and arid landscapes. The island is heavily exposed to tropical cyclones, which brought destructive floods in 2004.

Adult literacy hovers around 65%, and average GDP per capita is only \$1,000 per year, making Madagascar one of the poorest countries in the world.

37% of Malagasy children under 5 are underweight, and the life expectancy of an average Malagasy is only 64 years.

The total fertility rate is 4.3 children per woman, and contraceptive prevalence is about 40%.

Madagascar has been independent from France since 1960, but still struggles with holding regular elections. Elections are currently scheduled for October of 2013.

Malagasy and French are the two official, widely-spoken languages of the island country. The 22 million people in the population are mainly composed of those who hold indigenous beliefs, Christianity (45%), and Muslims (7%). Lutherans and the “Church of Jesus Christ in Madagascar” are the largest Protestant denominations in the country. There are 21 Catholic dioceses in Madagascar.



Children at a market in Toamasina/Tamatave

## Map of Madagascar



## USAID

USAID was founded in 1961 by executive order. USAID is an independent federal agency, but its funding is appropriated by the United States Congress and operates subject to the President's foreign policy directives. USAID receives about 1% of the annual US total budget—for around \$47-52 billion per year. During fiscal year 2013, USAID spent \$534 million on family planning. Last year, Catholic Relief Services received \$270 million from the United States government, through USAID.

Map of Madagascar

# Interviews

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**Interview(s) with Fr. Jean Noël Rakotondrazafy,  
Head of BUCAS (Aumonier—Bureau for the Coordination of Social Activities)**

**Archdiocese of Antananarivo**

**(BUCAS doubles as the *Caritas* organization for the archdiocese of Antananarivo)**

**November 15, 2012 and November 19, 2012**

**PRI Investigator:** “So do you look for other sources of aid, or is the Miserior funding sufficient for your needs?”

**Father Jean Noël Rakotondrazafy:** “[Laughing] Miserior funding is only for the running of the BUCAS [Bureau for the Coordination of Social Activities] office. Parishioners, for example those of the ‘ecclesial communities,’ ask us for financial assistance...and we can’t do anything.”

**PRI Investigator:** “Regarding family planning in Madagascar, what is the situation among ordinary Catholics? Do they follow the teaching of the Church, or do they use ‘modern’ forms of contraception?”

**Father Jean Noël Rakotondrazafy:** “In general, Catholics in Madagascar are ‘fervent’ in their faith. However, there are some Catholics, as always, who don’t practice what the Church teaches about family planning. But now, we have in the Church in Madagascar an ‘Episcopal Commission for the Family’ which helps Catholics to follow what the Church teaches in this area. Nearly all Catholics in Madagascar know well what the Church teaches about family planning. In general Catholics follow what the Church teaches about that. But the ones who are really the ‘victims’ of this ‘family planning,’ or artificial contraception or ‘modern’ contraception or whatever you want to call it are the residents of the slums. It’s in the slums that you’ll find the associations which ‘help’ families: And it’s from those associations that women get their family planning products. For example, an association like Marie Stopes, or FISA [“Fianakaviana Sambatra”: International Planned Parenthood Federation] and also there is a lot of advertising on TV and radio to promote those ‘modern’ means. The residents of the slum don’t

have work, are idle, and they are susceptible to that advertising. But the Church in Madagascar, through that Episcopal Commission for the Family, helps people in this connection.”

**PRI Investigator:** “What does that Commission, or the Church do, in a practical way, to ‘help people’ to follow the teaching of the Church on family planning?”

**Father Jean Noël Rakotondrazafy:** “There are three programs of the Commission that can help: one for ‘marriage preparation’, done mainly by laypeople; also an ‘Association of



BUCAS office sign in Antananarivo

Christian Families,’ which also helps people to follow Church teaching, and ‘Marriage Encounter’, a worldwide movement. There are meetings, and trainings, and workshops to help Catholics in this area.”

**PRI Investigator:** “Do you think those associations are active, and reach a lot of people, and are effective?”

**Father Jean Noël Rakotondrazafy:** “[Laughing] Not really. They work a lot but the impact of what they do is a little, uh...minimal.”

**PRI Investigator:** “Why is that?”

**Father Jean Noël Rakotondrazafy:** “Well, for one thing, the people who help out in those Catholic associations are unpaid volunteers. You know, all of the Catholic movements here are run by volunteers. So those pro-family Catholic associations don’t even have the financing to get around to the different parishes or ecclesial communities.”

**PRI Investigator:** “And, those pro-family Catholic organizations receive no support from Catholic Relief Services (CRS) or other international Catholic organization?”

**Father Jean Noël Rakotondrazafy:** “No, no.”

**PRI Investigator:** “Do Malagasy priests, in their homilies, talk about contraception?”

**Father Jean Noël Rakotondrazafy:** “Priests will talk about the topic on occasion: e.g., in marriage preparation, or in some meetings with young people...because, you know, [laughing], in Madagascar there are lots and lots of young people.”

**PRI Investigator:** “Do you think Catholic young people, in general, accept this teaching of the Church, or the teaching of Maries Stopes?”

**Father Jean Noël Rakotondrazafy:** “Well, maybe between the two. They hear one thing from the ‘exterior’ and another thing from the Church. But, in my opinion, many young people follow what the Church teaches. And when they do something against what the Church teaches they go to Confession and the priest helps them.”

The PRI investigator asks about the work of CRS.

**Father Jean Noël Rakotondrazafy:** “Yes, you know, some four years ago, in 2008, we – all of the leaders of the diocesan *Caritas* organizations – had a meeting/workshop with CRS. Because, you know, CRS works outside of the Church. It has the name ‘Catholic’ Relief Services but [laughing] doesn’t work, really, with Catholics. Even the personnel of CRS are nearly all Protestant. We did a Eucharistic celebration at that meeting/workshop with CRS and [laughing] at that celebration [laughing]. There weren’t a lot of Catholics around. I’m talking about the Malagasy employees...I don’t know if the foreigners are Catholic.”

**PRI Investigator:** “Why do you think most of the Malagasy employees at CRS are Protestant?”

**Father Jean Noël Rakotondrazafy:** “I don’t know: Maybe they’re the most qualified for the positions? You know, the problem is that when CRS advertises for job openings, there is no ‘Catholic indication’, but anybody can apply, and then they (presumably) just take the most qualified

person. That's the problem. In comparison, last year when we, BUCAS, placed a job announcement, we indicated that the applicant needed to be a 'practicing Catholic'."

"So, regarding CRS, since I've been here, for five years, we [the Archdiocese of Antananarivo] have not worked with CRS. CRS does work in some other dioceses. After that meeting/workshop that we had four years ago, CRS does communicate with the [national] Episcopal Conference. CRS has a project now, Taratra, over at the Episcopal Conference. [It gives] aid to people employed in the mining industry in Madagascar. That's a national project, and then there are now other dioceses which work with CRS. On the other hand, there are *other* dioceses in Madagascar that refuse to work with CRS."

The PRI investigator asked, and Father Jean says he doesn't know about CRS' work with Cooperative for Assistance and Relief Everywhere (CARE) or other non-Catholic organizations.

**Father Jean Noël Rakotondrazafy:** "A problem here in Madagascar, when there's a disaster/cyclone, for example, the Malagasy bishops launch an appeal for international aid; during Cyclone Giovanna [Jan/Feb 2012], for example; and then, the problem, when the aid comes from different countries is that it's CRS which manages all of that aid. And then, we, the archdiocese, might not get any of that aid. There were many victims of the cyclone in our diocese, but CRS said that wasn't really the case, so we didn't get anything."

**PRI Investigator:** "CRS has claimed that it gave a 'grant' to CARE because CARE was the only organization that could appropriately handle the funds [in a certain geographical area]. Does that make sense to you?"

**Father Jean Noël Rakotondrazafy:** "[Laughing] The first problem here is that foreign donors do not think that Malagasy institutions can effectively manage disaster funding, so they give the money to foreign organizations like CRS. A second problem is that, if CRS would work with the Malagasy Church – because we have a structure right down to the base – we could manage all of that. But the problem for CRS, in my opinion, is that in the Malagasy Church, there's not really a 'professional' structure. We have volunteers, who CRS wouldn't consider qualified enough to give detailed financial reports and all that...and so CRS really doesn't want to work in those conditions. Because the problem with working with CRS is that their procedures, really, [laughing] are so burdensome. ... And, again, regarding this 'emergency' aid for cyclone victims: If the aid comes three or four months after the cyclone it's really no longer 'emergency' aid [laughing]."

"Miserior is an international organization which has given us money; and it requires financial reports and audits, etc. And BUCAS has certainly proved capable of providing those reports. We do the work and we provide the reports. No problem. That works."

The PRI investigator tells Father Jean that CRS gets two-thirds of its funding from the American government.

Father Jean Noël Rakotondrazafy says that he doesn't find that to be "normal."

**Father Jean Noël Rakotondrazafy:** "The problem is that the word 'Catholic' is in the name of 'Catholic Relief Services'. If there were no 'Catholic' there would be no problem. The 'Catholic' is really the problem."

The PRI investigator changes the interview to the discussion of the meeting with CRS in 2008– of which Fr. Jean-Noël was a member.

**Father Jean Noël Rakotondrazafy:** “Not a single meeting has been held since that time to help CRS integrate its activities into the Church. CRS doesn’t want any meetings. There has been no follow-up.”

**PRI Investigator:** “I’ve heard from several sources that the archbishop of Antananarivo does not have a very favorable opinion of CRS. Is that the case?”

**Father Jean Noël Rakotondrazafy:** “Definitely. The archbishop of Antananarivo is not at all favorable towards CRS.”

**PRI Investigator:** “Why is that, do you think?”

**Father Jean Noël Rakotondrazafy:** “I’m not sure...but I know that, already, when he was serving as bishop [in a different diocese in Madagascar] he had developed that antipathy. And now, he probably continues to feel that CRS is working ‘outside of the Church,’ outside of the structures of the Catholic Church in Madagascar. And since CRS is primarily staffed by Protestants...well, there’s just that question of the propriety of the ‘Catholic’ in ‘Catholic Relief Services.’ The archbishop recently told one parish not to bother applying to CRS for aid, because it wouldn’t work, and if it did, the reporting/accounting procedures would be impossible for the parish to fulfill. He directed the parish to BUCAS instead.”

### **Interview with Dr. Vololona Razanamampandry**

**Regional Coordinator,**

**FISA (Fianakaviana Sambatra) – IPPF Member Association/Madagascar**

**Malagasy Association for Family Well-Being**

**Antananarivo**

**November 16, 2012**

The PRI investigator prompts Dr. Vololona to talk about the work of FISA [Fianakaviana Sambatra: International Planned Parenthood Federation] in Madagascar.

**Dr. Vololona Razanamampandry:** “FISA started in 1967. It started with mother and child health. It started as a group of women and (Protestant) missionaries who were interested in family planning. In 1969 the GOM issued a decree authorizing FISA to work in family planning for mother and child health. After this decree, FISA worked ever more closely with International Planned Parenthood Federation (IPPF), because of that decree. Then service points were opened in the provinces, which are called ‘clinics’. There are now 3 clinics in the capital area and 9 ‘services conjoints’: located in remote points around the country, isolated. In the ‘services conjoints’ only family planning is done; in clinics there are a greater variety of services: laboratories, reproductive health services, and reproductive health for adolescents. So in the clinics we are looking at sexually transmitted diseases (STDs) for all women (in addition to



**Doctor Vololona Razanamampandry**

family planning), basic maternal health care, vaccinations, emergency contraception, and AIDS [acquired immunodeficiency syndrome] prevention.”

“So we work in five main strategic areas: (1) access to family planning, (2) advocacy, with national government (Ministry of Health and Family Planning—MOHFP), with partners – e.g., local authorities and donors (UNICEF [United Nations Children Fund], WHO [World Health Organization], etc.) (3) Prevention of abortion, (4) adolescent reproductive health, (5) AIDS.”

“Abortion prevention involves educating on the harmful consequences of abortion and of early sexual activity.”

“On work with adolescents: family planning adapted for young people, prevention and treatment of STDs, prevention of early pregnancy and early sexual activity, and prevention of AIDS – voluntary counseling and treatment; related activities to prevent idleness which leads to drugs and early sexual activity.”

“But our main activity is still access to family planning. We try to serve all women and men who want access to family planning. We want all of the family planning access points to really be accessible to everybody, without discrimination. We have tried to look at all strategies for getting people to practice family planning. But they choose; we inform. We always respect the liberty of choice of the individual. Men, women are always free to use or not use family planning, and to choose the number of children they want. And we try to give them the best quality of service and the greatest number of services.”



“That’s why we thought of the ‘services conjoints’: because there are areas very far from the capital and very isolated. So we did ‘services conjoints’ so that everyone could have access. In the ‘services conjoints’ we have available Depo-Provera, oral contraceptives, IUDs, and we are thinking of expanding to include the long-term method of implants: Implanon. Norplant is six capsules lasting 5 years. Implanon is one capsule lasting 3 years. Implanon is more practical than Norplant.”

**Doctor Volona Razanamampandry with a hormonal shot**

“The methods most preferred by women (at her clinic) are: the injectable/Depo-Provera; then the IUD; the pill in third place; then implants; then barrier methods; last are permanent methods (vasectomy).”

“The only new method change recently has been the introduction of Implanon about four years ago, in 2008/2009.”

“Depo is the most used, by far, because it’s more practical for women to only have to get an injection once every three months – matter of comfort and convenience, and also women can hide this family

planning use from their husbands. Pill not preferred because it has to be taken every day; and there's the risk of forgetting. IUD not liked because Malagasy women, especially those of lower educational level, don't like to insert it. Implants not liked because some women think you can't work if you get the implant; and also the husband will know. Women find the barrier method not convenient.”

“If you watch TV you'll see that there are always ads now for the long-lasting methods: IUD (Intra-uterine devices) and implants.”

The PRI Investigator prompted Dr. Vololona on FISA's donors.

**Dr. Vololona Razanamampandry:** “FISA's donors: USAID – Global Fund Round 8 for fight against AIDS; UNFPA – RH [United Nations Population Fund] for adolescents, family planning for young people, and logistical assistance; most funding from IPPF; EU (European Union) from 2002-2007; and with JICA [Japan International Cooperation Agency]; USAID Deliver gave funds against malaria.”

**Dr. Vololona Razanamampandry** says she works closely with Population Services International (PSI), which serves as a technical partner: PSI trains service deliverers on IUD's and implants.

**Dr. Vololona Razanamampandry:** “PSI does that at the clinic that you and I are in now. PSI does theoretical training of doctors, and practical training at FISA clinics. IPPF normally provides FISA with all products.”

**Dr. Vololona Razanamampandry** states that she isn't familiar with RTI (the Research Triangle Institute). She has worked with PSI for many years. She doesn't know Cooperative for Assistance and Relief Everywhere (CARE).

**Dr. Vololona Razanamampandry** states that she has worked in family planning since 1996 and definitely thinks that contraceptive usage has increased among the Malagasy. Dr. Volona states that there's been a change of mentalities and the strategy of communication has helped.

**Dr. Vololona Razanamampandry:** “We don't wait for women to come to us but we move around to promote family planning among women and that has helped to change mentalities. Especially during the time of the former president.”

**Dr. Vololona Razanamampandry** says there are still religious and social barriers to the acceptance of contraception in Madagascar, and FISA has worked hard to break them down. FISA has explored different strategies to sensitize local traditional religious authorities.

**Dr. Vololona Razanamampandry:** “There are traditional customs among some populations along the coast where there's a big feast, after which ‘libertinage,’ and we've worked with the traditional village chief authorities; we've distributed condoms long before the feast. We can't break the customs but look for strategies to get around them. In our experience, it is especially the Catholic religion that is not in agreement, even now, with family planning. Moslems...but it's especially the Catholics...and Jehovah's Witnesses.”

**PRI Investigator:** “Is there an education campaign with the Catholics on family planning?”

**Dr. Vololona Razanamampandry:** “Yes, we have always tried to educate in the Catholic schools, but we can't talk about family planning [laughing]. We mainly talk about preventing abortion, avoiding early pregnancy and avoiding early sexual activity. So it is indeed difficult if we can't talk about family

planning with the Catholics...but we do talk about NFP (Natural Family Planning), but we try to explain to them that it is not 100% successful, and to explain the (negative) impact if NFP doesn't work. We are permitted to come into the Catholic schools but we can't talk about modern contraceptive methods [laughing], but we are allowed in; we are given freedom to talk to these students. The cycle-bead/rhythm method is not popular at all among women. FISA organizes discussions in the neighborhoods to explain the negative consequences of different family planning methods – nausea, dizziness – but that will pass; those aren't 'complications.' We have to always fight against the anti-contraception rumors. We have to sensitize women on methods. And all women are informed about the negative side effects of the different methods. Informed choice is the name of the game."

**Dr. Vololona Razanamampandry** says she knows of PLeROC, the religious group which includes family planning in its activities. She thinks Catholics are a part but that they don't accept the modern methods. Dr. Volona states that FKJM (Fiangonan'i Jesoa Kristy eto Madagasikara: the Reformed Church of Jesus Christ in Madagascar) are in favor of contraception, and there is no problem with the Anglicans and Lutherans.

**Dr. Vololona Razanamampandry** iterates that abortion is still illegal in Madagascar.

**Dr. Vololona Razanamampandry:** "So we emphasize the prevention of abortion."

**Dr. Vololona Razanamampandry:** "For emergency contraception: we use NorLevo or 'la pilule 72'. So we only use emergency contraception within 72 hours of sexual relations. Misoprostol is only used for post-abortion complications but not for emergency contraception. In Madagascar you can't get Depo without a prescription. To use family planning methods, you must have had a medical consultation. So, normally, you must have a prescription. The woman visits the clinic and receives the product(s) from/at the clinic. She receives a preliminary consultation, all methods explained to her, she chooses, and is given the method. If that doesn't agree with her health, we suggest another method. And then there are follow-up visits."

"It was FISA which introduced the practice of CHWs (community health workers) distributing products. CHWs aren't paid: They receive training once every three years to motivate them and get 50% of the receipts. [She's speaking of 'agents de distribution à base communautaire' (DBC) – community-based distribution agents] They can't sell the products at a high price. We determine the price at which they can sell the subsidized products. Marie Stopes works in the same manner. Marie Stopes is very recent in Madagascar compared to FISA. Aside from FISA and Marie Stopes, there are the government outlets: public hospitals, basic health clinics, etc. FJKM and the Lutherans also do family planning programs. If a woman goes to a clinic and she wants family planning, she says: 'Je veux faire la FISA.' ('I want to do FISA.') Even if it's not at FISA. That is a great honor for us. FISA equals family planning."

**Chat with Sister Isabelle and Sister Alphonsine, Sisters of the Cenacle,  
(Congregation of Our Lady of the Retreat in the Cenacle),  
Center City, Antananarivo  
November 18, 2012**

TheiInvestigator asks the sisters if they knew any female congregations specializing in health work.

The sisters tell the investigator: The *Missionnaires Franciscaines de Marie* [Franciscan Missionaries (Sisters) of Mary] run a clinic in Ankadifotsy. The Maison de Charité, of the Carmelites Mineures, Soeurs de la Charité, in Ambanidia (service to the handicapped). The Carmelites de Sainte Thérèse, at Hôpital Befelatanana. The Missionaries of Charity, Sisters, at Hôpital Girard et Robic, Ankadinandriana. The congregation to which Srs. Isabelle and Alphonsine belong is not one engaged primarily in works of charity. However, they mentioned to me that they had a small project of aid to ill lepers, and were trying to build a retirement home for religious (and eventually laypeople).



A sister working at a village for lepers

**Interview with Eryck Randrianandrasana,  
Project Coordinator, “Taratra” and Administrative Delegate, Caritas-Madagascar,  
At the offices of the Bishops Conference of Madagascar (CEM)  
Antananarivo  
November 19, 2012**

**Eryck Randrianandrasana:** “The project, originally intended to run from 2008-2013 is out of money or, rather, has enough left only to fund administration of the project: no operations. Its ‘advocacy’ activities were being carried out in three dioceses of the country. [There are about 21 dioceses in Madagascar.] The idea for the project came from CRS –it was not an existing project or idea of the Episcopal Conference of Madagascar (CEM): Catholic Relief Services (CRS) presented the proposal to the CEM and the latter very eventually signed on. The ‘Social and Charitable Pastoral Commission’ of the CEM was actually created to supervise Caritas-Madagascar, which previously had been independent of the Malagasy bishops. The archbishop of Antananarivo is currently the president of the ‘Social Commission.’ Caritas-National is financed mainly by Caritas-France.”



National Caritas office- Antananarivo

**PRI Investigator:** “What is your opinion of CRS; so far I have received fairly negative reactions, from priests, who react by saying that ‘CRS is Protestant; its employees are Protestant?’”

**Eryck Randrianandrasana:** “CRS has its own strategy in Madagascar which it ‘imposes’ on diocese(s). People [in Malagasy Catholic structures] would like CRS to work with them as partners, as equals, rather than having an already-established plan imposed on them. Many bishops in Madagascar refuse to work with CRS. For one thing, the administrative burden would be too great. Sometimes CRS seems to us more like an American-government organization than an actual Catholic organization. After a meeting with the previous CRS country representative, the bishops came away saying among themselves: ‘Is that fellow an agent/employee *of the U.S. Government?* Is he a spy?’”

**PRI Investigator:** “Are you aware that two-thirds of CRS’ funding comes from the U.S. Government?”

**Eryck Randrianandrasana:** “Wow. No; I didn’t know that. *Nobody here* knows that. But they should. That would certainly explain why CRS acts like a U.S. Government agency in Madagascar, and it would help explain why it doesn’t seem very Catholic.”

**Interview with Dr. Rivo Noelson,  
Project Director, Rural Access to New Opportunities for Health and Water Resources  
Management (RANOn’ALA)  
Catholic Relief Services/Madagascar  
Antananarivo  
November 19, 2012**

The PRI investigator prompts Dr. Rivo Noelson to discuss the project and relations with other organizations:

**Doctor Rivo Noelson:** “Working with Caritas is...a challenge. Caritas does the best it can [in providing financial/activity reports] but... The project also works with the regional (local) Caritas organization, which can also be a challenge. The role of Caritas in the project is to organize/sensitize the population.”

**Doctor Rivo Noelson** is a Lutheran, though he received some of his education at Catholic institutions. He says he has no problem working at a Catholic institution. The FJKM church (Fianganan'i Jesoa Kristy eto Madagasikara: the Reformed Church of Jesus Christ in Madagascar) is usually said to be the second largest church in Madagascar, after the Catholics. Rivo said he thought Lutherans actually might be about equal in number with the reformed church.

**Doctor Rivo Noelson** said that a member of Catholic Relief Services’ (CRS) Board of Directors had visited Madagascar recently and had told him that 95% of CRS’ funding in Madagascar came from the U.S. Agency for International Development (USAID).

USAID appears to be cutting its funding in the next year or so to Madagascar/U.S. non-governmental organizations (NGOs). Cooperative for Assistance and Relief Everywhere (CARE) [for which he used to work] has already laid off “most of their people” within the last year. CRS is also pretty much “closing down.” Rivo has already been given notice. He will close down the RANON’ALA project next year, and then he is not sure what he will do. The other CRS water project, RANO-HP, will also shut down/not continue to be funded by USAID next year.

**Doctor Rivo Noelson** speaks of the relations between CRS and the Catholic bishops, the archbishop of Antananarivo, in particular: Only 15% of CRS-Madagascar employees are Catholic, he says. The “number two and number three men at CRS-Madagascar” are Protestant.

**Doctor Rivo Noelson** says that on the occasion of Catholic Relief Services’ 50<sup>th</sup> anniversary in Madagascar the archbishop snubbed CRS by failing to show up at a ceremony/reception at CRS offices. He says the archbishop (and other bishops in the country) had expressed their displeasure at the way that CRS was working in Madagascar.

**Doctor Rivo Noelson** says that his reaction and that of other CRS-Madagascar employees was: “If you don’t like it, take it up with the American bishops. You American bishops and Malagasy bishops work it out among yourselves. But don’t give us – CRS-Madagascar – a hard time if it’s your own differences which are to blame.”

## Background Note:

**RANON'ALA (Rural Access to New Opportunities for Health and Water Resource Management Project):** A USAID project which aims to improve health in vulnerable and poor communities by improving hygiene practices and increasing access to sustainable, safe water and sanitation. USAID's implementing partners of the project are: Catholic Relief Services (CRS), RTI International, Conservation International (CI), Human Network International (HNI), Caritas National, BushProof, and Sandandrano.

**RANO-HP (Rural Access to New Opportunities for Health and Prosperity):** a USAID water and sanitation program, whose main goal is to improve health, security, and prosperity in 26 rural communes by increasing access to reliable and economically sustainable water and sanitation services. USAID's implementing partners on the project are: Catholic Relief Services (CRS), CARE, Caritas Madagascar, Voahary Salama, BushProof, Sandandrano

**Interview with François Gourraud,  
Project Director, Marie Stopes Madagascar  
Antananarivo  
November 19, 2012**

The Population Research Institute (PRI) investigator prompts him to talk about the work of Marie Stopes in Madagascar.

**François Gourraud:** “Marie Stopes has been in Madagascar for 20 years. Unlike most of the other non-governmental organizations (NGOs) involved in family planning, we are a *service provider*. After the Ministry of Health, we are the biggest family planning service provider in Madagascar. We are everywhere in the country. Our main partner/donor is the United National Population Fund (UNFPA). Sub-contracting under us are FISA (Fianakaviana Sambatra: International Planned Parenthood Federation), Blue Ventures, Sisal, Sonontsoy, and some others. We also receive funding from U.S. Agency for International Development (USAID), the World Bank, and the European Union (EU).”

The PRI investigator prompted him to discuss community health workers (agents communautaires) that work in SantéNet2.

**François Gourraud:** “They provide: counseling, condoms, pills, and some Depo-Provera.”

**François Gourraud** tells the investigator regarding: “It’s Population Services International (PSI) that funds the TV/radio ad campaigns in Madagascar: the TV spots [smiling] that show the handsome couple standing in front of their very nice car and holding the hands of their only-two children. Marie Stopes is a *service provider*. We don’t do that kind of propaganda.”

**François Gourraud** tells the investigator that he does not find that religion is any real barrier to the acceptance of modern contraception among the Malagasy. He says the Catholic Church authorities are really fairly “neutral” on the question. He’s never seen the Catholic Church actually “condemning” family planning activities or family planning organizations. He states that in his two years in the country he has never seen anything like that.

**François Gourraud:** “We don’t have to try hard at all to ‘convince’ women to choose modern contraception: They already know about it and accept it. They come to *us*.”

**François Gourraud** states that in some of the coastal regions, there is somewhat more resistance to contraception. That comes from *men*, not women, and is a cultural matter.

**François Gourraud** says that abortion is the second leading cause of maternal mortality in Madagascar. (Post-partum hemorrhage is the leading cause.) And yet, he laments, nothing is being done to advocate for the legalization of abortion in the country. No one – none of the relevant authorities or organizations – denies that abortion is indeed a leading cause of maternal mortality...and yet no serious advocacy is being done for abortion legalization.

### **Background Note**

SantéNet2 is a USAID funded project launched in Antananarivo in 2008 with the goal to: “strengthen community-level health service provision and address bottlenecks in the Ministry of Health and Family Planning’s (MoHFP’s) strategy to decentralize the national health system. The program seeks to specifically fill the service gap by enhancing and scaling up the training of community health workers.”

RTI International leads the project and has four implementing partners: IntraHealth, PSI, CARE, and Catholic Relief Services.

**Francois Gourraud** says Marie Stopes has had USAID funding for two years now and he thinks the funding will continue: “USAID is happy with us. We are innovative. We can gear up very quickly. And we are ‘long-term’: We’ve been in the country a long time and we’re not leaving.”

**Francois Gourraud** comments that he doesn’t find that there is a really big commitment to family planning *in the Madagascar government*. He doesn’t say that there has been active resistance to or discouragement of the kind of work that Marie Stopes is doing—he just doesn’t find that there’s much of a ‘commitment’ within government.

### Investigator's Note

Francois Gourraud came to Madagascar after the 2009 coup, in which a new “transitional government” came to power, the one that took the “Family Planning” out of the name of the former “Ministry of Health and Family Planning.”



Marie Stopes office-Antananarivo

**Interview with Mr. Joely Razakarivony, Cooperative for Assistance and Relief Everywhere (CARE)**  
**SantéNet2 Project Coordinator,**  
**&**  
**Ms. Nivo Randriamamonjy, CARE**  
**Programs Director,**  
**November 20, 2012**

The Population Research Institute (PRI) investigator prompted Nivo Randriamamonjy to discuss her program in Madagascar.

**Nivo Randriamamonjy** stated that Cooperative for Assistance and Relief Everywhere's (CARE) U.S. Agency for International Development (USAID)-funded "Extra Mile Initiative" was a two-year project which has been completed. It has not been re-funded by USAID.

**Nivo Randriamamonjy** said that Social Analysis and Action (SAA) was/is an effort that helped CARE-Madagascar to effectively carry out family planning projects such as the Extra Mile Initiative. CARE/USA and private donors provide separate funding for Social Analysis and Action. SAA identifies and seeks to overcome the barriers – social, cultural, religious – to modern family planning acceptance that might exist in an area or among a certain population. It is community-based research to assist in overcoming those barriers. It involves the education/sensitization of community members, and particularly the education of religious authorities and traditional leaders in a community.

**Nivo Randriamamonjy** stated that CARE/Madagascar's programs can be classified under three headings: (1) humanitarian – response to disasters such as cyclones and droughts, (2) long-term development – food security, family planning, health, education, water, governance, (3) disaster-risk reduction – early warning systems, etc.

**Nivo Randriamamonjy** said that, "our disaster response activities have mainly been done under SALOHI (Strengthening and Accessing Livelihoods Opportunities for Household Impact)."

**PRI Investigator:** "Are you aware of any kind of special grant made recently to CARE by Catholic Relief Services (CRS) to permit CARE to carry out some particular disaster-response work?"

**Nivo Randriamamonjy** responds by stating that maybe what's at issue is a transfer of food made by CRS/SALOHI after Cyclone Giovanna (January/February 2012).

**Nivo and Joely** both state that there are "social" barriers to modern-contraception acceptance in Madagascar: They say that children have traditionally been considered as wealth ["richesse"] – and so men can definitely tend to oppose the use of contraception. But there are not really any *religious* barriers to contraception use. Even if the Catholic Church officially opposes its use, even if priests don't encourage it, Catholics in Madagascar are also using modern contraception. It's really the social barriers that are important: Since trying to limit the number of children you have goes against traditional social mores, a woman can worry about what people will think of her if she uses contraception.

The PRI Investigator prompts Joely to discuss the nature of the SantéNet2 program.

**Joely Razakarivony** says that SantéNet2 has a project period of 2009-2013. She says SantéNet2 is a participatory approach to health, providing health education and products (including, importantly, family

planning products) for women and children in particular.

**Joely Razakarivony** explains that CARE carries out its SantéNet2 work in three regions of Madagascar. CARE works through the “Social Development Committees” which it has helped to form in communities, and withal, through the CHWs (community health workers) in often remote localities.

**Joely Razakarivony** says there are two different types of CHWs: one “for children” and one “for women.” The latter are the group tasked with providing contraception counseling and products to members of the community. The CHWs-for-women receive training in reproductive health and family planning from CARE.

**Joely Razakarivony** says these community health workers then receive the family planning and other products. Their first batch is free; and subsequently they replenish their supplies from the proceeds of their sales of the products. Their first training is on counseling for and supplying condoms, cycle beads, and contraceptive pills

**Joely Razakarivony** says that those products are available without a prescription in Madagascar. A second training takes place after 6 months to a year; their second training is for counseling and administration of the injectable Depo-Provera.

**Joely Razakarivony** says that Depo-Provera requires a prescription in Madagascar. The Ministry of Health provides this training: a theoretical part and then a practical training.

**Joely Razakarivony** states that the CHWs receive no pay but can keep a percentage of their sales, ranging from 30% to 50% of the sale, depending on the product. “They are motivated by the income from these sales,” says Joely.

**Joely Razakarivony** says that Population Services International (PSI) supplies all of the products to the supply points (“points d’approvisionnement”).

**Joely Razakarivony** states that Depo-Provera is the preferred method of contraception among Malagasy women; it is more “practical,” as it lasts three months and can be used “discreetly.” Joely says that there is actually now a shortage of Depo-Provera because demand has been too high for the supply.

**Joely Razakarivony** also says that the Catholic Church/CRS’ theoretical opposition to modern family methods does not hinder the attaining of the family planning -promotion goal(s) of the SantéNet2 program. He says Research Triangle Institute International (RTI) once sent a batch of condoms to Catholic Relief Services headquarters in Madagascar for onward distribution to the field. The CRS headquarters said they could not accept the condoms for onward transport. The Research Triangle Institute (RTI) then just sent the supply of condoms directly to the zones where CRS is working.

**Joely Razakarivony** says that CARE’s strategic plan in Madagascar would include an expansion of its family planning and health programs. Joely states that in its family planning/health projects CARE emphasizes working with *young* community leaders so as to better influence the youth, who make up, after all, an extremely high proportion of the Malagasy population. Joely says CARE also works with a social-action coalition of religious groups, which includes the Catholic Church: PLeROC.

**Joely Razakarivony** iterates that it would be good if, in the future, in their emergency response to cyclone disasters, etc., CARE could also distribute “health” kits, including family planning supply kits. He says that CARE has not done that up to this point.

**Interview with Mr. Volkan Cakir,**

**Investigator's Note**  
This is the same group of CHW's with whom CRS works.

## **Chief of Party, RTI/SantéNet2 (Lead Implementing Partner of USAID)**

**Antananarivo**

**20 November 2012**

**Volk Cakir** states that this current “HealthNet” program – SantéNet2 – is the 4<sup>th</sup> phase of a USAID-funded family planning/health program which started in 1992. In the 1<sup>st</sup> phase, USAID worked with the Government of Madagascar to develop a family planning program subsequent to the government’s adoption of a national population policy in 1991. The 2<sup>nd</sup> phase included a vaccination program along with family planning activities. The 3<sup>rd</sup> phase – 2004-2008 – emphasized working at the commune level, in 300 communes, trying to make family planning counseling and products available in all Basic Health Centers (CSBs). Availability at the commune level has contributed greatly to increased contraceptive use in Madagascar. (Use of long-term methods – Intrauterine devices (IUDs) and implants – has plateaued now due to an access problem. Norplant was introduced in 1998 but at the beginning maybe only 1% of contracepting women were using that method. By 2006 that had gone up to 6-7%. Implanon is now used.) In the current, 4<sup>th</sup> phase – 2008-2013 – the program is working in 800 communes. The focus is on grassroots community-based service delivery and empowerment.

**Volk Cakir** says that the community-based approach is the main change from the previous phase. Community health workers now receive rigorous training in family planning counseling and product delivery. Some 120,000 women are now using community-based family planning/health services: 10% of women in Madagascar now receive family planning/health services in this way. CHWs serve women who are located too far away from a CSB. Other women can get services directly at the CSB. There are now 12,000 CHWs, about half trained for women’s care and half for children. The for-women CHW’s do maternal care and provide family planning products and referrals to CSBs. The for-children CHWs do child health and growth monitoring. Both advise on pre-natal care and do referrals.

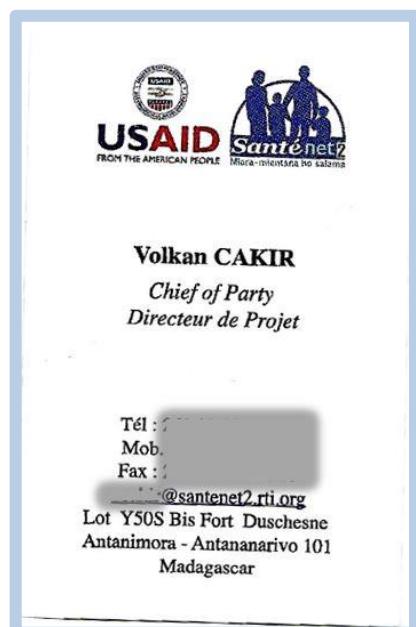
**Volk Cakir** states that the motivation for a CHW is primarily the distinction/honor of the position; and the money from the sale of products also provides a little motivation: a CHW will maybe make one dollar a month from his/her sales. CHWs tend to be a little better educated than the average villager – seven years of formal education – and a little better off. There is little attrition among the CHWs. CHWs are connected with the health system through health information/training, CSBs, supply of products, and supervision. The program, and working with CHWs, addresses an equity gap.

**Volk Cakir** states that malaria, diarrhea, and pneumonia are the lead causes of death in Madagascar.

**Volk Cakir** says that Catholics use family planning just like everybody else. There are *regional* differences in levels of acceptance of modern contraception, but not religious differences.

**Volk Cakir:** “Worship spaces are great places to spread family planning messages and we try to work with religious authorities.”

**Volk Cakir** continues and says that the SantéNet2 project (the fourth phase) ends in 2013, and RTI (the Research Triangle Institute) will again be submitting to USAID a proposal to lead the program. “We



Cakir's business card. It shows his affiliation with USAID, SantéNet2, and, through his email address, with RTI International.

see the follow-on program expanding/streamlining family planning activities. There should also be more of a role for faith-based organizations.”

**Volk Cakir** says that, currently, RTI and John Snow Institute (JSI) together cover the entire country for USAID in the area of family planning promotion/maternal and child health care.

**Volk Cakir**, speaking about donor interest in family planning says: “It’s not a matter of wanting to limit population numbers to promote ‘development.’ Human beings are a resource! The real demographic development problem is aging, in societies like Japan. No, family planning is a matter of *health* and of *choice*, for a woman who shouldn’t have to be pregnant when she doesn’t want to be.”

**Interview with Jennifer Peterson**  
**Catholic Relief Services**  
**Chief of Party, SALOHI,**  
**(The FFP consortium program<sup>3</sup>)**  
**November 20, 2012**

**Jennifer Peterson** estimates that about one-third of SALOHI (Strengthing and Accessing Livelihood Opportunities for Household Impact) funding goes towards maternal-and-child-health activities, particularly the reduction of malnutrition: growth monitoring of babies, rehabilitation of malnourished children, work with pregnant and lactating women, and distribution of corn-soy blend supplemental rations. This work with women is done through community health workers/volunteers.

**Jennifer Peterson** states that stunting is a major problem in Madagascar: 70% of children are said to be stunted, and it is not known why this is so prevalent in the country.

**Jennifer Peterson** says that SALOHI includes a major disaster-response component: e.g., to cyclones, droughts, floods. For example, to the recent Giovanna and Irina cyclones.

**Jennifer Peterson** states that some Catholic diocesan groups are involved in the implementation of SALOHI. Those organizations are of different levels of capacity. She cites ODDIT (Unit for the Development of the Diocese of Toamasina/Tamatave), as the “strongest” of such “Catholic, diocesan groups.”

**PRI Investigator:** “Who provides training to the community health workers (CHWs) with whom SALOHI works?”

**Jennifer Peterson:** “Many different entities/people. They are trained, for example, under the SantéNet2 program – USAID’s

### Background Note

**SALOHI (Strengthening and Accessing Livelihoods Opportunities for Household Impact):** SALOHI is the USAID’s Food-for-Peace (FFP) program in Madagascar .

It aims to “to reduce food insecurity and vulnerability in 21 districts in eastern and southern Madagascar by 2014.”

CRS is the lead implementing partner, alongside CARE, ADRA, and Land O’ Lakes, Inc.

<sup>3</sup> The FFP program is a totally United States Government/USAID/U.S. Department of Agriculture-funded program.

integrated health/family-planning program, led by Research Triangle Institute (RTI) and with major partner Population Services International (PSI). (Catholic Relief Services [CRS] and ODDIT also participate in SantéNet2.)”

**PRI Investigator:** “So the ‘SALOHI’ community health workers receive USAID-funded training in artificial contraception. And the ‘SALOHI’ community health workers are the same as the ‘SantéNet CHWs?’”

**Jennifer Peterson:** “CRS does not do family planning.” Jennifer continued and says it was not problematic and in no way violated Catholic teaching for CRS to be involved in a major USAID-funded family-planning program (SantéNet2) because CRS is “not doing the family-planning piece” under that program. Likewise, Jennifer says, it is not problematic for the community health workers with which SALOHI works to be receiving training – including training in family planning-device distribution and family planning education of recipients – from major organizational promoters of artificial contraception, such as PSI a close partner of CRS.

**Jennifer Peterson** says that it is CRS which is handling almost all of the maternal and child health activities under SALOHI – not Catholic Relief Services’ explicitly family planning-promoting partners like Cooperative for Assistance and Relief Everywhere (CARE) and Adventist Development and Relief Agency (ADRA) – and so, since “CRS does not do family planning” – there should be little “danger” that artificial family planning would be supported under SALOHI. On the other hand, she said, SantéNet2 is an explicit family planning-promotion project, so CRS’ participation in that program could (theoretically) be more problematic.

**Jennifer Peterson** “What about the recent U.S. media criticism of CRS for the grants that it made to CARE in Madagascar and other countries. Maybe you have not even heard about the criticism since it came from just a couple of smaller Catholic news/opinion outlets?”

**Jennifer Peterson:** “Oh no. [Smiling] We have all been made very aware of the concern expressed about our work with CARE.”

**Jennifer Peterson** states that she does not think that such criticism made very much sense: Catholic Relief Services had been cooperating with CARE for a very long time, frequently in formalized USAID-funded consortia arrangements. That has been and continues to be standard operating procedure. So why all of the objections *now*, as if this is something new and exceptional? Also, CARE’s participation in family-planning programs does not make of CARE an “evil” organization, one that does not share many of CRS’ own social-justice/humanitarian values. After all, she said an American bishop or a CRS official or some high Catholic person sits, or used to sit, on the Board of CARE.

**Jennifer Peterson** says that she herself is not a Catholic; and she herself is not opposed to artificial contraception. She says also that she is not so sure that real Catholics, or even the official Catholic Church, is unequivocally opposed to artificial contraception. She mentions a Catholic missionary Sister whom she knew during her time in the Peace Corps (in ex-Zaire) who was definitely pro-contraception.

**Jennifer Peterson:** “And I thought that one of the popes – the current one or his predecessor – said that it was OK to use artificial contraception in some circumstances?”

**PRI Investigator:** “Were the Catholic-media critics of the CARE-CRS relationship complaining about *specific* “grants” made by CRS/CRS-Madagascar to CARE, perhaps a special “emergency grant” for disaster-relief purposes that CRS might have made to CARE-Madagascar under the SALOHI program?”

**Jennifer Peterson:** “No. They were just concerned that CRS was being ‘contaminated’ by its cooperation with CARE.”

PRI Investigator mentions that the United States government is cutting/eliminating much of its funding for aid programs in Madagascar due to the current political situation. “Do you think the Title II-Food for Peace program (currently called SALOHI), is at risk also of being de-funded?”

Jennifer Peterson says no. She says she thinks it has about an “80% chance” of being continued.

**Brief Interview with CARE employee, Jonathan Annis  
CRS-Madagascar Office**

**Technical Coordinator, RANO-HP (Rural Access to New Opportunities for Health and Prosperity)**

**Antananarivo**

**November 20, 2012**

The PRI Investigator sits down in Annis' office, in the Catholic Relief Services (CRS)-Madagascar building, and he hands the investigator his business card. The card identifies him as “Technical Coordinator, RANO-HP Project.” The card has CARE logo, and the card has two contact email addresses for Annis: the first a CARE address, the second with the domain name “CRS.org”.

**Jonathan Annis** says that CRS is technically the lead implementing partner on this USAID-funded water-sanitation project, but that in reality CRS and CARE receive almost the same amount of money from USAID for Rural Access to New Opportunities for Health and Prosperity (RANO-HP).

**Jonathan Annis** states that the 2009-2013 project will terminate in a matter of months and USAID – which is cutting its programming in Madagascar, partly for political reasons – has no plans to continue funding the project.

Annis and Donovan (i.e., partners CARE and CRS) are looking for alternate/replacement funders



CRS-Madagascar headquarters in Antananarivo



Jonathan's business card showing his affiliation with both CARE and CRS email addresses

## Brief Interview at the CRS-Madagascar Office with David Donovan,

“Chief of Party, RANO-HP Project”

Antananarivo

November 20, 2012

**PRI Investigator:** “Are you aware of the recent criticism by a Catholic media source of Catholic Relief Services’ (CRS) cooperation with Cooperative for Assistance and Relief Everywhere (CARE), and, if so, what do you think of that criticism?”

**David Donovan** says that he is, but he doesn’t understand what relevance that has to my interest in his Rural Access to New Opportunities for Health and Prosperity (RANO-HP). [RANO-HP is jointly run by CRS and CARE].

**David Donovan:** “You know, CRS does have a U.S. Catholic constituency.”

**David Donovan** falters, and asks the investigator to please contact the communications office at CRS-headquartered in Baltimore with any questions on the CRS-CARE matter.

## Interview with Dr. Penny Dawson, John Snow Institute (JSI)

Chief of Party, MAHEFA (Community-Based Integrated Health Program)

Antananarivo

November 20, 2012

**Dr. Penny Dawson** says that the Manoff Group focuses within the project on behavior change, gender issues, and water and sanitation. Transaid deals with the difficult transport/logistical issues – for personnel and products – involved in serving the often isolated populations in the project.

**Dr. Penny Dawson** states that Community-Based Integrated Health Program (MAHEFA) is a 5-year (2011-2016), USAID-funded “integrated

## Investigator’s Note

David Donovan (with CRS) and Jonathan Annis (with CARE) have adjacent offices in the CRS-Madagascar building. Donovan’s business card does not identify him as a CRS employee. A RANO-HP logo is at the top-center of the card, directly above his name, flanked by two logos of equal size – CRS and CARE. (See card.)

He has a “crs.org” email address, but so does Jonathan Annis, who is technically a CARE employee.



## Background Note

**MAHEFA - Community-Based Integrated Health Program:** A USAID program intended to deliver essential services and products for maternal, child and newborn health; family planning and reproductive health; malaria prevention and control; water supply and sanitation; and nutrition to isolated rural populations.

Community health volunteers are central to the MAHEFA project. About 6,800 community health volunteers will be trained, supplied, and monitored under the project. USAID’s implementing partners of the program are: JSI Research & Training, in collaboration with the Manoff Group and Transaid and local organizations.

## Investigator's Note

Several USAID-funded NGO informants noted the distinction between a USAID-NGO “contract” and a USAID-NGO “cooperative agreement.”

Under the latter, my informants implied, the NGO was more of an equal partner with USAID as both entities pursued common broad goals.

Under a “contract,” on the other hand, the NGO was acting more as a simple technical agent of USAID, assisting USAID to attain one of its – i.e., USAID’s – goals.

community health program.” John Snow Institute (JSI) implements MAHEFA under a “cooperative agreement” with USAID.

**Dr. Penny Dawson** states that PSI is responsible for providing the contraceptive and other health supplies to the communal centers, for onward distribution.

**Dr. Penny Dawson** states that MAHEFA has used the hovercraft of the non-governmental (NGO) Hoveraid to get contraceptives (and other real-health products, of course) to remote populations.

**Dr. Penny Dawson** says family planning methods are being phased in under the program. The first phase will be the provision of and training in: oral contraceptives, cycle beads, condoms, lactation method. The second phase will see the introduction of Depo-Provera.

**Dr. Penny Dawson** says community health workers receive “indirect incentives” for their work: e.g., a blouse, kit bag, and backpack; and can retain a percentage of their sales of contraceptives and other, real-health products. Unlike RTI’s (the Research Triangle Institute) approach in SantéNet2 in which half of the community health workers (CHWs) are trained in “care of women” (including provision of contraceptives) and half in “care of children,” JSI in MAHEFA uses an “integrated approach” in which all of the community health workers receive training in both family planning/artificial contraception/maternal care and care of children.

**Dr. Penny Dawson** notes that MAHEFA currently has 55 employees and 6 field offices. It seeks to serve a sparse population of about 4 million people. It is looking now at making contracts with local NGOs for service implementation.

**Dr. Penny Dawson** asserts that there is indeed a lot of interest among women in family planning use, but in the remote areas covered by the project there are challenges to access.

**Dr. Penny Dawson** says Marie Stopes will be sharing some office space with MAHEFA in service-delivery areas.

**Dr. Penny Dawson** says she is a former “PCMO” – Peace Corps Medical Officer. She notes that she currently has one PCV (Peace Corps Volunteer) working with MAHEFA, an integrated family planning/reproductive health/real-health project. She is asking Peace Corps-Madagascar for two additional PCVs.

**Interview with Henri Rabesahala,  
Deputy Country Representative Operations,  
Population Services International (PSI), Madagascar  
Antananarivo  
November 22, 2012**

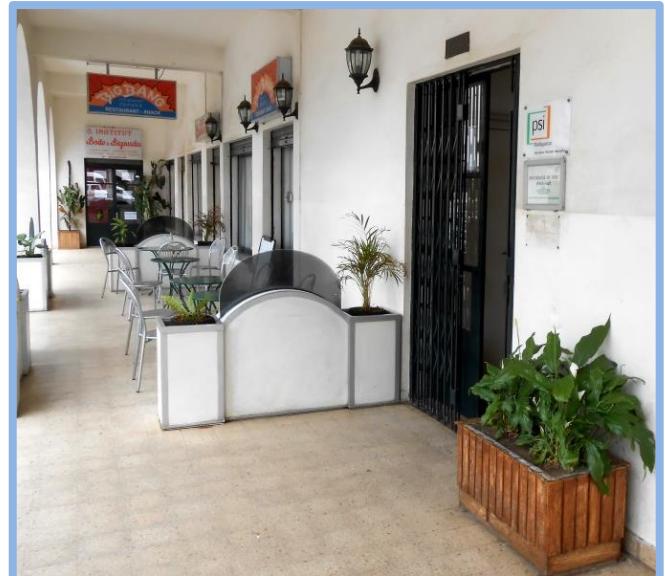
**Henri Rabesahala** says Population Services International (PSI) has been in Madagascar since 1998, when it started operations in the area of “social marketing.”

**Henri Rabesahala** states that with the recent overall USAID (the U.S. Agency for International Development) cuts in funding to Madagascar, PSI has actually received *more* funding from USAID. [Since USAID had to discontinue its direct family-planning funding support to the Government of Madagascar, it compensated by increasing funding to PSI.]

**Henri Rabesahala** says that PSI-Madagascar has about 200 permanent staff and 100 consultants.

**Henri Rabesahala** says PSI won a new, continuing grant for “social marketing” from USAID in May 2012, but that funding has not yet been received. PSI is hoping to have it by January 2013. In the meantime, PSI has “bridge funding” from USAID. There was really not much competition for the new USAID social marketing grant, as USAID “designed it for PSI.” The new grant is about the same as the former one, but lacks funds for the HIV/AIDS component: The general AIDS rate in Madagascar is very low: less than 1%; but the AIDS rate among “MSMs” (men-having-sex-with-men) is up to 15%. The HIV/AIDS rate in Madagascar is so low because Malagasy men are circumcised.

**Henri Rabesahala:** “Malagasy are a very diverse people, but two important things they all share are: a common language, and male circumcision.”



View of the PSI office in Antananarivo from outside.

### Investigator's Note

Note USAID's integration of family planning with real-health components *among* different projects, and not only within a single project.

PSI is not a formal participant in the MAHEFA project. USAID funds PSI under a *separate* agreement/contract/project to provide health and contraceptive products essential to the success of (<sup>supposedly</sup>) *separate* USAID-funded projects participated in by other USAID NGOs, such as CRS.

**Henri Rabesahala** says that PSI is involved in several major areas of activity: MCH (mother and child health), HIV/AIDS and sexually-transmitted infections (STI's), women's health (which includes family planning). Under maternal and child health, PSI does: malaria prevention – distribution of insecticide-treated mosquito nets (with USAID and Global Fund funding); malaria case management with distribution of the new anti-malarial treatment, ACTs (artemisin-based combination therapy); diarrhea prevention and treatment (water-treatment kits and oral rehydration therapy); and have just started to distribute a food supplement.

**Henri Rabesahala** says PSI's involvement in HIV/AIDS and STIs will now be done with World Bank funding. In the Women's Health/Family Planning area, PSI includes the marketing of four PSI-branded products: intrauterine devices (IUDs), injectables, oral contraceptives, and the implant – Implanon. Those three major programs – MCH; HIV/AIDS and STI; and Women's Health/Family Planning – are “cross-cutting programs.” PSI-Madagascar has a Research department and a Monitoring & Evaluation department: They work internally and also with the Ministry of Health.

**Henri Rabesahala** says PSI covers three channels of health and family planning distribution: commercial, pharmaceutical, and community-based. PSI-Madagascar has a Communications department which produces “public-service” announcements/advertisements (for family planning products notably) for the mass media: TV, but mainly radio, as most people in the rural areas don't have ready access to TV. Almost all of the ads that one sees on TV for family planning products are PSI ads. PSI is also involved in the transport of family planning and health supplies [for MAHEFA and for the SantéNet2 family planning program (the program in which Catholic Relief Services is an implementing partner.)]; and in “peer education.”

**Henri Rabesahala** says that PSI also works in Madagascar with a network of PSI-franchised private family-planning and real-health clinics, “Top Réseau.” PSI provides training and products to the network of clinics.

**Henri Rabesahala** states that about 50% of PSI-Madagascar funding now comes from USAID; the other 50% from “The Global Fund to Fight AIDS, Tuberculosis and Malaria”.

**Henri Rabesahala** says that it is SALAMA (Centrale d'Achats de Médicaments Essentiels et de Matériels médicaux de Madagascar) which supplies the *government* structures with family-planning drugs and devices. PSI supplies those drugs and devices at the “community” level, and in the commercial and pharmaceutical sectors. SALAMA gets a lot of support from the Global Fund.

**Henri Rabesahala** says that, currently, due to the political/funding crisis, the government is doing very little in this area, so PSI's role is even more important.

**Henri Rabesahala** states that of the approximately 1,300 “Centres de Santé de Base” [“CSB” – Basic Health Center: lowest level of government health facility], 300 have officially closed since the beginning of the “crisis” in 2009, and maybe another 300 have in reality been closed.

**Henri Rabesahala** says PSI is now providing technical training [to all types of health providers, including family planning: see International Planned Parenthood/FISA case above, for example] on the use and “marketing” of family planning products.

**Henri Rabesahala** says the three major Christian groups in Madagascar are the Catholic Church, the Lutherans, and FJKM (Fiangonan'i Jesoa Kristy eto Madagasikara: the Reformed Church of Jesus Christ in Madagascar). PSI works with FJKM and the Lutherans, but not with the Catholic Church.

### Investigator's Note

According to the USAID website: “The social franchise network of health clinics, Top Réseau, includes more than 200 providers in 32 districts of Madagascar.

The service providers are trained in the provision of integrated service delivery, including a basic package of health services for child survival integrated case management (to treat malaria, diarrhea, and pneumonia), short-term family planning methods, and STI case management.

Long-term family planning methods (intra-uterine device and implants services), HIV voluntary counseling and testing, cervical cancer screening and referral, and basic maternal care services are integrated in selected Top Réseau franchise clinics.”

**Henri Rabesahala** says the Catholic Church in Madagascar is “strict” about family planning use. Men in Madagascar, more than women, can be resistant to the use of family planning. They have an attitude that “children are God-given.” Also, the use of family planning can put in question the man’s fertility.

**Henri Rabesahala** states that after the new regime came to power in 2009, the name of the “Ministry of Health and Family Planning” was changed to, just, the “Ministry of Health.” He doesn’t think that the new regime has as much commitment to family planning as the former.

**Henri Rabesahala** says women tend to prefer Depo-Provera over other forms of family planning, for its convenience, and also because that form of family planning can more easily be hidden from their husbands.

**Henri Rabesahala** says that he is a Catholic himself – or, at least, grew up Catholic; and the (former) archbishop of Antananarivo married his parents – but he doesn’t agree with the Catholic Church’s stance on stuff like no-abortion, no-women-priests, etc. “Why, the Catholic Church is even opposed to contraception!” Rabesahala studied business/management at a school in California.



A PSI poster advertising an implant contraceptive

**Henri Rabesahala** says he sees the future role of PSI in the country as one of “capacity-builder”: helping local NGOs to (eventually) take over the USG-funded family planning work that PSI is now doing. In fact, he sees signs that USAID might already be wanting to move more quickly towards giving its contraception work to local NGOs. “I’m a Malagasy, and so of course I’m in favor of *Malagasy* taking more direct control of their own development. But USAID needs to be careful. Most local NGOs currently just do not have the capacity or professionalism to immediately take on the tasks that PSI is performing.”

The investigator asks Rabesahala if it is correct, as indicated on PSI-Madagascar’s website, that 50% of the family planning products available in the country are provided by PSI.

**Henri Rabesahala:** “Well, [smiling] I’m the one who provided that information on the website, so it’s probably right.”

### Investigator’s Note

Rabesahala says he doesn’t work with the Catholic Church, but PSI does indeed work with Catholic Relief Services.

Rabesahala therefore doesn’t seem to think of CRS as being “part of” the Catholic Church.

**Henri Rabesahala** tells the investigator the following affecting story to illustrate the how the ‘extremely limited time horizons’ of such desperately poor women can make it hard for PSI to effectively or effectually work with them: When Rabesahala first started working for PSI, he was taken, as sort of an “initiation” (he had not worked in “family planning” before) to the very low-rent brothel area of the port city of Tamatave/Toamasina. Rabesahala says it was the most disgusting, nauseating, degrading place he had ever seen, or smelled. His, and PSI’s, job there was to provide drugs and devices for the prevention and treatment of STIs and HIV/AIDS, and the prevention of pregnancy, to commercial sex workers. In that brothel area in Toamasina/Tamatave, one of the women prostitutes asks him for a particular oral medication that she has been taking against an STI, and he has to tell her that he doesn’t have any: PSI is out of stock, or there has been some issue with the drug, and PSI is waiting for a replacement. Rabesahala tells her instead that, in the absence of the drug, she should be sure to have on hand male or female condoms, which he offers her. But she says she can’t use those. Her clients don’t like them. They will beat her for trying to use them, or they will just go to one of her competitors. She tells Rabesahala that she has two children who depend entirely on her. Getting money, daily, from her clients is a “matter of life and death” for both her and her children. There’s no way she can consider taking PSI’s condoms. She and her children survive day by day, one day at a time.

**Interview with Sister Marie Euphémie, Franciscan Missionaries of Mary (FMM)  
Saint Francis of Assisi Hospital and Maternity Clinic, Ankadifotsy  
Antananarivo  
November 23, 2012**

The Franciscan Missionaries of Mary (FMM) own this private clinic/hospital. (Sister Marie Euphémie and others tend to use the two terms interchangeably.) Most of the staff is lay, with the Sisters providing administrative, nursing, and other support services. It was founded in 1913, so it is about to celebrate its centenary. Sister Marie Euphémie is the, or one of the, chief administrators of the hospital.

This “Ankadifotsy Clinic” is the only Catholic hospital in the capital city, and one of only three or four Catholic hospitals/clinics in the whole country (of about 20 million people), two others existing in the cities of Fianarantsoa and Antsiranana. There are numerous Catholic “dispensaries” in the country, but few clinics/hospitals.

There is also a school for midwives and nurses at the Ankadifotsy site.

**Sister Marie Euphémie** – a Malagasy – says she doesn’t think that priests in Madagascar “get too involved” in the whole family-planning question with their parishioners: They just avoid the topic. She thinks the attitudes of Malagasy Catholics toward artificial contraception probably resembles those of Catholics in the USA [i.e., Malagasy Catholics don’t believe in – or, at least, don’t follow – the official teaching of the Church].

**Sister Marie Euphémie** says that her Ankadifotsy clinic of course does not offer artificial contraception or refer for artificial contraception. Ankadifotsy patients are generally relatively wealthy and well-educated, and rarely even ask for contraceptives at the hospital.

The hospital receives no outside aid. It is completely “self-sufficient.” That means that it relies on what it charges patients to stay in business. That means that, unlike government health centers, it must charge for the full/actual cost of the relatively very-high-quality health-care services that it provides. This Catholic clinic/hospital is thus not accessible to most Malagasy Catholics or non-Catholics.

**Chat with Mr. Lalaina Randriamanalina**  
**Food Product Manager**  
**Catholic Relief Services-Madagascar: Toamasina Office**  
**Toamasina/Tamatave**  
**November 27, 2012**

Having the previous day made the approximately six hour drive from the capital of Antananarivo to the port city and “economic capital” of Toamasina (still generally called Toamasina/Tamatave), the investigator stops by the Catholic Relief Services (CRS)-Toamasina/Tamatave sub-office to make an appointment to meet with the head of that office, who is currently out of town.

During this time, the investigator meets and talks briefly to Randriamanalina, manager of Catholic Relief Service’s food distribution system/food warehouses at this major sub-office, which serves USAID “beneficiaries” along the central-east coastal area of Madagascar. Food warehouses occupy most of the property of this sub-office.

**Lalaina Randriamanalina** says that he is a Catholic, and that he has worked at CRS for only nine months. Before coming to CRS he worked, in the same type of job, for ADRA (Adventist Development and Relief Agency).

As the sub-office food manager, Randriamanalina is involved mainly in USAID’s Strengthening and Accessing Livelihood Opportunities for Household Impact (SALOHI) program, for which CRS is the “lead” implementing partner.

**Investigator's Note**

The food that CRS distributes comes from USAID, and there is a USAID-logo on every 50-kg bag of rice, or wheat, or corn-soy blend that CRS has contracted to deliver.



An image of food delivery, found on the CRS website.

**Interview with Albert Tsany**  
**Health Coordinator for the Unit for the Development of the Diocese of Toamasina/Tamatave (ODDIT)**  
**Toamasina/Tamatave**  
**November 27, 2012**

**Albert Tsany** says he thinks Development Unit of the Diocese of Toamasina (ODDIT) was created by the diocese in about the Year 2000 in order to work with CRS in food distribution. Tsany states that in addition to health activities – Tsany is the ODDIT health coordinator – ODDIT is or has been involved in such areas as: cattle-raising, the marketing of agricultural products, natural-disaster risk management, and in infrastructure creation: latrines, water reservoirs, dams, irrigation canals. Tsany says ODDIT was funded solely by Catholic Relief Services (CRS) until 2008, in which year it began to look for additional donors. As of 2012, in addition to CRS funding [which comes from USAID], ODDIT receives direct funding from USAID [through RTI] to participate in USAID’s health/family-planning SantéNet2 program. It also receives money from the Malagasy government for one program; and from a mining company for one project.

**Albert Tsany** contrasts the SantéNet program money that ODDIT receives from CRS with the “direct funding from USAID” that ODDIT collects for the same program.

**Albert Tsany** says ODDIT gets money from Catholic Relief Services for both the SALOHI (Strengthening and Accessing Livelihood Opportunities for Household ImpacT) program and the SantéNet2 program.

**Albert Tsany** discusses ODDIT’s work in the SantéNet2 project, specifically, and says ODDIT employs 12 total “[health] support technicians” to supervise and support the community health workers (CHWs) in the communities assigned to ODDIT by USAID/RTI (Research Triangle Institute)/CRS/SantéNet2. Nine of those technicians are funded “directly” by USAID; three are funded “indirectly” by USAID via CRS.

**Albert Tsany** says the CHWs that the technicians support are engaged in such things as: baby/child growth monitoring, hygiene instruction, getting children to local health centers for treatment, malaria treatment, family-planning/birth control education, and social marketing of birth control products.

**Albert Tsany** assures the investigator that *all* of the health technicians – whether CRS technicians or USAID technicians – operate under the program in exactly the same manner. They work with and supervise the contraceptive-distributing CHWs in exactly the same manner.

**Albert Tsany** says that Population Services International (PSI) is responsible for delivering the birth control products to the “distribution points.”

**Albert Tsany** says CHWs will sell these products according to the demand of community members. There’s nothing like a “quota system” for the sale of the products.

**Albert Tsany** says that even rural women are now asking for “modern” contraceptives. There has been a change in mentalities: Before children were considered as wealth, as a richness, but now “people stress health.” Men are not getting vasectomies; but they’re using condoms more. Even young girls are using birth control now. Many of them prefer the pill: They can get the pill from the community health worker *in confidence*, but for the Depo-Provera injection (also a popular method), they often have to go to the health center.

**Albert Tsany** says Catholics are also using modern contraceptives now, but they’ll often do it “en cachette,” secretly, “for fear of the priests.”

**Albert Tsany** says there are different “types” or affiliations of the CHWs that can be found serving in villages (under one or another USAID-funded health, nutrition, or family-planning program): For example, there are “SALOHI” CHWs, “who can’t talk about condoms,” but “SantéNet CHWs” who *can*.

**Albert Tsany** says ODDIT’s SantéNet2 health technicians – both Catholic Relief Services health technicians and USAID health technicians – must

### Investigator’s Note

Technically, the latter funds are *also* indirect-from-USAID, as they pass through RTI, which is the lead implementer of USAID’s SantéNet2 program. As RTI barely identifies itself by name to its sub-grantees/sub-implementers – generally just going by the name “USAID’s SantéNet2” program – it is understandable that Tsany would refer to the RTI funds as “direct USAID” funding, which they in effect are.

### Investigator’s Note

The “distribution points” are actually *people*: members of a CSD (Social Development Committee).

### Investigator’s Note

When talking to the RTI/USAID SantéNet2 local directors a few hours later about this, they say that they have found that, in truth, there is only *one* variety of community health worker in the villages: The “SALOHI CHW” and the “SantéNet2 CHW” is one and the same health worker.

keep close quantitative account of the distribution of all birth control products provided under the program. Tabulated results are regularly sent to the SantéNet2 office over at the Hôpital Kely in town.

**Albert Tsany** says that, in the future, he would prefer that USAID funding to ODDIT for a USAID project that CRS might also be participating in come *directly* from USAID rather than from/through CRS. He says CRS procedures and reporting requirements are very burdensome: “We’re used to it by now...but still, the reporting requirements are very heavy. The USAID procedures – in comparison – are relatively simple.”

**Albert Tsany** confirms that ODDIT has a mix of Protestants and Catholics on its staff.

### **Interview with Jean Patrick Bourahimou, Technical Specialist, and Colette Rahajamanana, Program Manager**

**USAID-SantéNet (RTI)**

**Hôpital Kely**

**Toamasina/Tamatave**

**November 27, 2102**

**Jean Patrick Bourahimou:** “Health support technicians” – employed by CARE (Cooperative for Assistance and Relief Everywhere), CRS (Catholic Relief Services), ODDIT (Unit for the Development of the Diocese of Toamasina/Tamatave) and the other “implementing partners” of USAID’s SantéNet – are the individuals (from the non-governmental organizations [NGO’s]) who in the field actually implement the program. They do this through their collaboration with, support to, and monitoring of the village-level “community health workers” (CHWs). CHWs are the backbone, the sine qua non, of SantéNet. They are unpaid volunteers, nominated and chosen by their own local communities. Among other health-education and health-care tasks in the community (e.g., growth monitoring, hygiene instruction), they are tasked by SantéNet with the “social marketing” to community members of artificial contraceptives.

**Jean Patrick Bourahimou:** “I am in one of the five regional bureaus of USAID-RTI’s SantéNet program. RTI/USAID work in SantéNet with the three large American NGOs: CARE, CRS, and PSI. CARE implements the program in about 30 “communes” of the region; CRS in 15.”

**PRI Investigator:** “What about your work with CRS, and CRS’ integral participation in your family planning program? CRS is officially a Catholic organization, and the Catholic Church is officially opposed to the artificial variety of family planning. And artificial birth control is obviously a major thrust of your program. It’s fully ‘integrated’ into every aspect of your program, and there’s no way for Catholic Relief Services to avoid it. Doesn’t that create something of a problem for you in your work with CRS?”

The slide features a blue header "Investigator's Note" over a world map background. Below are two side-by-side business card templates for USAID-SantéNet officials.

**Left Business Card (Jean Patrick Bourahimou):**

- Logo: USAID SantéNet
- Name: Jean Patrick BOURAHIMOU
- Title: Technical Specialist
- Contact: Tél./Fax : [redacted]  
Mob. : [redacted]  
[redacted]@santere2.rti.org  
DRS/PS Hôpital Kely  
Toamasina 501

**Right Business Card (Colette Rahajamanana):**

- Logo: USAID SantéNet
- Name: Colette RAHAJAMANANA
- Title: Program Manager
- Contact: Tél./Fax : [redacted]  
Mob. : [redacted]  
[redacted]@santere2.rti.org  
DRS/PS Hôpital Kely  
Toamasina 501

**Bourahimou and Rahajamana:** “No. We have no problem with CRS. Because we [here at USAID-RTI] and the CRS health technicians are...technicians; professionals. We have regular meetings with the health technicians from *all* the different NGOs participating in SantéNet. The CRS health technicians are just like those from CARE. We all speak the same language – even if it isn’t a very ‘Catholic’ language [smiling]. The CRS health technicians speak a technical language with us, so there’s no problem.”

**PRI Investigator:** “So, the CRS technicians are fully involved in the ‘modern’ family planning aspects of the program, just like the technicians from the other NGOs? CRS, the CRS technicians, have no problem with that?”

**Bourahimou and Rahajamana:** “The CRS technicians are fully involved, in just the same way as the other technicians. They have no problem with that; CRS has no problem with that. You need to understand: SantéNet is a *global* program; it has *global objectives*. Those global goals *include* family planning goals. And CRS certainly doesn’t oppose that. Well, for example, just to demonstrate: A couple of years ago there was a big SantéNet ceremonial reception organized in one of the rural *communes* near here where CRS has implementation responsibility. The USAID Mission director was there...with the CRS-Madagascar country representative. The village women at the formal gathering were all talking publicly to the USAID director and the CRS country representative about their use of modern contraceptives. CRS obviously had no problem with that.”

**Bourahimou and Rahajamana:** “*Religious* beliefs of the Malagasy are not really an obstacle to a wider use of modern contraception. Social and cultural beliefs and attitudes; and ignorance or misconceptions about contraception are much greater barriers. Here in Madagascar it has always been thought that the more children you have the richer you are.”

**Bourahimou and Rahajamana:** “The birth control pill, the condom, and the injectable (Depo-Provera) are now popular methods of birth control. Long-term methods are still a challenge. You can’t really even *discuss* vasectomies: that’s *really* a challenge. Women tend to prefer Depo-Provera: it’s more practical and it can be hidden from the husband. Those natural’ methods, like the cycle beads or the lactation method, are not used much. Women feel more certain, secure with a shot or a pill.”

**PRI Investigator:** “What motivates the CHWs, who are unpaid?”

**Bourahimou and Rahajamana:** “It’s the honor of the thing that motivates them. It’s a status thing. The CHWs are selected by their peers, in the community, and then they get to work with the government health authorities. That’s a big deal for these relatively unschooled, rural people. They’re not paid, and they don’t make much from their sale of the health and family-planning products, but fairly often you’ll see the community recognizing their work by giving them in-kind or even financial ‘compensation.’ Community members might give help in the fields of the community health workers. Or community members might donate part of their harvests to the community health workers. Sometimes the community will take up a collection and provide some money to the CHWs.”

The PRI investigator mentions his earlier meeting at ODDIT and the confusing distinction Mr. Tsany seemed to be making between “SALOHI (Strengthening and Accessing Livelihood Opportunities for Household Impact) health workers” and “ODDIT health workers.”

**Bourahimou and Rahajamana:** “[Smiling]: No – but we’ve heard that, too. But it’s not true. They’re the same people. There are not “SALOHI CHWs” distinct from “SantéNet CHWs” or “ODDIT CHWs.”

The PRI Investigator asks if there have been problems with delivery of contraceptives.

**Bourahimou and Rahajamana:** “Yes, there have been some ruptures in the delivery of contraceptive products under SantéNet, particularly with the ‘Confiance’ injectable contraceptive. But generally there have not been problems; and when there have been ruptures you could still generally find the products at the (government) local health centers (CSBs). The CSBs, however, don’t usually have spermicides on hand.”

The PRI Investigator prompts discussion of the timeline of the program. (The SantéNet program runs from 2008 to 2013.)

**Rahajamana:** “We certainly hope that it will continue. I’m pretty confident that it will – though I don’t know if RTI will continue to be the lead – because USAID really seems to be interested in and invested in the health sector.”

**Bourahimou:** “Yes; and USAID *especially* seems to love family planning [smiling].”

### **Interview with Archbishop Désiré Tsarahazana**

**Catholic Archbishop of**

**Toamasina/Tamatave**

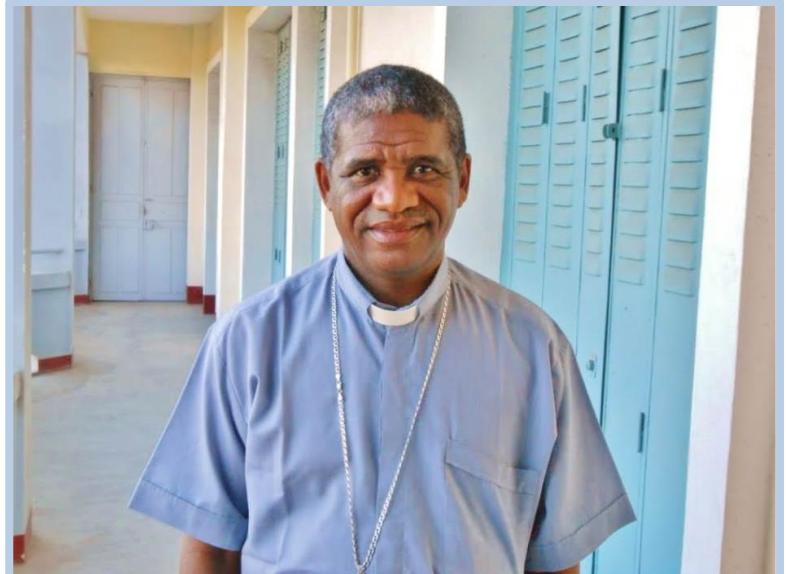
**In the Archbishop’s Office at the Diocesan**

**Center**

**Toamasina/Tamatave**

**November 27, 2012**

Archbishop Désiré Tsarahazana was named bishop of Toamasina/Tamatave at the end of 2008, becoming archbishop when Toamasina/Tamatave was elevated to an archdiocese in 2010. He was previously bishop of the diocese just to the north, Fenoarivo Atsinanana. A matter of days before this interview, he had been elected president of the national bishops’ conference of Madagascar.



Archbishop Désiré Tsarahazana

**PRI Investigator:** “So, here in your diocese, do you work with Catholic Relief Services (CRS)?”

**Archbishop Désiré Tsarahazana:** “[Smiling] Yes. I work with CRS. ... But... [Chuckling] At the first, you said ‘so-called Catholic’ [laughing]. I noticed that you said that [laughing].”

**PRI Investigator:** “Is that also sort of your opinion; that CRS is ‘so-called Catholic’?”

**Archbishop Désiré Tsarahazana:** “Yes. Yes. That’s precisely it.”

**PRI Investigator:** “So why do *you* think that it’s ‘so-called’ Catholic?”

**Archbishop Désiré Tsarahazana:** “Because most of its staff – I’m not sure why, and I don’t want to exaggerate, but maybe 70% of its staff, or even more – is not Catholic; they’re not Catholic.”

**PRI Investigator:** “Here in CRS’ [Toamasina/Tamatave] office [also]?”

**Archbishop Désiré Tsarahazana:** “That’s right.”

**PRI Investigator:** “A Lutheran program manager at CRS-Madagascar headquarters told me that 85% of CRS’ staff was non-Catholic.”

**Archbishop Désiré Tsarahazana:** “You see? I guess I wasn’t exaggerating. So, in spite of their good will – and they are of good will – they just don’t understand... And, you know, I had been here in Toamasina/Tamatave for already more than three years, and, maybe this was partly my fault, but, I didn’t even know where the CRS office in town was! At a meeting at about that time in [the town of] Moramanga [Moramanga is a town half-way between Toamasina/Tamatave and the capital] which was held precisely to talk about the coordination [between CRS and the local Church/the bishops], I mentioned that fact to CRS: that I had never set foot in the CRS office. So, when I got back to Toamasina/Tamatave I did go over to their office and, to my great surprise – have you seen it? – it’s a very big office and organization! It was the first time that I had even seen it! That proves that...well, maybe it’s ‘Catholic’...but [laughing], [anyway, it doesn’t really work with the Church]. In spite of their good will...they just don’t understand. They just don’t understand. That’s the reality. ... But we’re trying to improve that, even at the national level. We’ve been trying to improve that for a very long time. But, you know [laughing], that depends on the person.”

Another example: Just this year CRS held a very big meeting here in town – a ‘capacity-building’ meeting or something, at a hotel here – and I heard about it only accidentally, when I was up in the [town] of Diego, and somebody told me about the meeting to be held [in my own town]. I was embarrassed; I didn’t know anything about it. Well, you know, the normal, obvious thing would have been for CRS to have contacted me right away about it. You understand what I mean?”

The investigator then prompts the archbishop on his opinion of Catholic Relief Services and its relation with the United States government.

**Archbishop Désiré Tsarahazana:** “Well, yes; I do understand that about CRS’ commitments to the U.S. Government...but, the question that remains is: Why are there so few *Catholics* on CRS’ staff...*that I* don’t understand so well.”

**Archbishop Désiré Tsarahazana** continues for some for some length about CRS’ lack of Catholic identity, its identity as a *humanitarian* rather than a Catholic *charitable* organization, the fact that it doesn’t work with the local Church or the bishops.

**Archbishop Désiré Tsarahazana:** “In fact, that problem has been of such great concern to us that we [the bishops of Madagascar] took advantage of the visit to Madagascar of the U.S. bishop responsible for CRS to have a meeting with him. We wanted at all costs to meet with him; to tell him everything that we had to say. He was here, in Diego, in connection with World Youth Day. So we had the meeting there, in Diego. All the [Malagasy] bishops were there, with that [American] bishop. I don’t remember his name.”

**PRI Investigator:** “When was that? A matter of years ago?”

**Archbishop Désiré Tsarahazana:** “No! It wasn’t even three months ago. That’s interesting, isn’t it? If not all, most of the Madagascar bishops were there. So we asked him a lot of questions...”

**PRI Investigator:** “And what was his general answer?”

#### Investigator’s Note

The bishop was Bishop Gerald Kicanas.

**Archbishop Désiré Tsarahazana:** “Well, it was sort of like the explanation that you’ve been giving me. But, he said, nevertheless, that CRS is indeed a *Catholic* agency, so maybe that there was more that it could do....”

**PRI Investigator:** “Do you think it’s a good idea for a Catholic aid agency to be using government money for its activities?”

**Archbishop Désiré Tsarahazana:** “Well, for lack of a better alternative...maybe...because that *does* permit you to get money...but what is sure is that they [CRS] are just not free; they are obliged to act according to the manner [of the USG]. And, you know, that’s a problem for the Italian episcopal conference also: Most of their money comes from the Italian Government and the “directives” of that government have to be followed. [Re CRS]: And you know: nobody here *knows* them; Catholics in Madagascar don’t *know* this organization that has “Catholic” in its name. As I said, I myself didn’t [and don’t really] know anything about them. I was *surprised* [to see their big organization here]! There are no relationships, contacts [that you’d expect from a Catholic organization]. It [CRS] is *completely independent*. But they do some good things.”

**PRI Investigator:** “Yes, critics of CRS in America do not deny that they do some good things...but many organizations do good things: CARE (Cooperative for Assistance and Relief Everywhere), which you know, does good things.”

**Archbishop Désiré Tsarahazana:** “Yes, that’s right: What’s the difference between CARE and CRS? Well, now [after the Kicanas visit], the climate has gotten a little better here, but there are some bishops here who still react with: “Remove the name ‘*Catholic*’! from Catholic Relief Services- Why is there a ‘*Catholic*’ in the name?!””

**PRI Investigator:** “CRS has recently been criticized in certain American Catholic press organs for having “given some grants” to CARE, an organization known for supporting abortion and artificial contraception. Normally, a Catholic organization is not supposed to be cooperating with such an organization. Have you heard about that problem here?”

**Archbishop Désiré Tsarahazana:** “Yes; and even in my own diocese! Without my knowledge, they have a project here with CRS – I don’t know the name, I don’t know about now – but they were working on an artificial contraception project here.”

**PRI Investigator:** “Who? You mean CARE?”

**Archbishop Désiré Tsarahazana:** “No, no. CRS! CRS.”

**PRI Investigator:** “What was CRS doing?”

**Archbishop Désiré Tsarahazana:** “A campaign – I don’t know exactly the nature of it: capacity-building, training people...”

**PRI Investigator:** “In family planning?”

**Archbishop Désiré Tsarahazana:** “Yes. And, then, the Catholic people around here heard about it and said: “What’s that all about? That’s supposed to be ‘*Catholic*’??” [Laughing] So, there you have it: They [CRS] were following the instructions of [USAID].””

#### Investigator’s Note

The “campaign” project in question is, of course, almost certainly SantéNet2. The lady who he’s referring to is almost certainly the directress/coordinator of ODDIT, CRS’s agent for SantéNet2.

**PRI Investigator:** “So, I don’t know if I’ve understood you. You’re saying CRS did a campaign...”

**Archbishop Désiré Tsarahazana:** “...yes, a campaign for family planning...in which they spoke about artificial contraception.”

**PRI Investigator:** “Without your knowledge?”

**Archbishop Désiré:** “That’s right. Later a Catholic lady who works here apologized to me. She said that, yes, it was a mistake.”

**PRI Investigator:** “And has CRS said that they won’t be doing that kind of thing again in the future?”

**Archbishop Désiré Tsarahazana:** “Well, really, it’s the *personnel! The staff!* The managers and employees are not Catholic, and so they’re just not very sensitive to that kind of thing. ... And, of course, *officially*, CRS tells me that they are going to follow the teaching of the Catholic Church.”

**PRI Investigator:** “...But is the real problem with that non-Catholic staff? CRS has signed an agreement with USAID to participate, knowingly, in a health-and-family-planning program, called SantéNet2. Now, CRS says, when they take the USAID money, that it is not *itself* going to “do family planning.” But it’s a program that *has as one of its main goals the promotion of the use of artificial contraception!* How in the world can CRS avoid participating in the promotion of contraception under such a program?”

**Archbishop Désiré Tsarahazana:** “That’s right! Exactly. That’s right.”

**PRI Investigator:** ...“the so-called ‘health technicians’ of CRS are working to assist the ‘community health workers’ who have as one of their primary tasks the promotion of contraception and distribution of contraceptives: It must be impossible in such a framework for CRS to avoid promoting contraception!”

**Archbishop Désiré Tsarahazana:** “That’s right: That’s the reality. It’s because of that [chuckling] that they [CRS] can’t tell [me] the truth.”

**PRI Investigator:** “What do you think about the propriety – or not – of CRS giving grants in Madagascar to an organization like the safe-abortion-and-contraception-promoting CARE.

**Archbishop Désiré Tsarahazana:** “Probably not a good idea, but mainly, I am puzzled. CRS and CARE are *both* funded by USAID here in Madagascar. Why would CRS need to be giving CARE any grants?”

**PRI Investigator:** “You have a *Caritas* office here, no?”

**Archbishop Désiré Tsarahazana:** “Yes.”

**PRI Investigator:** “And does your *Caritas* work on certain programs with CRS?”

**Archbishop Désiré Tsarahazana:** “Well, yes, on certain programs, but *Caritas* is purely a *diocesan* organization. When there is a cyclone or something we launch an appeal [for aid], and then, if there’s food available through CRS, then *Caritas* ‘works with’ CRS in that sense. But then, there’s something peculiar to this diocese: an organization – ODDIT ((Unit for the Development of the Diocese of Toamasina/Tamatave) [Laughing]. It’s special to Toamasina/Tamatave: It already existed [when I arrived as bishop here]. It collaborates very closely with CRS: Actually, it’s an organization *of* CRS; sort of a CRS organization. And yet, it calls itself an organization ‘*of the* Diocese of

## Investigator's Note

The archbishop calls both ODDIT and CRS organizations of “bienfaisance.” He does not refer to them as “charitable” organizations.

Though “bienfaisance” can be translated in English as “charity,” in French the word “bienfaisance” has no religious or Catholic connotation, as “charity” *can* have in English. It means, literally, “do-gooding.”

Toamasina/Tamatave.’ [Laughing] It’s really hard to understand [how it can do that]. But it was here when I got here.”

**PRI Investigator:** “Yes, I was going to ask you, because at the CRS office in Antananarivo they called ODDIT, as its name implies, an organization of your diocese; but you’re saying that that’s not the case?”

**Archbishop Désiré Tsarahazana:** “In reality, ODDIT is the same as/has the value of CRS. What makes it different from CRS is that its director is really Catholic...but, nevertheless, at times, she works in the same manner as CRS, that is, without the knowledge of the priests. ODDIT works in a number of [sectorial] areas, because ODDIT [like CRS] is not just working on the Catholic level; it carries out charitable works [“oeuvres de bienfaisance”], for everybody.”

**Archbishop Désiré Tsarahazana:** “So there are plenty of strict priests here who will look at ODDIT and say: ‘What is this thing? There are no Catholics in it.’ And I say, well, if they’re doing good works... [laughing] but for them to call themselves an ‘organ of development of the Diocese of Toamasina/Tamatave’...well, that’s really too much [laughing].”

**PRI Investigator:** “Yes, because [aside from not being a formal organization of the diocese], if I’ve understood correctly, their goal is *not* to develop the Diocese of Toamasina/Tamatave...”

**Archbishop Désiré Tsarahazana:** “That’s right: it’s to develop everybody.”

**PRI Investigator:** “And that can be a good thing but it’s not the same thing as developing the diocese.”

**Archbishop Désiré Tsarahazana:** “Yes, yes. Exactly. You’ve said it well. This is a little off of our subject, but, have you heard of the Swiss organization ‘Carême Suisse’?”

**Archbishop Désiré Tsarahazana:** “It’s an organization financed by the Catholics of Switzerland. But – I don’t know why – but it [Carême Suisse, a ‘Catholic’ organization] is not even managed by Catholics but by atheists [laughing]. It’s like what we’ve been talking about here. And the result is that their way of doing things disturbs the very organization of the Catholic Church. There are ‘Catholic’ organizations that have a way of doing things that does not correspond to the way of doing things of the Catholic Church. And that causes a great disorder.”

**PRI Investigator:** “Does Carême Suisse have the approval of the bishops of Switzerland?”

**Archbishop Désiré Tsarahazana:** “Oh, yes. But its director here is not a Catholic. Yes, that’s what the [whole] problem is. Yes; it’s precisely that mentality – of bishops in Europe – that it’s necessary to change. At times I wonder if most of them [i.e., bishops in Europe and North America] are not ashamed of being Catholic, ashamed of wanting to help *Catholics*. The problem, I think, comes from the Church itself. They say we’re in a ‘new era’ an era of ‘openness’ [to other sects, and religions, and views. And so it’s appropriate for “Catholic” organizations to be run by non-Catholics. On the other hand, you won’t see that on *their* side.] It’s as if a Catholic parish were to be run by a Protestant pastor! [Laughing] I’m exaggerating, of course, but that’s really what it’s like at CRS. They’re people of good will [at CRS] but...”

**PRI Investigator:** “I believe you’re correct that it is a problem ‘of the Church,’ especially the Church in the West.”

**Archbishop Désiré Tsarahazana:** “Exactly, exactly!”

**PRI Investigator:** “I don’t myself detect that that’s the mentality of bishops in Africa.”

**Archbishop Désiré Tsarahazana:** “No. No.”

**PRI Investigator:** “And there’s really this problem in the West, I think, as you say, of “being ashamed of being Catholic.”

**Archbishop Désiré Tsarahazana:** “That’s right. And the current CRS-Madagascar country representative? [Chuckling] It’s rare, now, but is she a Catholic?”

**PRI Investigator:** “Yes, I think she is.”

**Archbishop Désiré Tsarahazana:** “OK. So *now* it might be a Catholic who’s in the director position, but before... [Laughing]...”

Archbishop Désiré then asks the PRI investigator to turn off the voice recorder. Then he proceeds to tell the investigator that recent CRS-Madagascar directors have included people of the Mormon and Jewish religions. He said he assumed they were people of good will but, not surprisingly, they did not seem to know much about the Catholic religion or about how the Church was hierarchically structured, or about the proper way to deal with the local, host-country hierarchy.

**Chat with Fr. Jean Jagu, SMM  
Vicar at SMM Church in Brickaville  
Montfort Fathers House  
Toamasina/Tamatave  
28 November 2012**

Father Jean Jagu arrived in Madagascar 48 years ago, in 1964, on the same boat with Fr. Charles Rabergeau, SMM, who is vicar here at the Saint Montfort missionaries’ church in Toamasina/Tamatave. Catholic Relief Services started in Madagascar at about the same time – 1962.

**Father Jean Jagu** says he does not have much use for Catholic Relief Services or any such organizations – CARE, etc. – and he doesn’t really distinguish between them. He says, for him, they’re all just sort of “American.”

**Father Jean Jagu:** “You never see ‘them’ [Catholic Relief Services] *en brousse* [i.e., in the bush; in the more remote rural areas]. They drive in...and then they disappear.”

PRI Investigator asks whether Catholic Relief Services is involved in family planning.



The Montfort Fathers House in Toamasina/Tamatave

**Father Jean Jagu:** “They’re in health [programs], aren’t they? Well, one thing for sure, you can go into the most remote, middle-of-nowhere place now and you’ll find it well stocked with abortifacient products. Go to the lady’s kiosk and you won’t find it lacking in that kind of thing. And, you know, they [the community health workers] are giving the shots now [i.e., the Depo-Provera]!”

The PRI Investigator mentions that Catholic Relief Services is among the USAID-funded NGO’s that are working “in consortium” in the U.S. Government program which is responsible for making sure that such family planning products are indeed available in those most-remote locations.

**Father Jean Jagu:** “I know; I know!”

**Father Jean Jagu:** [Referring to CRS] “We [i.e., the Montfort Fathers] might have the same name [“Catholic”] but we’re not in the same family.”

**Interview with Fr. Jean Aimé Rakotoarimisy**  
**Vicar General of the Archdiocese of Toamasina/Tamatave**  
**Priest Responsible for Caritas in the Archdiocese of Toamasina/Tamatave**  
**Pastor: St. Paul Parish**  
**Toamasina/Tamatave**  
**November 28, 2012**

Caritas-Toamasina/Tamatave works with Caritas-National (Madagascar); it does not work directly with Catholic Relief Services. Any contacts with Catholic Relief Services come *indirectly*, through ODDIT. Caritas-Toamasina/Tamatave does not deal directly with the CRS office in Toamasina/Tamatave. So, the only occasions during which Caritas-Toamasina/Tamatave will have any contact with Catholic Relief Services—and then only indirectly—is when, for example, the USG might be distributing emergency food rations, after a cyclone, and the USG needs volunteer manpower for those distributions.

**Father Jean Aimé Rakotoarimisy** says that Caritas-Toamasina/Tamatave has no permanent offices. It depends entirely on unpaid volunteers.

**Father Jean Aimé Rakotoarimisy** refers to a meeting held in Moramanga recently to try to “improve relations” between CRS and the bishops.

**Father Jean Aimé Rakotoarimisy:** “It was last year, 2011, in Moramanga. There were four [Malagasy] bishops there. It was held to see how we could improve collaboration. The CRS side was led by Mme. Gabriella.”

**Father Jean Aimé Rakotoarimisy:** “Mme. Gabriella is not a Catholic; she’s with the FJKM [Church of Jesus Christ in Madagascar.] She doesn’t



**Father Jean Aimé Rakotoarimisy**

**Investigator’s Note**

This is the same meeting that Archbishop Tsarahazana referenced earlier.

**Investigator’s Note**

Mme. Gabriella Rakotomanga has been the deputy country representative for CRS-Madagascar for 23 years. She is not Catholic.

really understand how the Catholic Church works. As for the ‘results’ of the meeting: Well, I don’t think that there will be any, or that relations will improve, because even if CRS has the ‘Catholic’ in its name, it really works beyond the ‘Catholic frontiers,’ it is broader than ‘Catholic’: It’s interested in being a non-denominational humanitarian organization, rather than serving the Church or Catholics in particular. The problem here in Madagascar is that CRS is staffed by Protestants.”

### Investigator’s Note

Dr. Anicet does not distinguish between “abortion” and “post-abortion care” (PAC).

### Interview with Dr. Anicet Andrianandrasana, Medical doctor/manager of a Marie-Stopes-franchised “Blue Star” medical/dental/family planning clinic in Toamasina/Tamatave November 28, 2012

The PRI investigator meets Dr. Anicet in his consulting office.

**Doctor Anicet Andrianandrasana** says he is a fellow Catholic, specifying that he is a “practicing Catholic.”

**Doctor Anicet Andrianandrasana:** “There are five doctors [in town] now working with Marie Stopes-BlueStar-USAID.”

**Doctor Anicet Andrianandrasana** says the Marie Stopes/USAID family-planning franchising arrangement with BlueStar clinics works through a voucher system: “Marie Stopes’s employees go door-to-door in the poorer neighborhoods encouraging people to use modern contraception. They give those people vouchers that they can use to receive free family planning services at a BlueStar clinic, like mine.”

**Doctor Andrianandrasana:** “I’ll give family planning help to private patients also: They’ll come in here to get treatment for the flu or something, see our announcements for family planning, and then they’ll inquire about that. About half of the people I help with family planning are poor and half are private patients. Women here don’t like the IUD: Malagasy are modest [“pudiques”] and don’t like doing things like inserting the IUD. More popular methods are the pill, the implant, and the injectable Depo-Provera. And people are starting to look at the long-term methods. Emergency contraception is rare. I am interested in *prevention*. I do *preventive* methods. I am not in favor of abortions (“interruptions [de grossesse]”). I don’t do abortions. I am a practicing Catholic, and I don’t do abortions; I do family planning. It’s my own personal conviction, but I don’t do abortion. If a woman comes in here with post-abortion problems, looking for post-abortion care, for a termination, I send her to Marie Stopes [the big Marie Stopes facility in town]. Marie Stopes and other doctors can do abortions, but I don’t.”



A woman in the Marie Stopes waiting room

**Doctor Anicet Andrianandrasana:** “I haven’t even done any training in abortion, post-abortion care. When those are offered I don’t attend. It’s prevention that I’m interested in.”

**PRI Investigator:** “So you just do ‘family planning?’ But isn’t the Church also against artificial contraception?”

**Doctor Anicet Andrianandrasana:** “Yes, the Church says no to contraception. But, again, it’s a case of my personal conviction: I don’t agree. The pope is even against condoms. But I don’t agree. I’m a doctor. I’m a scientist. It’s so sad to see the situation that the poor are in, and family planning can really improve their health. You have to *open your eyes* and see how people are suffering. You have to *do* something. The best thing is prevention, and we have to work for that. Poor people know nothing about these contraceptive possibilities and how contraception can improve their health. It’s the poor who are having so many children. It’s ignorance. And we have to do something about it. That’s what motivated me to work with Marie Stopes. I think Catholics here in Madagascar are like Catholics in the United States: Catholics in Madagascar are *for* modern contraception. Top Réseau [Population Services International], FISA [International Planned Parenthood Foundation], ProFemina [Population Services International Jhpiego] are other organizations, in addition to Marie Stopes, that are heavily involved in family planning/reproductive health in Madagascar. There’s a lot more advertising now being done on radio and TV by those organizations. I think of my work with Marie Stopes as rendering a needed social service. I like giving this social service, even if it doesn’t pay me very much.”

### Talk with Fr. Jean Jagu, SMM

&

**Fr. Liva, SMM, Pastor, St. Thérèse Parish, Toamasina/Tamatave**

**Montfort Fathers House**

**Toamasina/Tamatave**

**November 29, 2012**

Father Liva is the pastor of the local Montfort-run parish, Ste. Thérèse. He’s Malagasy; he doesn’t give the PRI Investigator his last name because he says it is too hard. He’s been assigned to the Montfort House in Toamasina/Tamatave and the local parish for several years now. He is one of the hosts for the PRI investigator while the investigator stays at the Montfort House.

The PRI investigator and Father Liva talk about the family-planning promotion activities run under SantéNet, in which Catholic Relief Services and ODDIT are participants, and about the community health workers (CHWs) who market the family planning products.

**Father Jean Jagu:** “One day in the middle of the bush I came upon one of their little boutiques, which was well stocked with contraceptive products. They hide from us. We don’t really know for sure where they get all of those contraceptives; who provides them with those. The lady [a Catholic] was completely innocent. She [and other Catholic vendors of the products] don’t understand the consequences of what they’re doing. People claim that the pope has said that you can’t use condoms. But one mustn’t exaggerate. It’s not black and white: For medical reason...to protect yourself...after all...?”

**PRI Investigator:** “Do you [Father Liva] think that, *in general*, Malagasy priests approve of the use of modern contraception?”

**Father Liva:** “Well, it’s not like we’ve done an opinion poll. But, I think, where a woman has a lot of children, they approve.”

The PRI Investigator asks Father Liva about the Catholic teaching regarding abortion.

**Father Liva:** “The Catholic Church is opposed to abortion except in cases of rape and incest. You know, there are plenty of Catholic doctors here in Madagascar who do abortions. They’ll deny it; but we know it’s happening.”

**Father Jean Jagu:** “Maybe CRS’ participation in artificial-contraception-promotion programs is the reason that CRS mainly hires Protestants, who have no objection to family planning. If CRS hired Catholics, some of those Catholics might object more strongly to CRS’ participation in that kind of thing.”

The conversation turns, and Father Liva asks about the pedophile scandal in the United States.

**Father Liva:** “Don’t you think letting priests marry would be a solution to that problem?”

**PRI Investigator:** “So what do *you*, and Malagasy priests, think about priestly celibacy?”

**Father Liva:** “Well, we haven’t done a poll but we obey the pope.”

**Fr. Liva** says in response to several issues—homosexual “marriage,” contraception, married priests, women priests: “We [i.e., Malagasy priests] obey the pope. The Catholic Church is very conservative.”

### Interview with Sister Charline and Sister Esthère

Daughters of Wisdom

Toamasina/Tamatave

November 29, 2012

The Daughters of Wisdom is a religious congregation co-founded by St. Louis de Montfort. They are a sort of sister congregation to the Montfort Fathers. Their house in Toamasina/Tamatave is located across the dirt path from the house of the Montfort Fathers. Both houses are located close to the parish church run by the Montfort Fathers, and to the adjoining school that is now managed by the Daughters of Wisdom.

Like the Montfort Fathers in Madagascar, the Daughters of Wisdom were originally a missionary order, run by Sisters who were all from Italy, France, or a few other European countries. The members of the last “class” of those Western Sisters and priests – the one of Fr. Jagu, the one that arrived in Madagascar in the 1960s – has now almost completely died off or retired.



The Daughters of Wisdom, Toamasina/Tamatave

The Montfort Fathers and the Daughters of Wisdom in Madagascar are now almost all Malagasy. With the death of the European missionary fathers and sisters, the private, voluntary European-sourced funding

that was used to run the Montfort-Family social/charitable projects in Madagascar has also been dying. The new superior of the Montfort Fathers in Madagascar – a Malagasy, for the first time in the country's history – has all he can do just to maintain the order's pastoral efforts, let alone the charitable ones.

The investigator's visit with the Montfort Fathers/Daughters of Wisdom in Madagascar occurred at the same time as that of a lay Italian consultant to the Montfort-Family congregations, who was in the country to try to help the Montforts transition to "self-sufficiency."

The Montforts receive no funding whatsoever from "Catholic" humanitarian organizations such Catholic Relief Services.

**Sisters Charline and Esthère:** "We have a dispensary/small clinic, with a lab, about 25 miles north of Toamasina/Tamatave, in a rural area. Four Daughters of Wisdom Sisters work there. It is 'self-financed' by the Sisters. We have one [Malagasy] Sister at a Catholic orphanage, the 'Foyer Montfort,' which we still run: for about 33 children, ages 3-18 years. It used to be run by an Italian Sister and was financed almost entirely from the contributions of lay Italians. We're still getting money for the orphanage from that source...but the money has greatly diminished. We're having a very hard time now getting enough money for food and clothes for the children. We now have the responsibility of managing the Parish School of Ste. Thérèse: two of our Sisters do the management. It includes pre-school, kindergarten, and goes up to eighth grade: children from about 3-16 years old. All students pay (or are *supposed* to pay) tuition. Students from poor families don't really have the possibility of attending. There's no outside financial support to the school. The school is now in pretty bad physical shape and its some 660 students work in very cramped conditions.

We really need to improve it and build an additional school building, but we don't have the money. Most of the students there are Catholic – we give priority to the Catholics – but we accept non-Catholics and there are a good number of them at the school. Everybody's required to take Catholic religious instruction. We have one Sister working with prisoners at a local prison (for men and women); and one Sister working in the 'Apostolate of the Sea.' [Toamasina/Tamatave is the principal port for Madagascar.] And, finally, two of our Sisters serve at a homemaking school/workshop for needy women. We Daughters of Wisdom have 16 communities in Madagascar. We are involved mainly in: education, prisons, and rural health clinics/dispensaries. Our charism is outreach to people in very rural areas. We are pretty much 'self-financed' now, particularly as contributions from Italy/Europe have declined or stopped but [smiling] when folks like you visit us we see if we can interest them in helping us out."



Children lining up to start their day at the School of St. Therese.

**Interview with Mr. Andry Ramamonjisoa**  
**Head of the Toamasina/Tamatave Regional Office of Catholic Relief Services-Madagascar**  
**Toamasina/Tamatave**  
**November 29, 2012**

**Investigator's Note**

José Christian and Albert Tsany work out of the ODDIT office; not the CRS regional office in town.

**Andry Ramamonjisoa** says that in one of CARE’s nearby project areas, “in the East region,” adjacent to or overlapping with a Catholic Relief Services coverage area, CARE does not have its own “health project officer.” CARE and CRS have an arrangement whereby CRS-Toamasina/Tamatave’s health project officer (“PO”) monitors CARE’s health-related activities in that area for CARE. This is not a temporary arrangement, but a permanent, formal one.

**Andry Ramamonjisoa:** “I don’t know the specifics about SantéNet2. But SantéNet finances the SALOHI community health workers.”

**Andry Ramamonjisoa** says that some health activities are financed by SantéNet and some by SALOHI. In any case, CRS’ Health PO serves as the CARE Health PO in that geographical area, monitoring the health-related activities being carried out there by CARE.

**Andry Ramamonjisoa** confirms that there are not *separate* community health workers for the SALOHI and SantéNet2 programs. The same health workers provide services to *both* programs. The CHWs have a “standard profile.” Whether Catholic Relief Services is carrying out SALOHI or SantéNet2 activities, its approach in the health/nutrition area is an “*approche de base*,” a grassroots approach based on local community health workers.”

**Andry Ramamonjisoa** says that Catholic Relief Services participates in the selection of the community health workers (with the community, and with a representative/doctor of the nearest basic health center (CSB).

**Andry Ramamonjisoa:** “ODDIT is the implementing partner of CARE in some parts of the region.”

**Andry Ramamonjisoa:** “I am a Catholic, but you don’t have to be a Catholic to work at CRS.”

As the investigator is taking leave, they are chatting informally. Andry Ramamonjisoa switches to English and tells the investigator that this is his first job with Catholic Relief Services.

**Andry Ramamonjisoa:** “Before this, I worked for seven years with UNFPA, mainly dealing with family planning. I have worked a lot in that domain [family planning] as I was with UNFPA for seven years, before I came to CRS. [Smiling] There are so many things that I can’t say.”

**Investigator's Note**

Both community health workers and basic health communities actively promote contraception.

**Investigator's Note**

That is, ODDIT would receive “grants” from CARE, the same way CARE is said to have received grants from CRS.

**Follow-up Interview with Albert Tsany  
Health Coordinator for ODDIT;  
&  
Interview with José Christian  
ODDIT SantéNet2 “Support Technician”  
Toamasina/Tamatave  
November 29, 2012**

**Albert Tsany** confirms for the PRI investigator that, on the “SantéNet2” program, ODDIT did not deal with the local Catholic Relief Services sub-office health manager, or with anyone else at that office. The only supervision or monitoring from Catholic Relief Services on SantéNet that he received came from the very occasional visits of two CRS-Madagascar head quarter health managers, located in the main office in the capital city, a day’s drive away.

**Albert Tsany** states that Catholic Relief Services employs three “support/health technicians” here at ODDIT to work for Catholic Relief Services on the SantéNet program.

**Albert Tsany:** “Then, ODDIT, with funding that we get directly from USAID/RTI, employs a further nine technicians to work under SantéNet. The Catholic Relief Services technicians work in 15 communes; the ODDIT technicians work in 30 [different] communes. The three CRS technicians of SantéNet work with CHW’s [community health workers] in the areas of *both* health *and* family planning. There’s no difference between the way the CRS technicians and the ODDIT technicians work under SantéNet. ... Oh; here’s José Christian: He’s a SantéNet health technician himself. He can give you some information.”

**José Christian:** “I’m a support technician for SantéNet, for ODDIT. [One of the nine technicians employed by ODDIT with the funding received directly from USAID.] ‘KMS’ – the Malagasy acronym – is how we usually refer to SantéNet.”

**PRI Investigator:** “You obviously work closely with the CRS-KMS technicians here at ODDIT: Do they participate without any problem in all of the family-planning trainings and activities?”

**José Christian:** “Yes. I’m relatively new here but, for example, we recently had a USAID/RTI-led meeting of *all* of the SantéNet health technicians in this region, from all of the different NGO partners – CARE, CRS, ODDIT, others. It was the third such meeting, I think. Those meetings are held to assure that *all* of the technicians are working in the same way, and following the SantéNet directives, including the directives on family planning, of course. The CRS technicians working here at ODDIT participated, of course, just like the others.”

**PRI Investigator:** “So, all technicians participated, including the CRS ones. So, the Catholic Church’s official teaching against artificial contraception isn’t a barrier to the support that those CRS technicians give to modern family planning?”

**José Christian:** “Well, I’m one of the *ODDIT* [USAID/RTI-funded] technicians, so I can’t say for absolutely sure, but [smiling] I work with them closely here, and I go to health-technician meetings with them, and I can say, no, they are not opposed to working with the CHWs on the promotion of [all methods of] contraception.”

**Follow-up Interview with Jean Patrick Bourahimou, Technical Specialist  
USAID-SantéNet (RTI)  
Hôpital Kely  
Toamasina/Tamatave  
November 30, 2012**

The PRI Investigator returns to Hôpital Kely to seek confirmation on some points on which Andry Ramamonjisoa seemed confused—specifically about what Catholic Relief Services (CRS) *and* the Unit for the Development of the Diocese of Toamasina/Tamatave (ODDIT) were doing under SantéNet.

**Jean Patrick Bourahimou:** “CARE (Cooperative for Assistance and Relief Everywhere) and CRS are both members of the [SantéNet] consortium. Practically, they do the same thing. *They all do the same work; CARE, CRS, and ODDIT all do the same work.* There is a very precise *geographical* division in their zones of intervention. If CARE is working in a place, it is *only* CARE. I’m talking about *communes* [the lowest geographic/administrative level]. There are cases where two different consortium members might be in the same *district*, but there is only one NGO (non-governmental organization) per *commune*. So, for example, in the district of Toamasina/Tamatave-II, CARE has three communes, CRS has some others, and ODDIT some others.”

**PRI Investigator:** “OK. But each of those NGOs has the same activities under the program and uses the same approach?”

**Jean Patrick Bourahimou:** “Yes. Same approach. We, the RTI (Research Triangle Institute)/USAID technical specialists are there for that, precisely to assure that the implementers from the different consortium members are using the same approach. We [RTI] are there to make sure that that we’re doing the same thing in the 800 communes of Madagascar: It’s the same thing for CARE, CRS, any other participant. Now, of course, the different NGOs could have their different, internal *administrative* procedures, and RTI doesn’t get involved with that. For example, CARE has many of its health technicians actually living out in the distant communes; whereas the ODDIT health technicians are based here in town and go back and forth to the villages. And, then, CRS: They have their big office here, from which they take care of a lot of their business, but, for SantéNet, CRS is ‘housed’ in the ODDIT office. So, for us, the three CRS-funded guys, health technicians, housed in ODDIT, *are* CRS.”

**Jean Patrick Bourahimou:** “But they’re really supervised, on a day-to-day basis, by ODDIT. They have an occasional ‘distant supervision’ [by CRS] from Antananarivo. At the big CRS office here in town, they don’t deal with SantéNet. If you go over there, they won’t understand much about SantéNet. CRS is responsible for 15 communes under the program, and it’s their three guys over at ODDIT who take care of that. It’s sort of a complicated arrangement CRS has, and we don’t understand it. It’s complex: You’re not the first person to get lost in all that [smiling]. It’s a mystery: CRS has this big office here: Then why are there three SantéNet technicians over at the ODDIT building? If there were no CRS office here you could understand it. We should have warned you about that [confusing CRS situation]. Well, it’s their internal problem, but it’s a real communications problem – for a visitor like you, for example – since nobody at the *main CRS* office knows anything about their own SantéNet program. Over at ODDIT there are the three ‘CRS health technicians’ and then there are nine other health

**Investigator’s Note**

Jean Patrick Bourahimou, an employee of USAID under Research Triangle Institute (RTI) – uses the first names of those three CRS health technicians, whom he apparently knows well and works with often. The Catholic Relief Services regional office head in Tamatave, however barely seemed to know of their existence.

technicians who are ‘pure ODDIT’ [all funded under SantéNet]. And over at ODDIT there’s a clear administrative distinction between the ‘CRS’ technicians and the ‘pure-ODDIT’ technicians.”

**PRI Investigator:** “OK. But just to confirm again: Though there’s a clear internal administrative distinction, both the ‘CRS’ and the ‘pure-ODDIT’ technicians are doing the *same* work – just like the CARE technicians – for SantéNet, right? They all have the same approach, right? In the area of family planning, for example: The CRS technicians can work in family planning promotion just like the other technicians: They are not hindered by the special teachings of the Catholic Church?”

**Jean Patrick Bourahimou:** “That’s right. For us, there’s nothing special with CRS: CRS works in family planning just like the others. Well, at the very first there was a little issue: CRS was hesitating to transport some of the family planning products to the commune sites. But we had a meeting with all of the health technicians and then they agreed to do the transport, but soon, and now, it isn’t even an issue because PSI (Population Services International) is taking care of the transport of the family planning products.”

**PRI Investigator:** “And it’s not as if a CRS technician is going to refuse to help the CHW’s [community health workers] in their promotion of family planning?”

**Jean Patrick Bourahimou:** “No, all of the health technicians must be ‘polyvalent’: They have to know how to help the CHW’s [community health workers] in *all* areas [i.e., including in their sales and instruction of family planning].”

**PRI Investigator:** “So a CRS technician has to be capable of helping in the area of family planning under this program, right? That is, CRS ‘has to *do* family planning’ under this program, no?”

**Jean Patrick Bourahimou:** “That’s right. That’s right.”

**PRI Investigator:** “A CRS technician is not going to say that he can’t do family planning because he’s working for CRS?”

**Jean Patrick Bourahimou:** “No. No. Because the SantéNet program is a *package* of health activities. It’s a ‘global’ program. So the health technicians have to be able to do *everything*. Every six months or annually we have a general meeting with *all* the health technicians [of all the different participating NGOs] and discuss common problems and issues, and this helps us to make sure that we’re all using the same approach. Of course there are little “local adaptations,” but that has nothing to do with CRS’ participation in family planning activities. CRS, just like the other NGOs, has to deliver the *whole package*. There’s no question about that. It’s in the contract [with USAID]: The whole package – for the mother-and-child, for the baby, for the mother [including family planning] – has to be delivered in the communes. RTI does formal trainings for both the NGO health technicians and the CHWs, including, of course, the family planning training. The technicians have to be present when we’re doing the training of the CHWs.”

**Interview with Dr. Sandra Rabenja**  
**Regional Coordinator of Social Franchise Network (Top Réseau)**  
**PSI Madagascar**  
**Toamasina/Tamatave**  
**November 30, 2012**

**Doctor Sandra Rabenja:** “We are in partnership [under Top Réseau] with private clinics for STI’s (sexually transmitted infections), and then for basic services such as family planning and basic maternal health. Then there are the optional services. We make an annual contract with each clinic; they accept our norms and standards; and they put up our PSI (Population Services International)/Top Réseau sign. We propose to a clinic the various types of short-term and long-term family planning methods, and they can choose. We don’t force them. We have 28 centers/clinics here in Toamasina/Tamatave and 34 service providers/doctors. Yes, it works sort of like the BlueStar network of Marie Stopes. In all of Madagascar we have 9 sites/regional offices; a bit fewer than 300 providers; and a bit fewer than 200 centers/clinics. As far as religious groups that we work with: In the Top Réseau network here in town there is a SALFA (Lutheran) clinic and SAF/FJKM (Church of Jesus Christ in Madagascar) clinic.”

**Doctor Sandra Rabenja** states that PSI started its first Top Réseau clinics here in Toamasina/Tamatave, in 2000. PSI began activities in Madagascar 1998. Bill Gates was the top contributor to PSI-Top Réseau at the beginning.

**Doctor Sandra Rabenja:** “Currently we get money for Top Réseau from the Global Fund and USAID (U.S. Agency for International Development) and [someone else].”

**Doctor Sandra Rabenja** “From 2000-2011 we [PSI-Top Réseau] had a focus on youth, adolescents, youth from 15-24 years old. And at first it was difficult to sensitize young people. But now it’s going a lot better, especially in the area of the prevention of STIs through the use of condoms. At first it was really very difficult to sensitize youth in the use of condoms. But now, anybody can buy condoms anywhere. They are much more widely accepted. And for family planning also: In the country at first [about 2000] the coverage rate was very low, maybe about 15%, but now the national coverage/usage rate is 29-30%.”

**Doctor Sandra Rabenja:** “Yes, you can get condoms everywhere: at the grocery store, at the pharmacy, everywhere. People accept them now. At first, Malagasy culture, the modesty [“pudeur”] of the Malagasy people was a problem but now it’s going a lot better.”

**PRI Investigator:** “And what about other family planning methods, the pill, for example...?”

**Doctor Sandra Rabenja:** “Oh yes, you can find them easily in the market. And, they say, even the shots [Depo-Provera] are on sale in the market. ... Legally, you have to have a prescription for the pill or the shot but, in practice, you can get them in the market.”

**PRI Investigator:** “You say that modern-contraception usage has gone up rapidly since 2000, but what do you find are the main barriers to increased usage? Are there cultural, social, religious issues that discourage use?”

**Doctor Sandra Rabenja:** “I think it’s maybe cultural; and it’s a lack of knowledge. It’s not religious.”

**PRI Investigator:** “I’ve been told generally that Catholics here, regardless of the official teaching of their Church, use [modern] contraception like everyone else. Do you find that to be true?”

**Doctor Sandra Rabenja:** “I think it’s just the high authorities [in the Church] who are opposed to contraception. I’ve observed that Catholics, in spite of their religion, use contraceptives like everybody else, except, maybe, the ‘fervent’ ones.”

The PRI investigator asks about funding and the future work of PSI in Madagascar, given the uncertain political situation and USAID’s previous cuts for non-humanitarian funding and to the Malagasy government.

**Doctor Sandra Rabenja:** “We’ve submitted our proposals to USAID for the continuation of funding, and we certainly hope for a positive result. As USAID wants to keep up the family planning funding, and as most of our work is at the community level [not so much tied to the Malagasy Government] we think we’ll be able to continue.”

**PRI Investigator:** “With the new regime, there was a name change from ‘Ministry of Health and Family Planning’ to ‘Ministry of Health’? Do you know why they made the change? Or whether that might indicate that the Government’s a bit less enthusiastic about family planning?”

**Doctor Sandra Rabenja:** “I have no idea why they changed the name, but, practically, I can’t see that there’s any lessening of the commitment. I work frequently with government authorities in this field, and I don’t see that. I have noticed that at the [government] CSBs [Basic Health Centers] there are occasional ruptures in the stock of family planning products. Family planning products and services are free to people at the CSBs. The poorest people, then, can’t get those products and services at Top Réseau clinics because it would be too expensive for them. The quality of service at Top Réseau clinics is much better than what you’ll find at a CSB.”

**Interview with Mrs. Hokowa Ida  
Manager, Mianko Clinic  
(A PSI/USAID Top Réseau health-and-family-planning clinic)  
Toamasina/Tamatave  
November 30, 2012**

Dr. Rabenja of Population Services International (PSI) had mentioned this clinic, not too far from the PSI office. The PRI investigator drops in unannounced.

Mrs. Ida is the manager of the clinic, at which there are three doctors. The clinic opened in 2002. Mrs. Ida has been with the clinic since 2004. The place was well stocked with family planning products and information, which came via PSI.

**Interview with Mrs. Gina Katiza  
Manager, Marie Stopes-Madagascar Clinic in Toamasina/Tamatave  
Toamasina/Tamatave  
November 30, 2012**

### Investigator's Note

This is the Marie Stopes headquarters in Tamatave: the main Marie Stopes clinic: a very big, bright, clean, well-/newly-painted structure that makes it stand out from the surrounding dirt, clutter, and dilapidation: see photos. There is at least one other Marie Stopes facility in town (see photos), plus the Marie Stopes-USAID franchised Blue Star clinics. The main sign on the front of the Marie Stopes-Tamatave HQ building reads: "Marie Stopes-Madagascar Reproductive Health\*Family Planning \* Medical Consultations \* Sonograms \* Laboratory Analyses \* Baby Follow-Up \* Vaccinations"

I had been by the Marie Stopes HQ a couple of days earlier to make an appointment, and I had spoken briefly with Mrs. Katiza. I had mentioned to her that in Antananarivo I had had the occasion to speak with her "boss," François Gourraud, project director, Marie Stopes Madagascar (the man who was disappointed that there were no organizations working hard enough in Madagascar to make abortion legal). She had seemed very friendly and open, and said that she would be pleased to speak with me about the activities of her Marie Stopes clinic in Tamatave. Today, her manner is noticeably different. She says that she called Mr. François in Antananarivo to ask about me. She was sorry, but she couldn't really help me, she said, before I had even asked her any questions.



**Gina Katiza:** "We [the Toamasina/Tamatave clinic] are not funded by USAID (U.S. Agency for International Development). We just do consultations and family planning here."

**PRI Investigator:** "Yes, I understand that your clinic here might not receive *direct* funding from USAID, but, as you know, USAID funds Marie Stopes-Madagascar generally, so your activities here benefit from that USAID funding."

**Gina Katiza:** "Well, OK, you can ask about that at the Marie Stopes-Antananarivo HQ office."

**PRI Investigator:** "Yes, thank you; as you know, I've already spoken there with Mr. François about the general program of Marie Stopes in Madagascar. I was just hoping to get a better idea *here*, 'on the ground,' of what your activities consist in...as they are funded by USAID."

**Gina Katiza:** "Yes, well, here at this clinic we simply do consultations and family planning: that's all! *Medical* consultations: family planning, sonograms, lab work: *medical* consultations."

[Pause in conversation.]

**PRI Investigator:** “So,... what is your name?”

**Gina Katiza:** “Gina Katiza”

**PRI Investigator:** “Have you worked here long?”

**Gina Katiza:** “Two years. [Coughs.]”

**PRI Investigator:** “So, yes, if I’ve understood you correctly, here at the clinic the services you offer are in the area of family planning?”

**Gina Katiza:** “Yes, family planning, general consultations, sonograms, vaccinations; [cough, cough] we give shots.”

**PRI Investigator:** “And the Blue Star clinics here in town? Do you monitor those?”

**Gina Katiza:** “No, no. That’s the Tana team [a day’s drive away in the capital city] that supervises the Blue Star clinics here. [Cough, cough].”

**PRI Investigator:** “How about trainings, workshops, like the one I think I saw going on when I came by the other day? Do you have those here?”

**Gina Katiza:** “...Uh...yes...workshops...but that doesn’t involve me directly. It’s the Tana team that handles those. When I’m here I *attend* those workshops, ha, ha.”

**PRI Investigator:** “And other medical services that you might deliver...?”

**Gina Katiza:** “It’s a *clinic* here. As I’ve told you: family planning, etc. [Silence] Cough, cough.”

**PRI Investigator:** “Well, good...I won’t keep you any longer...I had thought that... So, may I have a look at your clinic here?”

**Gina Katiza:** “The clinic?”

**PRI Investigator:** “Yes, the clinic.”

She says nothing, responds neither yes nor no, but gets up from her desk and, with a frown, reluctantly, walks out of her office, apparently expecting the investigator to follow her on a quick “tour.” The investigator tarries a bit to take a couple of photos.

**PRI Investigator:** “May I take your photo?”

**Gina Katiza:** “Me? Ha ha. Oh, no, no. Ha, ha, ha.”

**Gina Katiza** takes the investigator past a couple of office doors, and into one room where two ladies are changing a baby’s diaper.

**Gina Katiza:** “This is the consultation room...this is the lab.”

**PRI Investigator:** “So, do you give post-abortion care services?”



Woman changing a diaper in the clinic.

**Gina Katiza:** “Uh...no...uh...yes. Uh, when there are people who have given themselves abortions...”

**PRI Investigator:** “So you *do* do post-abortion care?”

**Gina Katiza:** “Yes.”

**PRI Investigator:** “And terminations?”

**Gina Katiza:** “No.”

**Gina Katiza** escorts the investigator toward the exit to the building.

**Gina Katiza:** “OK, OK: That’s enough photos.”

### **Interview with Nicolas Ragalison**

**&**

**Jean Ferlin Nambana,**

**Both “Zone Supervisors”/ [Health] Support Technicians” for Catholic Relief Services in USAID’s SantéNet2 Program**

**They work out of the ODDIT office**

**Toamasina/Tamatave**

**November 30, 2012**

## **Investigator’s Note**

I go back for my third visit to the ODDIT office in Tamatave. I had previously spoken, twice, to the overall “health manager” at ODDIT, who has management/oversight responsibility for all employees at ODDIT working in the health sector, from no matter what source they are funded. Thus, he supervises all twelve of the “support technicians” working out of the ODDIT office and funded out of USAID’s SantéNet program: the nine who are funded “directly” by USAID, and the three at ODDIT whom USAID funds via CRS.

I had then talked to one of the “pure-ODDIT” health technicians under SantéNet, José Christian. I wanted to also talk to one or two of the CRS-ODDIT-USAID health technicians.

The three CRS-SantéNet health technicians work at ODDIT in Tamatave. They receive daily supervision and materials support from ODDIT. They know well and are well known by the USAID-RTI SantéNet team in town. But, though they are “CRS” technicians, “funded by/through CRS,” they rarely see anybody from CRS, and they *never* see anybody from the big CRS office right around the corner.

I wanted to answer the question: ‘Who do they work for?’ Earlier in the day I had gone by the ODDIT office where I had spoken briefly with another “pure-ODDIT” health technician (a young lady). She told me, again, that the work of the pure-ODDIT technicians (that is to say, the pure-USAID technicians) is the same as that of the “CRS” technicians.

**Jean Ferlin:** “ODDIT (Unit for the Development of the Diocese of Toamasina/Tamatave) is CRS’(Catholic Relief Services) partner. CRS used to be ODDIT’s only funder. CRS funded ODDIT for USAID’s ‘FELANA’ program, 2005-2008, the predecessor of SALOHI [Strengthing and Accessing Livelihood Opportunities for Household Impact]. ODDIT was created in about 2001...or changed its name to ODDIT and got new statutes in about 2001. It was created to be able to work with CRS. Because ODDIT is an *implementing* agency; while CRS is a *funding* agency. CRS does not directly *implement* projects. ODDIT works now with CRS on SantéNet2. It also worked with CRS on SantéNet1, prior to 2008. Currently, we three CRS SantéNet technicians at ODDIT are working in 4 districts, 15 communes (and one region: Atsinanana). Each of the three technicians has responsibility for 5 communes. We three are supervised here at ODDIT by an ODDIT health coordinator and a program coordinator and a development coordinator. The CRS regional office here in town does not have much to do with our supervision; but, for CRS, we are supervised by two CRS-Antananarivo health managers: Dr. Henri Randriaparazato and Dr. Mamy Razafmahefa. They come here every one or two months. They, I think, are working 100% on the KMS [SantéNet] program. The CRS health coordinator here in Toamasina/Tamatave doesn’t supervise us.”

**PRI Investigator:** “Do you work the same way as the other technicians?”

**Jean Ferlin:** “Yes, we ‘CRS’ technicians work the same way as the technicians for ODDIT, CARE (Cooperative for Assistance and Relief Everywhere), etc. We CRS technicians are called ‘zone supervisors,’ whereas the ODDIT and CARE technicians are usually called ‘support technicians,’ but our function, our activities (under SantéNet) are the same.”

**PRI Investigator:** “So, for example, CARE doesn’t have its own special way of approaching health promotion under the program, its own method of working with community health workers (CHWs), which would differ from the approach of a CRS or an ODDIT?”

**Jean Ferlin:** “No, we all use the same methods. Those methods can differ *according to the commune*, but not according to the different organization. The situation in one geographical area can differ from that in another, because there are some communes that are really isolated...and so different methods might be necessary.”

**PRI Investigator:** “Does the official teaching of the Catholic Church on family planning hinder the work of the CRS zone supervisors in the program? Can you work just like the others?”

**Jean Ferlin:** “There are several ‘actors’ in the program: There are ‘independent trainers’ under SantéNet2. So in training in family planning, CRS relies on the training given [to community health workers] by those independent trainers.

**PRI Investigator:** “Those ‘independent trainers’ come from RTI (Research Triangle Institute)?”

## Investigator’s Note

Nicolas, who says he is a Catholic, has been with CRS-ODDIT-USAID since 2007. Jean-Ferlin, a non-Catholic, has been at CRS-ODDIT-USAID for only one year. He previously worked for ADRA – the Adventist Development and Relief Agency. The third “CRS” SantéNet2 health technician at ODDIT is named Benjamin Fredin Tsadoana: He is not in the office today.

## Background Note

RTI stands for Research Triangle Institute International, which is the lead implementing partner for SantéNet2.

**Jean Ferlin:** “Uh, it’s RTI/SantéNet2 that does the training for community health workers in family planning under the program. Then, in family planning, especially, there is a follow-up/monitoring done about every three months by the head-doctor of the CSB [basic health center]. At the beginning of the project the CSB head doctor monitors [in family planning] every month, and then, eventually, every three months, and finally, every six months.”

## Investigator’s Note

Those are the CSB monitorings specifically financed under the program. But CHW's can themselves on their own initiative go to the CSB when they feel the need for advice, if something's not going right.

**PRI Investigator:** “So, these different ‘actors’ you’re talking about; for example: There’s RTI which does training in family planning; and the CSB (Basic Health Centers) head who does follow-up on family planning...and others?”

**Jean Ferlin:** “There’s the CDS: the (Commune) Social Development Committee.”

**PRI Investigator:** “...and then there’s you, the zone supervisors/support technicians from CRS, ODDIT, CARE, etc.?”

**Jean Ferlin:** “We technicians, working in parallel with the Social Development Committees, have a support role with the CHWs. ... And we have to collect data, make reports, send the reports/data. We have to assure the availability of the products, of all the social-marketing products.”

**PRI Investigator:** “...Including the family planning products, no?”

**Jean Ferlin:** “Yes. And sometimes there are ruptures in stock.”

**PRI Investigator:** “So, you CRS[-ODDIT] technicians and the USAID[-ODDIT] technicians work in the same way under SantéNet2? I’m asking if there’s a difference in the method of work, in the approach to the work, between the two.”

**Nicholas/Jean Ferlin:** “It’s the same thing. We do the same work, including in the area of family planning.”

**PRI Investigator:** “So, you work with the Community Health Workers; the CHWs are selling modern contraceptives and educating local women in their use, but that doesn’t prevent you [CRS] technicians from working with those CHWs?”

**Jean Ferlin:** “No, not at all. It’s no problem.”

**PRI Investigator:** “So you’re working with those CHWs in the area of family planning just like the technicians from CARE work with the CHWs?”

**Jean Ferlin:** “That’s right. It’s the same.”

**PRI Investigator:** “There are, of course, Catholics and non-Catholics working here. You’re not Catholic, Jean Ferlin, so artificial contraception and promoting contraception is not a problem for you. But Nicolas, personally, as a Catholic, it’s not a problem for you? Or for the other CRS technician who’s a Catholic? A religious problem? Since the Church doesn’t approve of artificial contraception?”

**Nicolas Ragalison:** “No, no. It’s no problem. The Catholic Church doesn’t accept the pill or the injection, but it does accept the cycle beads.”

**PRI Investigator:** “I’ve been told that, in spite of the teaching of the Church, Catholics here, including in very rural areas, will use modern contraception just like everybody else. Is that what you find in your work?”

**Nicolas Ragalison:** “Yes, yes; that’s right. It’s only the ‘big Catholics’ who are against artificial contraception.”

**PRI Investigator:** “So the Catholics working for CARE, and those working for ODDIT, and for CRS [under SantéNet] are not going to *discourage* women from using modern contraception, right? It’s the woman who has the choice. You are a *technician*. The CHWs, with your support, have the obligation to present to the beneficiaries *all* the different contraceptive methods, and then the women choose what they want, right?”

**Nicolas Ragalison:** “Yes. That’s right.”

**PRI Investigator:** “And the authorities from CRS, the health managers from CRS-Tana are not going to come down here and talk to you about the ‘official teaching of the Catholic Church,’ or ask you to do anything different, because of Catholic teaching, or anything like that, are they?”

**Nicolas Ragalison:** “No, no. [Laughing.]”

**PRI Investigator:** “Dr. Henri and Dr. Mamy, [the two CRS-Madagascar headquarter health managers responsible for SantéNet, and who pay supervisory visits]? Do you know if they’re Catholic?”

**Nicolas Ragalison:** “No. We don’t really know.”

**PRI Investigator:** “Have you encountered any major problems with any of your NGO (non-governmental organization) partners in the program? With RTI or PSI (Population Services International)?”

**Nicolas Ragalison:** “With PSI, there’s just the problem sometimes of ruptures in the supply of products.”

**PRI Investigator:** “Does that happen often, or just sometimes?”

**Nicolas Ragalison:** “Just sometimes. For example, sometimes we have problems with the supply of *Actipal* [an anti-malarial].”

**PRI Investigator:** “Any other products?”

**Nicolas Ragalison:** “It’s rare. Just occasionally with *Confiance* [the injectable Depo-Provera]. But no problem with *Viasur* [against diarrhea]. Or with *pneumostat*. [against pneumonia]. And no problem with *Protector Plus* [condom], or *Pilplan* [birth control pill], or the cycle beads.”

**Interview with Archbishop Odon Razanakolona**  
**Catholic Archbishop of Antananarivo**  
**In the Archbishop's Office at the Diocesan Center**  
**Antananarivo**  
**December 3, 2012**

Mgr. Odon has been archbishop of the capital city of Antananarivo since 2006. There is a high likelihood that, like his predecessors in that seat, he will soon be named a cardinal. As a member and sometime head of a group of national religious leaders formed to advise on or assist in an exit from Madagascar's current political crisis, he has taken – or had forced upon him – a relatively high-profile position in the country's political affairs.

**PRI Investigator:** "...Part of my mission here is to look at the activities in the health sector of NGOs (non-governmental organizations) which are financed by the U.S. Government/USAID, including Catholic Relief Services (CRS). I wanted to have the point of view of bishops in Madagascar who know or have worked with CRS. As you know, I had the opportunity to speak last week with Archbishop Désiré in Toamasina/Tamatave."

**Archbishop Odon Razanakolona:** "As a matter of fact, we had a chance to meet with an [American] bishop responsible for CRS [ Bishop Gerald Kicanas], and a bishop-representative of the U.S. bishops' conference [Bishop George Murry], and with the person responsible for CRS [Carolyn Woo, CEO and president of CRS].

**Archbishop Odon Razanakolona:** "As bishops [of Madagascar] we wanted to talk with them. And we wanted to put the relations of the bishops of Madagascar with CRS at the level of the Church, because it [CRS] is a religious institution and it should talk to us, first, as equal to equal, as Church partners. And, as I said, the new directress of CRS also came to Diego/Antsiranana, where we talked about it. And we spoke rather frankly during those discussions. We wanted to ask the [U.S.] bishops' conference to give us a ruling on the relationship between CRS and us [the bishops of Madagascar]. We want to deal with the (American) bishops, and not with an institution that isn't...that only has in its name a "C" [he draws in the air quotation marks around the "C"].

**Archbishop Odon Razanakolona:** "I don't remember the names of the bishops who were at the meeting in Diego. One couldn't come; fell ill. But there were two [American] bishops there: one responsible for CRS, and one representing the U.S. conference of bishops. And the new directress of CRS, or whatever her correct title is, was also there: Msg. Désiré [the archbishop of Toamasina/Tamatave] spoke to her at length."

**PRI Investigator:** "And has there been any follow-up to that meeting?"

**Archbishop Odon Razanakolona:** "Well, we're just sort of waiting...but in any case, at the level of Africa, Caritas-Africa, has taken measures, Rome has taken measures to say that, from now on, the charitable works of Caritas must be a part of the Catholic Church, not as an 'NGO,' but as an integral member of the Church, and they [i.e., Caritas member organizations] must have their juridical status in the interior of the Catholic Church. Because, above all, it's not a question of money, but of spirit. A Spirit which says that we start with charity; we start with a God who loves us, who has taken us into His Trinitarian love. As a consequence, the point of departure of any charitable action is there! We start with a Trinitarian God who loves us, who has introduced us into His love, and who then sends us out to share

**Investigator's Note**

The meeting was held September 6, 2012 in Diego Suarez/Antsiranana, Madagascar.

the love that He has given us: Voilà, there you have it. So there is the point of departure, the starting point. And the juridical situation of all the Caritas members must start with the bishops...

**PRI Investigator:** "...which bishops?"

**Archbishop Odon Razanakolona:** "...of each diocese, first, to arrive at the level of the episcopal conference [of the host country]. Yes. And the legal status [of Caritas members] must take that into account. There you have it. For three days we were in Kinshasa, from the 19<sup>th</sup> to the 22<sup>nd</sup> of November we were there; the 23<sup>rd</sup> we left; and I got back here on the 24<sup>th</sup>. It was a pan-African meeting; attended by the presidents of the bishops conferences in Africa, and by the bishop-presidents of the episcopal commissions responsible for charitable and social affairs at the African level. There were about 50 bishops in attendance. The secretary-general of Caritas Internationalis [Michel Roy] came; and the president of Caritas Internationalis, Cardinal Maradiaga [archbishop of Tegucigalpa, Honduras] was there. The president of Cor Unum, Cardinal Robert Sarah, was also there, with all his staff. They facilitated the meeting for those three days.

So, the meeting was precisely to re-establish Caritas in its true vocation of *caritas*, that is, of charity. And not to have [Caritas] [editor's note: i.e., *Caritas* member organizations, such as CRS, CAFOD (Catholic Agencies for Overseas Development), Caritas-Madagascar, etc.] running after money..."

PRI Investigator asks the archbishop about CRS' reliance on United States government funding and how the staff of CRS-Madagascar is largely non-Catholic.

**Archbishop Odon Razanakolona:** "An unfortunate thing about CRS is that it 'makes use of' the structures of the Catholic Church, and then they will say: 'It's *your* fault [i.e., of the local Catholic Church]; you're not competent; it's not *us*.' And then, the money that CRS gets: a large part of it goes towards administration, while they make *us* work like dogs. And then they collect two-thirds...and they give us crumbs. *They* are the ones who need to explain: Why do they receive such big salaries? For example, they have a partnership with Caritas-Madagascar, and it's the Caritas-Madagascar employees who do *everything*. But it's the CRS agents who are 'ahead of' *our own* agents. They *use* our structures. They will arrive out there to use our [Caritas] structures. And then they go away, and they'll say: 'Oh, no; that's the responsibility of *Caritas*; it's not *our* responsibility.' That's the kind of thing that happens! So I have gotten to the point of saying: That's enough! You, CRS, are the 'leaders': So give us the *means* [that we need]! The project *Taratra*, for example..."

**Archbishop Odon Razanakolona:** "...What do they do? When things are not going well they say: 'Oh, that's *your* problem! You'll have to do this, or that, or the other thing.' That's what really hurts me. *How* to work with those CRS people?! Finally, I really want to say: 'Let's just stop *Taratra*.' In any case, the project is practically at its end."

### Investigator's Note

He is referring to the Caritas Africa/Cor Unum meeting in Kinshasa, Democratic Republic of Congo.



Archbishop Odon Razanakolona

### Investigator's Note

Taratra is a "partnership" between CRS and the Episcopal Conference of Madagascar. Taratra is financed by CRS.

The PRI Investigator comments about CRS and its funding from USAID.

**Archbishop Odon Razanakolona:** “That’s right; and the Episcopal Conference of the United States should come to a decision about that. It’s for that Episcopal Conference to say: ‘From now on, CRS, as an official organ of humanitarian aid: *we* are going to take it in hand, as *our* agency, and those who want to work with *our* agency, well, here are *our* conditions...’. That’s precisely what we [African bishops] have just said [in Kinshasa]: We have to say to those who would come to help us: ‘here is our charter; here are our rules: If *you* want to be with us, then you will have to respect these rules.’ Voilà, there it is. And that’s what the bishops of the United States should do with the American Government: ‘Up to now USAID has helped us; that’s fine. But now, here are the conditions that we insist upon if there is going to be any collaboration. You [the U.S. Government] will have to respect the following rules a, b, c, and so on.’ So, if in that way the American bishops took a certain distance, a certain independence, from the American Government, then they *could* organize a *true* partnership with us. But, you know, as soon as I speak of a ‘partnership’ with them, then everybody runs away and hides.”

PRI investigator asks if CRS has a de-facto “monopoly” on the overseas charitable/humanitarian aid of American Catholics.

**Archbishop Odon Razanakolona:** “That’s right. And to *remove* that monopoly, and to give a *different* direction to CRS, the Bishops Conference of the United States should again take control of CRS and make of it an agency of *charity*, rather than a *humanitarian* agency.”

**PRI Investigator:** “But CRS calls itself an ‘official *humanitarian* agency.’”

**Archbishop Odon Razanakolona:** “...exactly...”

**PRI Investigator:** “But they are a member-organization of “*Caritas*,” which signifies *charity*, and not ‘*humanitarian*...’?”

**Archbishop Odon Razanakolona:** “Precisely. That’s right. The bishops of the United States *must* take control [of CRS]. There’s a structure there, which [in theory] belongs to them, but with a financing which escapes them. They have no hold over [the organization] at all. In my opinion, they really need to take control of/appropriate CRS. They need to take back control of CRS from USAID, from the U.S. Government. That would clarify things. If the U.S. bishops would say [to the U.S. Government]: ‘If you want to work with us, then here is our charter. Here are the conditions under which we will accept your aid. *We* manage. *We* are the ones in charge. You can monitor.’ That’s fine; that’s normal: If someone is giving money it’s fine and normal if he monitors. ‘But you are not the boss; *I* am the boss.’ And that’s exactly what we [African bishops] said to one another there in Kinshasa: that the bishops must *take...control...NOW...* of their Caritas organizations.

The bishop has the *primary* responsibility for charity in his diocese. Consequently, he must try to find the means to do charity. He can’t leave the matter to someone outside the structure of his diocese but, in one way or another, he must use this instrument of charity to *do* charity. The bishop has the *primary* responsibility for charity in his diocese. At the level of the national bishops conference(s), we can give each other help. We have a thing...an episcopal commission responsible for that... but it is *not* an instrument for giving orders. How do we best join forces? Because there are some which are not well off, which don’t get very much help, while certain dioceses are better off; so how do we work together? Collaboration is not [the same thing as] giving orders. And we have to be clear on that point. The commission, the “directorate” is not there to give orders but to put our forces together, so that

we can do something good. You must respect our structures. If you want to work with us, then respect our structures. If you don't want to...then fine, just go home; we don't need you."

The PRI Investigator prompts him, asking about how USAID funds not only CRS but many other NGOs working in Madagascar.

**Archbishop Odon Razanakolona:** "Yes; one time, for 'visibility' purposes, they came in here and asked me to put up this thing, this sign, with 'USAID' on it; to put it up behind my desk [laughing]. I threw them the hell out of my office: Take your sign and your money out of here. I don't need it. I've lived in my poverty; leave me in my poverty."

**PRI Investigator:** "It could be hard for the American bishops to break the habit of relying on the U.S. Government. The money is a temptation."

**Archbishop Odon Razanakolona:** "Yes, it's a temptation. But, I don't know why you Americans don't do like they do in Italy or Germany."

**Archbishop Odon Razanakolona:** "Yes, I ask the Protestants here sometimes if we can't adopt the Italian system; [so that we could designate some of our taxes to go for charitable purposes, and we could direct that portion to the religious organization of our choice]. And that's the way that CRS could function. USAID? Finished! Couldn't you start a campaign in the United States to go in the direction of that kind of system?"

The PRI Investigator asks the archbishop's opinion regarding whether the American bishops should extricate themselves from their reliance on U.S. government money, from their implication in the secularized foreign aid system of the U.S. Government.



The Archbishop saying mass at the Cathedral

**Archbishop Odon Razanakolona:** "...If they [the American bishops] make CRS come back into the interior of the Catholic Church, then, from now on, they won't be dependent [on the U.S. Government]...maybe they would have some need...but it won't be those funds [of the U.S. Government] that will any longer be the point of departure for our renewal."

The PRI investigator speaks about USAID's heavy financing of family planning programs in Madagascar – which Archbishop Razanakolona is aware of – and about CRS' participation in USAID's biggest family planning program in Madagascar. The investigator mentions ODDIT (Unit for the Development of the Diocese of Toamasina/Tamatave), which Archbishop Désiré had himself described to me as behaving like a little CRS. I said that I was able to confirm during my visit that ODDIT was taking funds directly from USAID to participate in a family planning program, and indirectly, from CRS, for the same program.

[Msgr. Odon shakes his head sadly]: "Ay yay yay yay!"

**PRI Investigator:** “I don’t think that Msgr. Désiré is really aware of what ODDIT is doing,” and ODDIT certainly doesn’t inform him about its activities; ODDIT doesn’t send him any reports or anything.”

**Archbishop Odon Razanakolona:** “Yes, that’s completely beyond him. He is not aware of that business... Yes, and it [CRS] is very much questioned [“contesté”] in Africa. Well, we will wait for the results of the visit made here by the two American bishops, for a report so that we will know how...but, in any case, here, now, CRS has started to reduce its budget. ... It appears that it has passed from 10 million to 7 million or something like that, and there will be reductions in personnel. Well, then, that’s *good* [smiling]. So thank you for providing me with some explanations. I’m starting to be better aware of a certain number of things. The Caritas-Africa Kinshasa meeting was very beneficial for me. ... A few bishops didn’t attend but most of them did. If you’re able to get 50 bishops from all around Africa together, that’s something.”

**Interview with Dr. Jean Pierre Rakotovao**

**Chief of Party, M-CHIP**

**Jhpiego**

**Antananarivo**

**December 5, 2012**

**Dr. Jean Pierre Rakotovao:** “M-CHIP (Maternal and Child Health Integrated Program) is USAID’s (U.S. Agency for International Development) global flagship program in mother and child health. It’s led by Jhpiego, with eight other organizations in the consortium. Jhpiego does family planning under M-CHIP in other African countries, but not specifically here in Madagascar. M-CHIP in Madagascar is a five-year program, which was set to begin in 2009/2010, but because of the political crisis here we were very late in getting started. We give technical assistance to the other NGOs (non-governmental organizations) that are financed by USAID. We work with, and have group meetings with CRS (Catholic Relief Services), CARE (Cooperative for Assistance and Relief Everywhere), JSI (John Snow Incorporated), PSI (Population Services International), and others. We work with UNICEF (United Nations Children Fund) and UNFPA (United Nations Population Fund). Jhpiego here provides training, education, and supervision for CHWs who are counseling women in the communities on antenatal care. We concentrate on the leading causes of maternal mortality which, here in Madagascar are: (1) postpartum hemorrhage, (2) eclampsia, (3) infections due to abortion/other. We advocate in the health community here for a focus on those problems. We represent USAID in the ‘H4 Plus’ strategy meetings.

**Investigator’s Note**

The H4 Plus Initiative, which involves four UN health agencies - UNFPA, UNICEF, WHO and UNAIDS - plus the World Bank, is a multi-sector and harmonized approach to accelerate efforts to save the lives of women and newborns and to achieve the targets set in the Millennium Development Goal of Improving Maternal Health.

**Dr. Jean Pierre Rakotovao:** “Those meetings include, among others, WHP, World Bank, UNICEF, UNFPA, French Cooperation, the Japanese development agency. We also work with Marie Stopes-Madagascar and PSI in their social franchise family planning clinics. We train the doctors and service providers at the Marie Stopes clinics and the PSI clinics.”

**PRI Investigator:** “Do you work with religious groups?”

**Dr. Jean Pierre Rakotovao:** “Yes, we work with religious groups here: SALFA clinics [Lutheran], FJKM [Church of Jesus Christ in Madagascar – they are second largest Christian group in the country, after the Catholics], and we’ll soon be working with the Episcopal Commission for Health of the Catholic Church. In our work training future health workers, midwives, for example, we work over at the [Catholic] Franciscan Missionaries of Mary hospital-school, and there we work with Catholics, Baptists, many others. No, here in Madagascar, Jhpiego doesn’t work directly in family planning. But family planning is the key. If family planning were done right here, then we wouldn’t have so many of these [maternal morbidity and mortality] problems that M-CHIP is now addressing! Family planning really got started in this country about 25 years ago, with FISA [International Planned Parenthood Federation] as the pioneer.”

**Dr. Jean Pierre Rakotovao:** “Since the coup here USAID has put restrictions (often unclear) on our working directly with the Malagasy Government. But everybody knows – including USAID – that this program doesn’t really work if you can’t work with the government. We get around the restrictions by working with ‘professional associations’ which have as members [government] CSB doctors, and midwives, and other health agents. Anyway, at first the USAID restrictions were very strict, but now we can actually work with the government a little.”

**Dr. Jean Pierre Rakotovao:** “At the community level, we use the SantéNet platform: that is, we work with the SantéNet CHWs in the communities. For emergency cases, we’ll organize transport to the local CSB and provide money to help the beneficiary pay for the service, etc. Those CHWs only get a little bit of money from their sales of products. And yet a lot of work is asked from them. They’d have to work full-time to do all of that is theoretically required of them. It’s largely ‘prestige’ that motivates them. No, I don’t think the removal of the ‘Family Planning’ from the name of the Ministry of Health indicated any lessening of the Government’s commitment to family planning. It was only a ‘political’ change: The new regime just wanted to show that it was different. Any skepticism on family planning comes from the *legislative* branch of government, not from the executive.”

**Dr. Jean Pierre Rakotovao:** “I’d say that maybe two-thirds of parliamentarians are against a policy of population limitation and are against abortion. It’s the UNFPA that does most of the family planning work here in Madagascar, and the UNFPA has continued to work directly with the government. USAID is focusing mainly on providing contraceptives in Madagascar, and it’s doing that—not directly to the government, but by working with international and local *non-governmental* organizations.”

**Dr. Jean Pierre Rakotovao:** “It was about 1986-90 when the Malagasy Government really started gearing up its family planning program, with all of the donors coming in to provide financing. The IUD as a contraceptive method had a very good start here, but then it declined precipitously. Now there’s a ‘re-start’ strategy for the IUD: There’s an effort to emphasize the implant *Implanon* and the IUD. The *Implanon* company at first was giving a subsidy to the Malagasy Government to provide *Implanon*. There are still great unmet needs here in Madagascar in family planning. My own previous career was mainly in family planning, at the Ministry of Health (and Family Planning). When I worked there, *Implanon* and the government financed my visit to Vietnam. And I saw there that the government started family planning education at a very early age. As a result, there was 80-85% family planning prevalence in Vietnam! We need that kind of strategy here, and a new strategy in rural communities.”

**Dr. Jean Pierre Rakotovao:** “In Madagascar there’s now about a 40% prevalence rate for all methods of contraception, and 29% for modern contraceptives. We had hoped to move forward on the abortion issue, but the previous president, Ravalomanana was, you know, the vice president of the FJKM [the largest Protestant grouping in Madagascar], and he said ‘No’ to abortion...but ‘Yes’ to family planning. The current government is sensitive on the question of abortion; they don’t want to hear about it. Even if you just talk about ‘post-abortion care’ they don’t like it. I myself was against abortion. But the law as it is in

Madagascar makes it dangerous for a doctor such as me even to perform ‘therapeutic abortions.’ I have been in some very difficult situations. The law needs to change. Catholics here also use modern contraception. Contraception is a private matter; a personal choice; and Catholics can use it. I was a Catholic at first, then switched to Lutheranism, and now I go to a Baptist church.”

**Dr. Jean Pierre Rakotovao:** “I think USAID will definitely continue with its family planning programs since, for one reason, they understand that family planning reduces maternal and child deaths. As for ‘natural’ methods of family planning: the ‘MAMA’ nursing method doesn’t work in Madagascar: You have to give milk exclusively for that to work, but in Madagascar people also give water to babies. [MAMA: “Méthode de l'allaitement maternel et de l'aménorrhée” – method of maternal breastfeeding and amenorrhea] The cycle beads are not a realistic or effective means of family planning. I think what we need to do is to focus on educating the new generation on family planning. And we need economic development so that people will want to use family planning to limit the size of their families. If you’re poor, you want *more* children, to help in the fields. Sixty-one percent of births in Madagascar still take place in the home.”

**Follow-up Meeting with Eryck Randrianandrasana  
Project Coordinator, “Taratra”; and Administrative Delegate, Caritas-Madagascar,  
Office of the Bishops Conference of Madagascar (CEM)  
December 5, 2013**

The PRI Investigator mentioned to Eryck the previous discussion with archbishop, and asked for Eryck’s thoughts.

**Eryck Randrianandrasana:** “You know, the [Malagasy] bishops had been trying *for two years* to have that meeting [in Diego] with the American bishops! For some reason it wasn’t possible until September 6<sup>th</sup> of this year.”

**Eryck** mentions the meeting that was held some years ago to discuss better cooperation between Caritas-Madagascar and CRS-Madagascar.

**Eryck Randrianandrasana:** “Mme. Gabriella, the deputy country representative for CRS, was leading that meeting for CRS. She got up to speak at a Mass that was being celebrated during the meeting...and it was obvious that *she knew absolutely nothing* about the Catholic Church, about how it works hierarchically.”

**Eryck Randrianandrasana:** “The Madagascar bishops want a true partnership with CRS: equal-to-equal. I have the feeling that even the ‘Catholics’ in CRS-Madagascar are really...not very Catholic.”

The PRI Investigator asks his opinion of the “consortium” arrangements that CRS is involved in with other non-Catholic or anti-Catholic NGOs, as standard operating procedure.

**Eryck** says that he is well aware of that. He thinks that it is an irregular procedure that can only lead to problems. He does not approve.

**Eryck Randrianandrasana:** “The recent Caritas-Africa meeting in Kinshasa was called [specifically] to air grievances against CRS. Caritas national offices in Africa do not like CRS.”



**Interview with Laura Dills**  
**CRS-Madagascar Country Representative**  
**Antananarivo**  
**December 6, 2012**

The PRI investigator mentions that before leaving the United States for Madagascar he had seen an article in the Catholic press criticizing CRS for grants that CRS had made to CARE, one of those being in Madagascar. “Do you know what grant that would have been in Madagascar? Were they talking about a particular grant?”

**Laura Dills:** “They weren’t. I think we were being criticized overall about us collaborating with CARE. Which is unfortunate, because we work with CARE on our development activities in food security, and they help us with village savings and lending... So CARE does a lot of the small...it’s not injected funding from the outside [in the village savings activities]. It’s actually the participants’ own funding. They learn how to save and loan to each other. It’s actually a solidarity thing within the community... We have a similar methodology but we call it ‘Silk.’ CARE calls it ‘VSL.’ They’re the same methodologies; tracking the same indicators.

And, yeah, it’s unfortunate that people have not done their research enough. Sure, CARE is different from CRS. We’re two different organizations. But we’re very careful in what we sub-grant to them to do. And accusations that were made had nothing to do...I think they were speaking in general, worldwide. But, you know, I don’t understand, if you can’t speak to the people that are implementing the project, or they certainly didn’t speak to CARE to ask them, ‘What is CRS doing,’ or... you know...”

**PRI Investigator:** “Well, I myself was a little confused when I saw the criticism, because I’ve worked with a number of NGOs in Africa, and I’ve been a contractor for USAID, and I’ve done that since...well, I was a Peace Corps volunteer in Africa in 1978, so I’ve done it for a good while, so at least for the last 20 years CRS and CARE have cooperated in a number of consortia, and I think that’s the case here with your RANO-HP, and SALOHI, and SantéNet, and you’re cooperating, and that has been standard operating procedure for a long time. So I couldn’t really figure out what the particular gripe was. So would that [criticism possibly] affect, then – speaking of cooperation and coordination among NGOs, which is what I’m looking at [in this investigation] – has that had any impact, and would it affect any future cooperation that you would be able to have with CARE?”

**Laura Dills:** “I can’t speak about future cooperation in the sense that, you know, the money in Madagascar has been dwindling due to the U.S. political stance on the current regime which they don’t recognize so...I don’t know, it would be interesting to hear what Cathy [Bowes, USAID program manager] said [to you]. Did she say that there would be continuing funding here in Madagascar?”

**PRI Investigator:** “She [Cathy Bowes] made a point of saying to me that USAID’s humanitarian assistance...including the family planning programs, everything that USAID considers ‘life-saving’ projects, would not be [negatively] affected. ... Do you yourself have a feeling about whether it will be continued?”

**Laura Dills:** “Well, I’m just interested, because we’ve been hearing different things. It’s always good to triangulate information. It’s just very interesting...we’re waiting...you know SantéNet2: Did you have an opportunity to speak to RTI?”

**PRI Investigator:** “I did; with Volkan Cakir.”

**Laura Dills:** “Yes. So SantéNet2 comes to an end in June. So normally the next opportunity to develop the next proposal should come out any day.

**Laura Dills:** “Do you know about this request for proposals [RFP]? Is the group that you’re working with interested in applying? Just to be quite frank, we’ve had a lot of people to visit us, because this is a request for proposals, so there’s going to be high competition, you know, I’ve spoken to Chemonics, I’ve spoken to MSH [Management Sciences for Health], I’ve spoken to RTI. Typically Catholic Relief Services will not go after a RFP, because it’s a contract, and we’re not a contractor; nor could we go after it because of our family planning stance, so that’s not...we cannot be a ‘prime’ in those kinds of grants.”

**PRI Investigator:** “But you can be a ‘sub’ in those kinds of grants?”

**Laura Dills:** “We can. Because we don’t do any of the family planning. Someone else does that for us in our geographic zones, but not, not us.”

**Laura Dills:** “So is Information Project for Africa interested in something like a request for proposals for a ‘SantéNet3’? And I know that Jhpiego is interested. So, we’re all waiting – to get back to the question: We’re all concerned because the forecast value of [the upcoming follow-on to SantéNet2, call it ‘SantéNet3,’] is only \$10-25 million, compared to the current SantéNet’s value of \$37 million.] … So it could be half of what the funding is right now.”

**PRI Investigator:** “Do you have any idea why? Is it ‘political’?”

**Laura Dills:** “It is; it is. Talking with Rudy Thomas, the [USAID-Madagascar] director, he mentioned that, uh, unofficially, because [the U.S.] State [Department] and USAID are becoming…USAID especially is becoming more politicized day in and day out, and even, and I didn’t realize this, but their budgets are synchronized. USAID’s budget is approved by State. So the funding opportunities with USAID are more and more being channeled through State’s priorities, or their objectives, and State’s political priorities are very different from USAID’s development priorities. And Madagascar shows up on the map, but as a *speck*, if you know what I mean. So I think the [USAID] budget is going to continue to dwindle, until there’s some kind of recognition that the Malagasy government has had a free and fair election here. And if that doesn’t happen I think we’re going to get into a worse situation. It’s just another reason to reduce funding. I think the funding in the next SantéNet program is being reduced both because of the political situation here and because Madagascar is not a priority country for USAID. The political crisis gives them a justification for reducing the aid.”

To be quite honest, we, as a U.S. organization, we [CRS], as an agency probably receive 50% of our funding from the U.S. Government. I think here [CRS-Madagascar] it’s even more; because this is a francophone country. Here, I’d say, it’s probably 70-80% of our budget, coming from USAID. So, my gosh, we’re constantly looking for new collaborations, new partnerships.”

**PRI Investigator:** “Are all of you American NGOs scrambling for funding now…alternatives to USAID?”

**Laura Dills:** “CARE is a little different, because they tap into European Union funding. We do not. Because we’re a U.S.-based organization, we have to contact a ‘sister’ organization to have access to European Union funding. So, for instance, CAFOD (Catholic Agencies for Overseas Development) is our United Kingdom equivalent.”

**PRI Investigator:** “Do you work with them? Do you get funding from them occasionally?”

**Laura Dills:** “We do. We haven’t here but in other countries like in Haiti where I’m coming from, they received funding from the European Union and worked through us because we were on the ground [in Haiti]. CAFOD is not here in Madagascar. But *Secours Catholique* (France) is. They have projects here but they don’t have an office here. There are not a lot of other American organizations here.”

**PRI Investigator:** “For example, none of the major usual suspects like World Vision, Save the Children, Africare...? Just CARE and CRS among the big ones?”

**Laura Dills:** “That’s right. I don’t know why. I don’t think the French Government is very welcoming right now to new organizations; especially American organizations. That’s just my perception. I don’t know if it’s true.”

**PRI Investigator:** “But again, regarding the possibility of your continuing cooperation with CARE...and, of course, if the basis of the recent criticism of CRS’ grants to CARE – that CARE does things that go against the teaching of the Church – is taken seriously then we’re not just talking about CARE but about other organizations that you cooperate with – RTI, and others and...”

**Laura Dills:** “Yes! And even our donor I mean, let’s be serious here. We don’t agree with everything that our donor agrees to, so...”

**PRI Investigator:** “And have you seen the recent *Motu Proprio* from the pope which speaks of Catholic charitable organizations not taking funding from or giving funding to organizations which act against the teaching of the Church? Do you think that that is going to have an actual effect on the way that CRS, and other Catholic agencies, do business in developing countries?”

**Laura Dills:** “I think we certainly appreciate getting more direction from the pope. We are an organization, of any that I have encountered, which understands its mission, its values, and its principles, especially Catholic social teaching. Even if you’re...I mean...we certainly do not ask people here [at CRS] if you’re Catholic. We provide them training on Catholic social teaching. Because Catholic Social Teaching is really a base on how we operate, how we interact with our beneficiaries, I mean, how we fulfill our mission. And if people don’t understand those values, at the base, then, it just makes who CRS is more difficult, because we’re comprised of *people* – CRS is *people*. So people really have to understand: Who is CRS? And who am I representing? And what is the base? And what are my values and principles, why I’m here? And, you know, to be quite honest, that’s the...if people are *not* in agreement, they leave CRS. Because they can’t represent our behaviors. I just saw a message [from CRS HQ-Baltimore] recently and I think, if I’m not mistaken, they say that they’re going to be reviewing what the pope sent... [she goes in search of the message]...I think that Baltimore wants time to...I don’t know if you knew that Carolyn Woo, our new president, was just elected to the Board of Cor-um...not Cor-um ...”

**PRI Investigator:** “Cor Unum?”

**Laura Dills:** “Yes, Cor Unum. [She finds the message and looks over it.] So...yes...they say that they’re going to be working with the Conference [U.S. Conference of Catholic Bishops (USCCB)] to review the new guidance, and see what this means for CRS, and how we can assure that we are fully in compliance and uh...”

**PRI Investigator:** “So essentially they’re at the stage of “digesting” the apostolic letter and seeing how to go forward? At this point do you have any guesses as to how CRS *would* digest that? Probably too early to say?”

**Laura Dills:** “It’s a little too early, but I feel like that, here, because we’re not, we’re not...if we were subbing to CARE on health activities...or subbing...it’s very interesting because even in SALOHI it’s a Catholic partner that’s doing the health activities *for* CARE in SALOHI zones.”

**PRI Investigator:** “Is that right? What’s that? Caritas probably?”

**Laura Dills:** “It’s Caritas-Toamasina/Tamatave: It’s ODDIT. ODDIT is the one implementing, *for* CARE, all the health activities. I’m *positive* that *they* are not doing anything beyond the scope of what the Church teaches.”

**PRI Investigator:** “So does ODDIT, the Caritas, actually implement for CARE in the whole Toamasina/Tamatave area...?”

**Laura Dills:** “In all of that east zone where CARE is operating their risk and disaster activities, agricultural activities, village savings and lending: they do not have enough funding for health activities, so we said OK, we’ll use our local Church partner, because they’re well known on the ground, and they’re *great*, they’re probably one of our best partners, so we don’t even give CARE any money for health because we give to our local Church partner. So, it’s just very interesting because, you know for us there has not been any conflict of interest, or principles, or values because they [CARE] are focused on, you know, agro-enterprise, economic activity, disaster risk preparedness: *nothing* to do with health, family planning.”

**PRI Investigator:** “And yet, for example, in [my] learning about the SantéNet2 program...just looking at it here from the point of view of the critic who would be worried about CRS cooperation with CARE...I mean, obviously, one of the main objectives of SantéNet2 is a family planning objective. They [SantéNet] work with...?”

**Laura Dills:** “PSI.”

**PRI Investigator:** “Yes, and with all these other ‘suspect’ organizations, *and* they work on the ground of course with your, with the community health workers who all are receiving, in addition to other health products, they’re getting the family planning products, and it’s really impossible for CRS or ODDIT or anybody else to work in that project without facilitating the work of the family planning component. So if a critic said something like that to you, what would your response be?”

**Laura Dills:** “Um, the community volunteers are not paid; they’re volunteers, community health agents, and they’re elected by the community; so it’s the community participation and the community contribution to the project: the volunteers giving of their time to understand health practices that could better serve their population. CRS takes a very strong stance that we can provide them services on nutrition, pre-natal care; but we are not an organization that supports family planning. We support *natural* family planning, and that has been done in other countries, but we are not going to prevent a community health worker from receiving full and accurate information. That’s not the business...we’re not in the business of being police. So if another organization wants to provide training to those community health volunteers, there’s nothing that we can do.”

**PRI Investigator:** “Uh-huh. But, again, taking the adversarial point of view of the critic, a critic could say, well, you don’t need to be in that program in the first place; maybe there’s another way to provide that aid outside of the SantéNet program?”

**Laura Dills:** “But then you’re saying...then you’re not benefiting...for an organization that knows how to do community health, like CRS, with our implementing partners: you’re saying not to work anywhere in the country? I mean, it doesn’t make any sense. How can you not...? That’s what we’re *about*. We

don't elect the community health volunteers. I mean we're presented with: here are your eight out of this commune, here are your eight volunteers...so we couldn't do anything...um...Let's take...let's not even consider SantéNet...let's take another project...let's just say that the community health volunteers...because remember, we have 125 communes out of the 800 [in which USAID is working] so there are many more communes that are not being...so some of our RTI/SantéNet2 [communes] overlap with our SALOHI [communes] and some of them don't. Some of our SALOHI zones have other RTI partners: For instance a local NGO that doesn't have *any* issues about family planning, but they're still in our zone of operation. Does that mean you don't want us to implement food security, nutrition, economic activities, because this other project is bringing in...[contraceptives]? You see what I mean? I mean, we're supposed to prevent another project over which we have no jurisdiction...you see what I mean? So, I think, you know, I understand the concerns, but CRS is still respecting its mission and its values. It hasn't deviated from that. But I certainly can't prevent others from working in the same geographic zone. I mean, they're complementing what we can't do. So I...yeah..."

**PRI Investigator:** "So, yes, that's my perplexity in thinking about the apostolic letter that just came out, and about concerns that critics of the CRS-CARE cooperation had because, again, as you say, if you take that to the logical conclusion, it essentially means that CRS would actually..."

**Laura Dills:** "Right..."

**PRI Investigator:** "...not be able to work in the country [laughing]...It would not be able to take USAID money..."

**Laura Dills:** "I don't think we could do development anymore! I think...you start questioning: 'Well, how could you do development?' It wouldn't matter where the funding source came from. For me that's a secondary issue. It's...on the ground, who could you work with if you...I mean...because those people...I mean even if they weren't receiving those services from another [foreign-NGO-type] organization, they're going to be receiving training from the *government* about family planning. How could we stop *that*? Or how could we stop working with community health volunteers that receive this type of information. So, uh, I think, you know...it's just a very fine line...I think CRS has to stay true to its mission, stay true to its values. Um, we do not support any activities in family planning. We do not distribute condoms. For me, I think we can't prevent what's happening in the zones in which we operate."

**PRI Investigator:** "And what about if you just worked through the diocesan structures, the local organizations of the Church? The local Church here might say that that was a solution to you having to work with pro-abortion/pro-contraception NGO's. Does that sound realistic to you? Would that be a solution? If you worked through the local Church?"

**Laura Dills:** "Totally. We do that now. Our SALOHI program [the USAID-funded one in which CRS' implementing partners are CARE, Land O'Lakes, and ADRA] is implemented by five Caritas partners. Money doesn't go to them directly. USAID doesn't recognize them as being able to manage that. Now that's probably changing over time with 'USAID Forward.' USAID Forward is wanting to look at sub-contracting directly with local organizations. We certainly want to get...I mean our goal would be...and I think the *Church's* goal is...you know I talk to Fr. Abel, the secretary-general of Caritas-National, he's always asked for assistance to professionalize Caritas. Most of the Caritas's at the diocesan level are volunteers. They're giving up of their time away from economic opportunities or other activities to support the Church. It [the Caritas work] is typically not a full-time position. Whereas these other activities would be very full-time. I think it would be very difficult to...I think it's going to take a lot more time."

**PRI Investigator:** “So you think it would be unrealistic for CRS to now start to provide its aid through local Church structures, and unrealistic for USAID to provide its assistance through those organizations.”

**Laura Dills:** “I think if you said, tomorrow, if USAID wanted to divert its funding through the Caritas system. I don’t think Caritas has the systems in place to handle that.”

**PRI Investigator:** “What is that USAID ‘Forward’ program about?”

**Laura Dills:** “It’s an Obama initiative on, a new policy on really focusing on building local capacity directly and not going through an intermediary, an international NGO. They *have* started. Even here they’ve come out with some local bids for some small projects, but I think they’ve recognized a couple of things: one, they don’t have a lot of team members that speak the local language nor do they speak French. Let’s be honest, if you don’t speak the national language or French...they have the *national* staff...but I’m talking about their [Forward’s] foreign service officers: They don’t speak French and they certainly don’t speak Malagasy!”

**PRI Investigator:** “I spoke with Henri at PSI. Do you know him?”

**Laura Dills:** “Yes, I know him very well...Right now, according to U.S. government policies and procedures, any of our local partners who receive \$300,000 or more are subject to an external audit from USAID. They’re subject to an *internal* audit from us; but also a USAID audit. So this last year we had three partners, three local diocesan Caritas partners that work for us in SALOHI and RANON’ALA, they had to go through an external audit. And, you know, we’re constantly trying to improve their systems, but *they* have to be open to the improvements. I mean, it works both ways. You know, I won’t name names, but we’ve had a Caritas partner who, well, I could go through the list [of irregularities], but [for example, he’ll hire people without having a signed contract – but you *must* have a contract. You have to pay your government employee taxes and, without a contract...]. And so, typically we have to go back to the bishop and say, “we just want to sit down with you and go over our concerns.” And, well, it’s a *dialogue*, you know: that’s what a partnership [i.e., with Caritas-Local, with the bishops] is. ... They feel that we’re too rigorous, that we’re imposing a lot of things on them, but we then need to go back to [i.e., to remind Caritas and the bishops about] the regulations: ‘This is not us trying to create problems; this is really what has to be done, if you want to receive future funding.’ And we feel, yeah, USAID is demanding, but I think it’s the minimum to be transparent and accountable with the funding that you receive. So...”

**PRI Investigator:** “Yes; local NGOs who receive funding from USAID *via* CRS can have difficulty appreciating the accounting obligations of CRS’.”

**Laura Dills:** “Yes, it’s hard, you know, because USG’s regulations: [e.g.] Circular 122, all of that is *complicated*, to say the least. Standard provisions, you know, CFS 226, all of that, they’re not easy things, even for people who have been working in the field for a while. And so to be able to transfer that knowledge and understanding to a local partner...you know we go through the Standard Provisions one by one so that they understand them...it takes a lot of time. And then *they* have turnover, and so you have to sit down with a new person... And they’re a sub-awardee under CRS and so all of that cascades down. And they are under the same obligations as we are. [So it makes it quite a challenge.] But that’s why we’re here. We’re here to support the Church.”

**PRI Investigator:** “You mention the bishops, talking with the bishops...and when I spoke to Caritas I got, a lot of times, the same kind of reaction...How would you say that your relations are with the bishops here, or with particular bishops here in Madagascar? The CRS-bishops relationship? Is it a positive

one? Do they understand, as we've just discussed, the constraints that CRS is under, or do they not seem to 'get it'?"

**Laura Dills:** "No; overall I think it's positive. I think...Carolyn [Woo] was here in September. Carolyn visited, along with Bishop Kicanas, chairman of our Board, and Bishop Murry; and the bishops were all in Diego."

**PRI Investigator:** "Yes; someone mentioned that meeting to me."

**Laura Dills:** "So we all met...16 of the Malagasy bishops. ... So, it was very positive. They were able to express some of the concerns that they had with CRS; and Bishop Kicanas was able to express some of *his* concerns. Um, he...I took away two messages from that meeting: CRS is a *humanitarian development* organization. There are lots of pastoral, social, charity works that the Church needs assistance for, and CRS certainly believes [in the worth (?)] of those works, but we can't support them: We don't build churches, we don't assist with catechism classes, pastoral meetings; we can't help with those kinds of activities.

However, the USCCB has a fund for African bishops' conferences that the Malagasy Conference has access to. And they have received funding from the USCCB many times. Recently, over the past two years, the Malagasy Conference has not sent reports back to the USCCB. Bishop Kicanas said...several things: We can send somebody over here to help you...to help you with the reports, but until we are able to get the reports from the funding that we have already sent, you can't apply for new funding; [he was] very clear."

**PRI Investigator:** "And what was the reaction of the Malagasy bishops to that?"

**Laura Dills:** "They were like, wow, he's really being...this is the reaction so..."

**PRI Investigator:** "And that funding you said was for, what?"

**Laura Dills:** "All kinds of different projects. [E.g.,] for training of the priests, it could have been for building a small chapel."

**PRI Investigator:** "And that funding goes directly to the Malagasy Bishops Conference?"

**Laura Dills:** "That's right. And the bishops conference [here] just had an election."

**PRI Investigator:** "Yes, I saw that. And the Toamasina/Tamatave archbishop was elected president."

**Laura Dills:** "That's right. And the previous president, Bishop Fulgence [Rabemahafaly], I just spoke to him on Sunday, just to thank him for his service, because he had been president for six years, not an easy task. But I reiterated, because I still had not heard from the Conference [i.e., the Conference had still not sent in its report to the USCCB], and I've seen them now three times, and I said we'd be happy to sit down with the Conference and help them with the reporting so that they could access future funding."

**PRI Investigator:** "That's the former president. And with the new president, do you think...? Do you know him?"

**Laura Dills:** "No. I've not been up to Toamasina/Tamatave. But typically...he was the vice president. Mgr. Désiré was the vice president while Bishop Fulgence was the president...so I'm hoping that he *knows*, so that [we can advance], because we have a very close relationship with Archbishop

Désiré. So I'm hoping that maybe I can go out there in the near future and say I'm ready to help, the team is ready to sit down with the appropriate people in the diocese to create the necessary reports, to go over financial statements, to go over results."

**PRI Investigator:** "So that was Bishop Kicanas's main message or concern, or one of them?"

**Laura Dills:** "Yes, one of his messages. ... There are two different types of activities here... The [Malagasy Bishops] Conference here was mixing those demands. We were getting lots of demands for pastoral activities that we could not support. And then getting the frustration [of that Conference]: 'Why can't [CRS] support this?' So it was very good to hear it from the chairman of our Board [Kicanas], very clearly distinguishing the two different types of activities."

**PRI Investigator:** "So he explained very clearly to the Malagasy bishops, then, the fact that CRS is a humanitarian development organization and is not in a position to provide the kind of pastoral assistance that the Malagasy bishops were sort of assuming that CRS *should be doing*?"

**Laura Dills:** "Right. Right. I think the second lesson that he stated clearly was that: The world *is* changing. There's an economic crisis; a financial crisis. It's not just in the United States; [but also] Europe, around the world: Resources available for humanitarian development activities are shrinking. And Carolyn [Woo] was very clear, and it was a great message to share: It's a *privilege* to serve the poor; a privilege to compete to find resources to serve the poor. It's not just anyone who could come in and provide the necessary services to the most marginalized, most vulnerable, or the poorest of the poor.

We *should be* more efficient; we should be more cost effective. You know, we have the obligation so that we can give *more* services. Not for the costs to be in our overhead, or in our staffing. To really find those efficiencies so that those resources can go to the poor. But she said: 'We have to be transparent, we have to be competitive, we have to be cost-efficient.' [And that] is what Bishop Kicanas is saying: The world is changing, you know, and CRS is going to look different. We have to submit reports. You know, the U.S. Government can come in and audit us [with] 24 hours [notice]. And that's what we tell *them* [i.e., the Malagasy bishops]: I mean, we're like: We don't want *you* to be caught unaware, or for this to become a risk for *your* diocese. So we want to make sure that all your systems and people are... We're not here to be *police*, but we're here to make sure that you *look good* [laughing]. [We're trying to] get that message across that at any point auditors could come into our offices, and they can audit our books. So we *have to* be open; we have to be transparent; we have to be ready. And, wow: They were like 'Wow; OK.' [laughing]"

**PRI Investigator:** "Did you get the feeling that the message 'passed' and that they were...?"

**Laura Dills:** "Yes; the message passed. And, so, that was the first week of September that we were in Diego. And then I spoke with them on November 9<sup>th</sup> at their general assembly. Typically they allow us to present for about an hour, and take questions. I say I'm available to help them with reporting. ... We usually provide a yearly report on the funding that's gone to each diocese; the beneficiaries that were served in their dioceses; the amount of trainings that have been provided for their diocesan teams; and funding opportunities that are in the [news]papers... and that goes around to all the bishops so that they can access local funding opportunities. It's not funding opportunities for *us* but it's for local organizations.

You know, typically, they don't read the paper every day, so [it's] just to make sure that they have this information. A lot of the comments were very interesting from the bishops: 'Why wasn't this offer for *my* zone, my diocese?' [And I respond]: 'Sorry, Bishop, but unfortunately, we have no control over where a

donor wants to, geographically, implement their project.' We're just providing the details of the offer, and that's in their geographic zone, and unfortunately if it's not in your zone, there's nothing I can do..."

**PRI Investigator:** "Maybe the presentations of Bishop Kicanas and Carolyn Woo will help the Malagasy bishops to better understand the constraints that CRS is under and the obligations that you have."

**Laura Dills:** "Yes; but it's still a dialogue. I think that they appreciate that I want to dialogue with them, that I'm trying to provide them with as much information... We don't always agree. There's no doubt about that. But I'm willing to sit down and let us find a solution together. Because *not* talking about it then creates barriers, and problems. And so we've met with each of the archdioceses; we did a retreat with each of the archdioceses, for two days. And we said: What *are* your priorities? And how can we help the Church in this archdiocese? And the archdiocese typically groups four or five of the dioceses and the bishops were there and the diocesan directors came and they did...they prioritized: we need help developing/writing proposals; we need help searching for funding; we need help with – what we call – IHD (integral human development). So they sort of prioritized. 'What are your needs for the next two years? How can we support your institution? The Diocese of Toamasina/Tamatave?' We're constantly looking for funding opportunities for them.

We constantly have training opportunities. I can't give you this list, but I can show you: Some of the trainings listed here that we've done over the years [and the dioceses that participated]: [For example trainings on]: Good Governance; Communication; Hygiene; Finance; Managing Projects; DRR (Disaster Risk Reduction)...And so this was like the first time that we had pulled this together for them, and I think they were shocked. When you put it in black and white, we *are* trying to help them. But *they also* have to work [with us]. We're certainly not going to impose anything on the Church. So..."

**PRI Investigator:** "So those were the main messages from the side of Bishop Kicanas/Carolyn Woo. From the side of the Malagasy bishops: Did they have any concerns that they stressed in particular?"

**Laura Dills:** "Sure. They were concerned about funding going to education. And, unfortunately, there's not a single donor out there right now funding education. Um, they, the Malagasy Bishops Conference wanted to communicate on a level with the bishops conference in the United States. And Bishop Kicanas said: 'Of course. That's why we're here' ...but then he reiterated that, we can't help you."

**PRI Investigator:** "[laughing] Until you get those reports in!"

**Laura Dills:** "Yeah. So it's very interesting...uh...They [the Malagasy bishops] appreciated CRS' initiative to have these regional archdiocesan retreats. At that point we had been able to have four of the five archdiocesan retreats and work with them on their priorities. They wanted that to continue because they felt like that was a good dialogue. Maybe not every year but every two to three years. And if they could bring the Caritas offices, and Secours Catholique, and other sister organizations in, then that would be even more beneficial. There were some concerns that they wanted to know more about future opportunities in their dioceses. So, for example, SALOHI is coming to an end, and they wanted to be involved in the decision about where the [follow-on] project would be implemented. There's a 75% probability that 'SALOHI' will be continued. But that's a problem because the Malagasy Bishops Conference only gets together once a year, and they recognize that they don't move fast on making decisions.

**PRI Investigator:** "And, what else?"

**Laura Dills:** “I think, they, well, one of the bishops used the analogy: ‘This is not a father-to-son relationship.’ [That bishop] said that there *had been* improved communication. We put out a quarterly newsletter to provide them with updates about our programming.”

**PRI Investigator:** “Well, the phrase that I heard from Caritas people and bishops was ‘partnership.’ We need a real ‘partnership’ with CRS.”

**Laura Dills:** “Yes, yes. I think, for me, it means communication. ‘Partnership’ means two-way street, and if a partner is not willing to comply with local labor laws...you know...we deal with all these regulations from donors...but...I agree...but I also feel that they also have to come to the table and be willing to talk to us and learn about the strengths that *we* have. And so, yeah, it’s the dialogue that’s important.”

**PRI Investigator:** “So is there supposed to be some kind of follow-up to that Diego meeting? Is the USCCB or CRS supposed to be getting back to the bishops here with some kind of ‘road map,’ [“feuille de route”] for the way forward?”

**Laura Dills:** “Sure, sure. Definitely. Those archdiocesan meetings have like a road map, an action plan, and so that’s what we’re following for the next couple of years. Like one diocese wanted help with its strategic plan. We’ll be continuing with trainings; some of that training, some of that knowledge. And then the permanent council [of the Malagasy bishops] meets twice a year in April and August, and I’ll definitely go to Toamasina/Tamatave before then, to meet with Archbishop Désiré to see how he would like me to move forward. And we’ll still continue offering trainings.”

**PRI Investigator:** “But is Bishop Kicanas or Bishop Murry supposed to get back to them with anything formal...?”

**Laura Dills:** “No, no.”

**PRI Investigator:** “Well, just for your information, I got the impression from some bishops that I spoke to that they might be expecting some kind of explicit follow-up from the USCCB or the bishops to that meeting.”

**Laura Dills:** “Well, that’s good information to have; thank you.”

**PRI Investigator:** “The *other* comment that I’ve heard here frequently from Catholic sources, about CRS, is: ‘Those guys over at CRS are all *Protestants!*’ And they seemed to think that that was a real problem. Do you ever hear that comment?”

**Laura Dills:** “Well, yes, I have heard the comment, definitely. But, you know, we’re a U.S.-based organization. Legally, we can’t ask people that question. I mean, it doesn’t enter into the picture.”

**PRI Investigator:** “So USAID/the United States government says you can’t at all take religion into consideration in hiring?”

**Laura Dills:** “Yes; clearly you can’t base [hiring] decisions on race, creed, religion...I mean, it’s very clear. So, you know, I’ve worked in seven different CRS countries now, and even in Rwanda you could never ask if you were Hutu or Tutsi; you couldn’t ask if you were Catholic or Protestant. And in India where I was working...well [laughing] what do you think most people are? They’re mainly not Catholic; they’re Hindu. Or in Sudan...”

**PRI Investigator:** “But here in Madagascar, where Catholics are the largest religious group, a bishop could say: It’s funny that there are so few Catholics over there...”

**Laura Dills:** “I could be wrong, but I think it’s 30-40% Catholic in the country] and that’s what we have here. I don’t think we’re a majority. Nor have I asked our HR department to pull a report. I think we would have to ask people to volunteer to tell us if they’re Catholic or non-Catholic...and that’s not... [But what’s important is that we have staff members] who clearly understand our principles, Catholic social teaching, doctrine of the Church, and live out that mission, if our principles of solidarity and stewardship...Does it *matter* if they’re a Catholic or a Buddhist? You know, if they are living out what our mission is and our values, and are respectful, and represent that in their daily work. For me it shouldn’t be an issue if they’re a Catholic, or Protestant, or Jew. If they have the right behavior and manifest that behavior in the actions that they do for CRS.”



**PRI Investigator:** “But practically speaking, if, for example, you have many non-Catholics on board...and yet, you’re...and even if you’re not directly involved in the family planning activities carried out under SanteNet2 for example, but if you’ve got these non-Catholic employees who, by definition, don’t agree with Catholic teaching on family planning, isn’t that an issue? Doesn’t that, for example, affect the way that a [CRS] technician involved in the SanteNet program is going to handle his dealings in that program, if he doesn’t agree with Catholic teaching on family planning?”

**Laura Dills:** “But we don’t have any family planning in our program.”

**PRI Investigator:** “Maybe not *directly* in family planning, but you have, for example, technicians who are directly involved in the SanteNet program and who work with community health workers and women who directly are selling and receiving family planning products. Isn’t that a potential issue?”

**Laura Dills:** “I mean, I don’t see it as an issue because there is no family planning component. So why would they be bringing their personal values into the position? I mean, I have not had that kind of experience here. If we felt like we had staff here who were trying to proselytize their view, then that would be different, and I would address that.”

**PRI Investigator:** “The new *Motu Proprio* indicates that employees of a Catholic charity should be Catholic or at least respect Catholic teaching. If US governmental regulations do indeed oblige Catholic Relief Services to pay no attention to the religion of an employee, will that possible contradiction be a problem for CRS in the future?”

**Laura Dills:** “I think it’s something to certainly look at in the future...but the *Motu Proprio* doesn’t say that they *have to* be Catholic, but they have to respect the teachings of the Church. I don’t want anybody on my staff who wouldn’t respect the teaching of the Church. If they weren’t honest, if they didn’t have integrity: I wouldn’t want them on my team. I wouldn’t want a *Catholic* on my team who wasn’t honest or didn’t show respect. So for me...we want people...growing up in the Church I understand, and I feel like I have a great perspective because I’ve worked with diocesan priests, I’ve worked with parish priests, I’ve worked with archbishops, bishops. It makes a huge difference in my role here. Not everybody has had that kind of experience. Our staff: you know, if you grew up in the Church you do have a different perspective: you understand how things operate; you understand the hierarchy of the Church. But I still get back to the values and principles. Other people can still have those values and principles but not the same way we had them growing up in the Church. So, I certainly respect the pope’s directive. It would be great to have the majority of people working for you to be Catholic. ... In countries where that’s not possible, what do we do? People need aid, they need assistance.”

**PRI Investigator:** “I’m just looking at it now from what seemed to be the point of view of many bishops here: They see ‘Catholic Relief Services’ and can’t understand why there are ‘no Catholics’ working there. Your explanation – i.e., ‘the donor made us do it’ – might be technically correct, but it would mean little to those bishops. They would still claim that such an organization is not really Catholic. Isn’t there something of an unbridgeable gap in perceptions there? I don’t see how you resolve that tension.”

**Laura Dills:** “Some of our staff do not have Catholic social teaching. Two priests actually came in to provide Catholic social teaching to all of our staff, in all of our offices. It was a good dialogue. It was a two or three day training. It’s interesting...because I really feel...going back to behaviors...I’ve had to ask the bishops to *fire* some of their *Catholic* staff for *fraud*. And, I mean, it’s a behavior...Catholic social teaching and behavior...it’s interesting.”

**PRI Investigator:** “But on that ‘Catholic social teaching.’ That can mean different things to different Catholics. The bishops here, for example, might have a different idea about the content of Catholic social teaching than Catholic Relief Services does. Do you think that could contribute to the existence of the possible ‘dialogue of the deaf’ between CRS and the local bishops?”

**Laura Dills:** “I think it could be. I think that’s why I’ve always been very open with the [local] Church to provide feedback on issues. ... Our staff, when they go through their performance evaluations, then one of our partners has to provide feedback on their performance. ... I think we’ve tried to take a very proactive stance: “What does this [partnership] mean to your day to day work?” ... It’s a process. It’s a process. ...”

The PRI Investigator prompts a discussion about the uncertain future of USAID-funded international NGOs in Madagascar due to the political uncertainties and possible continuing restrictions in USG funding and, in addition, for Catholic Relief Services in particular, how the pope’s legislative *Motu Proprio* on charities might have an effect.

**Laura Dills:** “I think we *might* become a smaller program. I don’t think that’s a bad thing. Like CARE, we are already cutting some staff and programs. But SALOHI and SantéNet will probably continue. SALOHI is definitely our biggest program.”

**PRI Investigator:** “And if, because of the pope’s *Motu Proprio*, you weren’t allowed to work with USAID anymore...?”

**Laura Dills:** “Well, that would be very interesting.”

**PRI Investigator:** “More than a little interesting, I think. Wouldn’t it change the whole ‘paradigm?’”

**Laura Dills:** “I think CRS would still be in countries, but it would be more representational: Supporting the Church. Institutional strengthening. It won’t be development. It will be institutional strengthening.”

**PRI Investigator:** “Is that your *prediction*? ”

**Laura Dills:** “No, no. Because I do feel we’ll work this out. But, I have no idea. I feel like there’s going to be a role for CRS. I think we do great work. Yeah, I think... I can’t tell you how many times I’ve met with bishops over the last eight months [laughing]. I meet regularly with the bishops and talk on the phone to them frequently. I don’t think we’ve had that kind of dialogue in the past. And I’m hoping that slowly but surely... We *do* want to work with them. We’re not here to *replace* them. We’re here to support them and to make them stronger institutions.”

**Interview with Fr. Abel Andriambololotina**  
**Secretary-General**  
**Caritas-Madagascar**  
**Antananarivo**  
**December 6, 2012**

**Father Abel Andriambololotina:** “I have been at the helm of Caritas-Madagascar for one year now.”

**Father Abel Andriambololotina** states that the Archbishop Odon of Antananarivo, as president of Caritas-Madagascar, attended the Caritas Africa meeting in Kinshasa, along with Archbishop Fulgence Rabemahafaly (Archdiocese of Fianarantsoa), who was president of Malagasy Bishops Conference at the time. Father Abel says the purpose of the Caritas Africa meeting in Kinshasa was to consider the “re-organization” of Caritas in Africa in light of Pope Benedict XVI’s first encyclical, *Deus Caritas Est*, and also *Caritas in Veritate*. Relations with the “donors” were discussed. In general, the object of the meeting was to discuss the re-structuring, the re-organization of Caritas as a charitable institution of the Church, “in the heart of” the Church. In that connection, there were many discussions, exchanges, speeches around the idea of a *partnership* with certain “donors” [laughing].

**Father Abel Andriambololotina:** “Caritas-Madagascar itself is now in the process of renewing and restructuring itself, preparing revised statutes for the organization, developing a new procedures manual, looking at its relations with various partners. We should be finished with this process at the beginning of 2013; maybe end of February/beginning of March.”

**PRI Investigator:** “How do you think this could change your relations with, or your method of working with, for example, an organization like Catholic Relief Services (CRS)? Or will it not change anything?”

**Father Abel Andriambololotina:** “We *hope* that something will change. We hope that it will change our collaboration with CRS. After the visit of the USCCB(U.S. Conference of Catholic Bishops)/CRS representatives in Diego [laughing]...they exchanged some ideas on how to improve the relations and the collaboration between CRS and Caritas-Madagascar, insofar as both are Catholic organizations involved in charitable and social ministry. ... We need to have a *horizontal* relationship in this partnership: a *horizontal* relationship. That is, *not a ‘dominant-dominated’ relationship*. [Laughing] That’s the thing. We need to have a horizontal relationship. And there needs to be a synergy with the diocesan structures in executing a project [in working with CRS].”

**PRI Investigator:** “Having had the meeting with the USCCB (U.S. Conference of Catholic Bishops)/CRS (Catholic Relief Services) representative in Diego, are you now waiting for something official from the bishops of the United States, a document, for example, that would give guidelines...?”

**Father Abel Andriambololotina:** “Official, no. But ‘unofficial,’ yes. The bishops conference must have something, so that it can take its *independence* [laughing] in projects [with CRS/USCCB.] But we’re waiting for the meeting of the [Malagasy] bishops in February – the meeting of the permanent council – to get the official directives for our social pastorate. The two meetings that were held in Diego and in Kinshasa will certainly affect the content of those directives.”

**PRI Investigator:** “So, if I’ve understood correctly, the official directives that the Malagasy Bishops Conference might put out in February next year will indicate to you how to work in “partnership” with organizations like CRS, and you’ll then be able to approach partners like CRS to discuss maybe a new mode of collaboration?”

**Father Abel Andriambololotina:** “That’s right.”

**PRI Investigator:** “You’re ‘expecting’ that outcome or you’re ‘hoping for’ that outcome?”

**Father Abel Andriambololotina:** “We hope; we hope. Because we [Caritas] have always asked the Malagasy Bishops Conference to intervene concerning our activities, our organization [and our collaboration with groups such as CRS]. It’s the Bishops Conference that [can give] us an official document. This doesn’t mean that we refuse collaboration, a partnership with CRS: it’s not that. But we must find the right ways to collaborate. For example, a diocesan Caritas organization will work [with/for] CRS on a project, and things will go all right during the project...but then after CRS withdraws...[nothing remains]. The local Caritas is unable to continue the project. There’s no strategy.”

The investigator asks Father Abel his opinion on the pope’s new *Motu Proprio* on charitable organizations.

**Father Abel Andriambololotina** says he has heard about it and seen it, but hasn’t yet carefully read it.

**PRI Investigator:** “If it turns out that this *Motu Proprio* means that neither CRS *nor* your Caritas-Madagascar could continue to take money from USAID that would really change things, no?”

**Father Abel Andriambololotina:** “Yes, it would. We have a clean-drinking-water project in the southeast [USAID-funded via CRS] – in existence since 2009 – that is going well, but at the level of the structures of the Church – I mean with the bishop – there are conflicts [with CRS] which don’t help us to advance, to continue to carry out the activities...I don’t say that there’s anything against the teaching of the Church, but there are things that aren’t based on reality, on the reality in the diocese. But what I really want to emphasize are the *horizontal* relations [that we need to have] in our collaboration, in our partnerships with such as CRS, or *Secours Catholique* [Caritas-France].

And then also, in those relations, as you said, we need to look at those organizations’ adherence to the social teaching of the Church and also to emphasize, in general, the *identity, the mission* of Caritas. Caritas-National was founded in 1947 and up to now still really doesn’t have its autonomy at all levels. Because the method of doing project work doesn’t allow it to confront its future, in conformity with its identity and its objectives... And that’s why the [Malagasy] Episcopal Conference always ‘reacts’ to projects, for example, that are funded with money from governments – not only from USAID – but, for example, from WaterAid [an international non-governmental organization (NGO)]...so we really don’t have our autonomy in the execution of many projects.”

The PRI Investigator prompts him to talk about the compromises, moral and practical, inevitably involved in accepting government money.

**Father Abel Andriambololotina:** “I don’t know if you’ve met Fr. Alain Guéry[?], who leads the Justice and Peace commission of the Malagasy Bishops Conference here. If you have the time, you ought to speak to him. Because he has the intention of stopping, of cutting off relations with CRS, or, anyway, with any CRS project that is financed by USAID. [laughing] One of the phrases of Msgr. Odon, and which he probably used in Kinshasa, or in Diego with the CRS/USCCB authorities: He’ll say: ‘You must not ‘infantilize’ the Episcopal Conference of Madagascar.’ You must not infantilize us, for example, when in the realization of projects you have to monitor us on the ground. We have an emergency project going on, for example, since September, and Caritas Internationalis, through Catholic Relief Services, demands that we ‘be accompanied’ during the realization of this project. [laughing] So there is, I don’t know, maybe, a sort of lack of confidence, or concerns about our experience, or maybe concerns about the diocesan authorities...”

Fr. Abel complains about an “unjust” audit of one of their CRS-connected projects that was done by USAID personnel. Or, at least, the bishop of that diocese in the southeast had complained that it was unfair.

**Father Abel Andriambololotina:** “But, if we were to stop, to cut our relations with an organization like CRS, then where are we going to go [laughing], what are we going to do? In that case, we have a hard time envisioning a future for our organization. ... Caritas-Madagascar has felt compelled to accept money from *bad* organizations for the *good* of [needy] people.”

# CRS Objections and Replies

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On August 8, 2013, PRI received a letter from the Chairman of the CRS Board of Directors, Bishop Gerald Kicanas, making various objections to our published reports on CRS activities in Madagascar. These objections are given in their entirety below, along with our response.

**Objection 1:** “I regret the confusion that has arisen since PRI published your comments about the “investigation” of CRS’ work in Madagascar, especially that CRS staff passes out contraceptives and abortifacients. I don’t believe this has helped the greater cause of the Church nor has it strengthened our common concern for the unborn.”

**Response:** Bishop Kicanas, we never said that “CRS staff passes out contraceptives and abortifacients.” We said that CRS employees were responsible for the Santénet program in 125 Madagascar communes and oversaw the work of 250 Community Health Workers (CHWs) who were handing out contraceptives, abortifacients, giving Depo-Provera shots, etc. We stand by that statement.

We do not believe that CRS’ involvement in this program, which ran from mid-2008 until July 24, 2013, helped the cause of the Church in Madagascar. We believe that it led directly to the deaths of numerous unborn children, while preventing others from being conceived. The loss of even one soul is incalculable.

**Objection 2:** In your August 6th letter to Carolyn Woo, you said you feel that we incorrectly called your reports ‘false.’ I am sorry you feel that we were incorrect in doing so, but it would have been improper and irresponsible for us to let inaccuracies in the report stand, especially inaccuracies that CRS, an agency of the United States Conference of Catholic Bishops, distributes contraceptives and abortifacient drugs and devices as part of our programming, which we know is not true.”

**Response:** Our report has nothing to do with feelings, Bishop, but with facts. CRS has offered almost nothing in the way of facts throughout this entire affair, only evasions and misrepresentations. Some examples:

- CRS attempted to suggest that it was no longer involved, in any way, in a family planning program in the Toamasina diocese. This is technically correct, since the Santénet program ended on July 24th of this year, but it is misleading.
- CRS attempted to discredit the testimony of the two CRS employees that we interviewed, who testified that they were responsible for carrying out a family planning program in 125 communes, by saying that they were “short-term employees” who were “no longer employed by CRS” and they “couldn’t be located.” Since the program ended on 24 July, they probably were no longer employed by CRS by the time it made this statement. At the same time, it is inaccurate to call employees who have worked for you for five years “short-term.” Finally, we are surprised the CRS was not able to locate these former employees, since we were able to find one of them on Facebook after a five-minute search.
- We never said that CRS, which is a nonprofit organization (NGO) which receives 70 percent of its funding from USAID and other federal agencies, “distributes contraceptives and abortifacient drugs and devices *as part of [its] programming...*” Rather, we think that CRS, in its desire to qualify for federal grants, inadvertently wound up in a supervisory position in Toamasina that made it responsible for family planning. Why not just admit this?

In short, we do not understand what “inaccuracies in the PRI report” CRS may be referring to here, since they haven’t adduced any.

**Objection 3:** “As you are aware when your report was published, we immediately contacted the two archbishops named for their clarification of comments attributed to them. They forthrightly confirmed with Cardinal Dolan and myself that CRS does not distribute contraceptives, abortifacient drugs and devices, and instead expressed strong support for CRS, affirming that we act fully in accord with Catholic teaching in their archdioceses.”

**Response:** Actually, Bishop Kicanas, with all due respect, a couple of weeks went by after we released our report before CRS reported having contacted the two archbishops, by which time the SantéNet2 program had ended. So it was technically true that CRS was not in charge of distributing contraceptives, abortifacient drugs and devices *by that time* in 125 communes in Madagascar by that time.

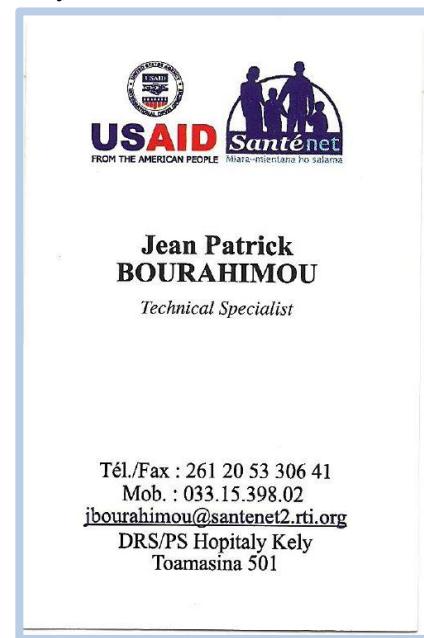
**Objection 4:** “You quoted a USAID worker speaking about the relationship between USAID and CRS, but USAID said this person never worked there and could not possibly speak on their behalf.”

**Response:** Here, Bishop Kicanas, we would point out that CRS attempted to discredit the recorded testimony of the employee responsible for supervising the CRS employees in the SantéNet program in the Toamasina Archdiocese by saying that he was not a USAID employee. But so what? He was technically an employee of a group called RTI, but the money came from USAID. Moreover his business card, displayed to the right, has the USAID logo printed on it. The point is, he was in charge of the SantéNet2 program and was directly responsible for supervising the CRS employees and testified that they were responsible for doing family planning in the area under their supervision.

**Objection 5:** “In your letter you also expressed concern that we suggested language differences could have led to a misunderstanding. We mentioned this because we knew that we do not distribute contraceptives in our programs. By suggesting there could have been a translation problem, we felt we were giving you the benefit of the doubt as to why your investigator heard statements that we know not to be true.”

**Response:** The interviews were on the record and we recorded them using a digital recorder. We listened to them several times. There are no misunderstandings. Both our investigator and the bishops, priests and CRS employees that he interviewed spoke fluent French. Given that I myself have been carrying out field investigations for thirty years, speak three dialects of Chinese, and have written books that have been translated into 20 languages, I would be the last person to have used an investigator not fluent in the local patois, or to have issued a translation that was less than first-rate.

**Objection 6:** “Since you have indicated that you have recordings of interviews, which I imagine you sought permission to do, would you consider sharing the unedited versions so that we can hear them for ourselves? That would help clear the air about the translation. More importantly, it would help us understand exactly what concerns were raised about us so that we can address them further, if necessary.”



Business card showing USAID and RTI affiliation

**Response:** Bishop Kicanas, we have just released a report which contains a complete, accurate, verbatim transcript of those portions of the on-the-record interviews in which the archbishops, priests, and CRS employees relayed concerns about CRS. The investigation, which was carried out over the course of a month, consisted of many other interviews touching on many other subjects, including USAID's relentless promotion of population control programs on the Malagasy people, including our Catholic brothers and sisters, using the usual array of population control front groups such as PSI. I will provide you with a copy of our report.

However, since you brought up the problem of translation, I wonder if your conversations with the two Madagascar archbishops provided the clarity that you sought? That is to say, it was carried out over the notoriously unreliable communication systems in that country, at great distance, with a noticeable time lag, and through a Malagasy interpreter. Could not some misunderstandings creep in? Did CRS perhaps record the conversation? In order to get to the truth, it would be useful to compare the CRS transcript with the transcript of the recorded interviews with the two archbishops and others that we have already released.

**Objection 7:** "I would like to close with a question: since you had concerns about our programming in Madagascar—so heartfelt that you sent an investigator for several weeks to Madagascar—why did you not come to CRS directly with your concerns? We could have sorted this all out immediately, as we did on the phone call between Cardinal Dolan, myself and the Madagascar archbishops, without a public display of tension within the Catholic community. It is hard to understand why you did not come to us first for clarification, at least to get our perspective."

**Response:** It's a fair question, Bishop Kicanas, and I will give you a straightforward answer: The reason why PRI did not come to CRS directly with our concerns is because these concerns, in all their specificity, *had already been conveyed to you and CRS Director Carolyn Woo on two different occasions*. The first occasion was your meeting with the assembled bishops of Madagascar on September 6, 2012. The second occasion was the meeting, called by Cardinal Robert Sarah of Cor Unum that was held in Kinshasa, the Democratic Republic of the Congo, on November 19-22, 2012.

These two meetings, it seemed to us, more than met the requirements laid out in Matthew 18:15-17:

"If another member of the church sins against you, go and point out the fault when the two of you are alone. If the member listens to you, you have regained that one. But if you are not listened to, take one or two others along with you, so that every word may be confirmed by the evidence of two or three witnesses. If the member refuses to listen to them, *tell it to the church*; and if the offender refuses to listen even to the church, let such a one be to you as a Gentile and a tax collector."

It seemed to us that if CRS was not prepared to listen to the repeated complaints of the African bishops and correct these abuses, then it was time to take the matter to the "Catholic community in the United States," of which CRS says it is "the official international humanitarian agency."

# Conclusion and Recommendations

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Catholic charity has always been, first and foremost, been the responsibility of the Catholic faithful, who in living their Christian lives must follow our Lord’s commandment to “Love one another as I have loved you” (John 15:12). PRI’s president, as the recipient of the Blessed Frédéric Ozanam Award from the Society of Catholic Social Scientists, and who has himself helped to found a number of charitable organizations, has a deep appreciation for this aspect of the Christian calling and a profound respect for those who are involved in such work.

As Pope Benedict wrote in Deus Caritas Est, such an exercise in charity “needs to be organized if it is to be an ordered service to the community” (“Deus Caritas Est,” 20). And among the most important of such organized charities, as noted in the Kinshasa Declaration, is the “diocesan *Caritas . . . [which] unlike the other organizations of lay groups or religious congregations, [is unique] in being the official organ of the bishop for the service of charity.*”

Thus the African bishops, in concert with the universal Church, underline the indispensable role of *the bishop in his diocese* in overseeing both the giving and receiving of charity through the official organs of the Church.

This reasonable request—that all the official charitable organs of the Church, including CRS, respect and submit to the authority of *the bishop in his diocese*—constitutes a major stumbling block for CRS. After all, it receives most of its funding from an organization—USAID—that forbids it to discriminate in favor of one religion over another. Were “Catholic” Relief Services actually to attempt following the Church’s dictates and carrying out its government-funded programs through *the bishop in his diocese*, it would shortly thereafter lose its government funding.

This same consideration accounts for the failure of CRS to favor Catholics in its hiring policies and to preferentially serve the population whose name it bears. It bewilders African bishops that a “Catholic” charity does not hire Catholics to carry out programs to help fellow Catholics. Muslim charities help fellow Muslims, they point out, and Baptist charities help fellow Baptists. What they don’t realize is that the Muslim and Baptist charities rely upon private funds, but that grants from USAID come with nondiscrimination clauses attached. Let CRS begin hiring only Catholics, and complaints of “bias” in the hiring would be quickly leveled and, if not corrected, contracts would be cancelled.

In fact, it is to *avoid the appearance of favoring the Catholic Church in any way* that CRS does not work, modestly and efficiently, out of the existing Catholic network of chanceries and parishes. Instead, like the other secular humanitarian organizations that it partners with, it sets up an expensive, freestanding headquarters in the countries and dioceses in which it operates. It may, as a matter of courtesy, inform the local bishop of its activities in his diocese, and it may from time to time, send a private donation his way, but it will not submit to his lawful authority. It *can’t*, if it wants to continue to receive a half billion dollars from the U.S. Treasury each year.

CRS goes to great lengths to spin these necessities into virtues. To explain why it does not preferentially serve Catholics in its programs, it loftily boasts of responding “on the basis of need not creed.” To explain why an ostensibly Catholic organization does not preferentially hire Catholics, it speaks of hiring on the basis of professional qualifications. Such claims sound plausible until you understand that they have been *imposed on CRS by its principal donor, USAID*.

An authentic Catholic charity would understand that it is a guest in the diocese of the local bishop and

would work under his authority. It would hire faithful Catholics and, while not turning away anyone in need, seek above all to serve its fellow Catholics. That approach would surely please the vast majority of CRS' private donors, even if it would displease its enormous public one. And it is an approach that St. Paul specifically endorsed in his letter to the Galatians: "So then, while we have the opportunity, let us do good to all, *but especially to those who belong to the family of the faith.* (Galatians 6:10)

What kind of an organization does CRS want to be? Does it want to fundamentally restructure society as many of the secular humanitarian organizations obviously do? Does it want to prattle on endlessly about fighting for a more just or a more democratic society like the other humanitarian NGOs? Or does it want to be a physical expression of the personal encounter with the love of Christ which moves us, as the Cardinal Sarah stated, "generously and freely towards the most disadvantaged so as to give witness to the Trinitarian love."

Are its employees satisfied to be seen by the supposed beneficiaries of its actions as merely extensions of USAID and the anti-life ideology that it spreads? Or are they seeking a personal relationship with God through prayer and the frequenting of the sacraments so that they can be true witnesses of the love of Christ and not fall into political or social activism or secularism?

It is logically incoherent to say, as CRS currently does, that it is only necessary that the organization's employees recognize that CRS is officially Catholic. Clearly, a Hindu employee of CRS is not going to be "frequenting the sacraments.<sup>4</sup>" And a former CRS-Madagascar director, who happened to be Jewish, is not going to start going to Confession and being a "true witness of the love of Christ. If Cardinal Sarah of Cor Unum suggests that employees of Catholic charities should be going to Mass, then those same charities, including CRS, are going to have to start hiring Catholics—faithful Catholics.

These are two fundamentally different visions of what Catholic charity should be. The first, which is espoused by many current CRS employees, is essentially secular and humanitarian. The second, which is espoused by the Church, is sacred and Trinitarian. The Kinshasa Declaration seems to be speaking directly to CRS about its close relationship with USAID when it warns: "We can thus not let ourselves be absorbed by those with powerful means – financial, of the mass-media, and of a great manipulative capacity – [who] want to spread, under the cloak of a so-called progress and of the vision of an allegedly universal man, a philosophy of rights that we cannot accept."

Taken together, the transcripts of the interviews we carried out in Madagascar, the more diplomatic but equally revealing speeches given by African bishops at Kinshasa, and the brief but incisive *Motu Proprio* issued by Pope Benedict XVI lead to a single conclusion: The official Catholic charities of the North are, at least to many of their supposed "beneficiaries," no longer recognizably Catholic. They have devolved into humanitarian relief organizations that are, in their day-to-day operations, indistinguishable from their secular counterparts. Fundamental structural reforms are required to bring them into conformance with Church teaching.

In Paragraph 10 of the Kinshasa Declaration, the assembled African bishops called "upon our representatives . . . to draw the attention of other members of the *Caritas* family [to our concerns]." There is no sign, however, that "other members of the *Caritas* family," in particular CRS, have taken meaningful cognizance of the concerns expressed by the African bishops at this meeting. And, if they have, it is certainly true that they have not shared these concerns with *us*, the members of the "Catholic community of the United States of America," to whom the international humanitarian agency CRS supposedly belongs.

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<sup>4</sup> Benedict, X.V.I. *Motu proprio Intima Ecclesiae Natura*" (11 November 2012).

In fact, the only reference to the Kinshasa meeting that a search of the CRS website brings up is a press release entitled, “Catholic Church in Africa ‘outraged’ by Congo Violence.” As its title suggests, this one-page release highlighted an armed clash in the Congo that occurred simultaneously with the Kinshasa meeting. It mentioned only in passing that “The bishops met November 20-22 on the work of Caritas on the continent.” That is the *only* reference to the Kinshasa meeting, the results of which the African bishops *specifically asked* to be conveyed to the “other members of the Caritas family”!

CRS continues to engage in the pretense that there is nothing wrong with its current business model. Here is what a representative of CRS told one member of that American Catholic community who wrote to express concern that at least *one* African bishop was not at all happy with the American organization:

“We are unaware of any bishops that CRS works with in Africa having refused to work with CRS. We have a very good working relationship with all of our partners around the world, including the Church, and meet with the bishops regularly to consult on our work and partner on projects.”

This is, purely and simply, a fantasy. For real-life examples of how far removed it is from reality, remember the remarks of the bishops, priests, and other Catholic officials with whom we spoke in Madagascar, including the president of the Madagascar bishops’ conference. Almost to a man, they were incensed at the “unequal,” “non-horizontal,” “infantilizing” working relationship that they had with CRS – when they even *had* a relationship. As for the “regular” meetings, recall the remarks of the president of the Malagasy Bishops’ Conference about CRS operating out of his sight and behind his back in his own diocese. Recall the complaints about how it had taken *two years* for the Malagasy bishops to wrangle a meeting with the U.S. Conference of Catholic Bishops (USCCB)/CRS, and how they had wanted that meeting not for the purpose of congratulating the USCCB/CRS on the “good working relationship” enjoyed by all, but to air their grievances against CRS and to fundamentally alter the one-sided relationship they had with that organization.

Some may conclude that CRS’ refusal to acknowledge its problems—and even its uncharitable attacks on its critics—are merely typical bureaucratic stonewalling. We disagree. We believe that the CRS leadership understands, perhaps better than the African bishops, and perhaps even better than the bishops who serve on its board, what is at stake here. They understand the risks, both to their funding and to their careers, of acknowledging their past failures and embarking upon a process of reform. They understand that extricating CRS from the smothering secular embrace of USAID will result in the loss of perhaps two-thirds of the organization’s funding. They understand that re-establishing its identity as a truly Catholic charity means giving up its current pose as a humanitarian NGO and reintegrating it into the Catholic Church under the direct control of the bishops.

They understand that CRS, if it is to be an authentic Catholic charity as demanded by the *Motu Proprio*, “On the Service of Charity,” will cease to exist in its current form.

## Recommendations

1. That the non-profit corporation known as Catholic Relief Services be dissolved.
2. That the charitable activities of the U.S. Conference of Catholic Bishops (USCCB) be carried out by an office, known as International Catholic Charities (ICC), located in the USCCB itself.
3. That all programmatic activities carried out by ICC be done in concert with the bishop in the local diocese where the program is located, under his guidance, approval, and supervision.

# Appendix A: List and explanation of agencies

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**BUCAS (Bureau de Coordination des Actions Sociales):** Office for the Coordination of Social Actions. BUCAS was formed in 1993 as an organization of the Archdiocese of Antananarivo.

**CARE:** An NGO which describes itself as: “a leading humanitarian organization fighting global poverty. We place special focus on working alongside poor women.” CARE also describes themselves as “committed to increasing access to and use of high-quality family planning information and service.” CARE operates with around \$500 million in revenue each year, with around \$150 million coming from the United States government.

**CDS (Comité de Développement Social):** Social Development Committees

**CHW (Community Health Workers):** “Agents Communautaires” in French. Community Health workers are volunteers, but receive small percentages of their contraceptive sales as well as donations

**CRS (Catholic Relief Services):** The official overseas relief and development agency of the U.S. Conference of Catholic Bishops and a member of Caritas International and the National Catholic Development Conference. Catholic Relief Services operates with revenue around \$700 million a year. Last year, Catholic Relief Services received \$270 million from the United States government

**FISA (Fianakaviana Sambatra):** International Planned Parenthood Federation’s family planning organization in Madagascar

**FKJM (Fianganan'i Jesoa Kristy eto Madagasikara):** Church of Jesus Christ in Madagascar

**Intrahealth:** Intrahealth is a non-profit which “fosters local solutions to healthcare challenges by improving health worker performance, strengthening health systems, harnessing technology, and leveraging partnerships.” They also describe themselves as “a global champion and leader in supporting health workers for more than 30 years, IntraHealth International applies extensive experience and expertise to improve family planning and reproductive health (FP/RH) programs.”

**JSI (John Snow Incorporated):** An organization dedicated to “improving the health of individuals and communities, with a particular focus on underserved and vulnerable populations.” JSI is headquartered in Boston, Massachusetts.

**KMS (Kaominina Mendrika Salama):** The Malagasy name for “SantéNet2”

**MAHEFA - Community-Based Integrated Health Program:** A USAID program intended to deliver essential services and products for maternal, child, and newborn health; family planning and reproductive health; malaria prevention and control; water supply and sanitation; and nutrition to isolated rural populations.

Community health volunteers are central to the MAHEFA project. About 6,800 community health volunteers will be trained, supplied, and monitored to provide life-saving, primary health care services to those living in 334 underserved communes across its nine target regions.

With solid community participation and advocacy, MAHEFA increases access and availability of life-saving health information and products to catalyze improved health practices and outcomes among individuals, families, and communities. USAID's implementing partners of the program are: JSI Research & Training, in collaboration with the Manoff Group and Transaid and local organizations

**M-CHIP (Maternal and Child Health Integrated Program):** A USAID program to assist in scaling up evidence-based, high-impact maternal, newborn and child health interventions to contribute to significant reductions in maternal and neonatal mortality rates. Target beneficiaries are pregnant women of reproductive age and newborns. The program was scheduled to run from October 2009 to September 2013. USAID's implementing partner is Jhpiego.

**MoHFP (Ministry of Health and Family Planning):** A Malagasy governmental agency.

**ODDIT (Organe de Développement du Diocèse de Toamasina):** Development Unit [or Organization] of the Diocese of Toamasina.

**ProFemina:** A program of PSI in Madagascar that provides primarily family planning and reproductive health services. ProFemina serves all women of reproductive age, in urban and rural areas of the 26 out of 116 districts of Madagascar. The franchise has implemented a voucher scheme that targets low income women and subsidizes long term family planning methods. The scheme was launched in 2008 and to date, 13,136 vouchers have been disbursed. The voucher is free to the client. Community Health Workers educate community members, hold community events, offer referrals to the franchised clinics and support follow-up care.

**PSI (Population Services International):**

PSI was founded in 1970 to improve reproductive health using commercial marketing strategies. PSI is headquartered in Washington DC, has a staff of more than 8,900, and operates with approximately \$650 million annually. PSI also receives large amounts of its annual revenue from the United States government.

**RANO-HP (Rural Access to New Opportunities for Health and Prosperity):** a USAID water and sanitation program, whose main goal is to improve health, security, and prosperity in 26 rural communes by increasing access to reliable and economically sustainable water and sanitation services. The project was scheduled to run from 5 September 2009 to 30 September 2013. USAID's implementing partners on the project are: Catholic Relief Services (CRS), CARE, Caritas Madagascar, Voahary Salama, BushProof, Sandandrano



PSI supplies of contraception in Toamasina/Tamatave

**RANON'ALA (Rural Access to New Opportunities for Health and Water Resource Management Project):** A USAID project which aims to improve health in vulnerable and poor communities by improving hygiene practices and increasing access to sustainable, safe water and sanitation. The program is scheduled to run from October 2010 - September 2013. USAID's implementing partners of the project are: Catholic Relief Services (CRS), RTI International, Conservation International (CI), Human Network International (HNI), Caritas National, BushProof, and Sandandrano.

**RTI International (Research Triangle Institute International):** A research institute based out of North Carolina with over 3,000 employees and staff in over 75 countries. RTI runs with an annual revenue of around \$700 million. RTI is the implementing partner of the SantéNet2 program in Madagascar.

**SALAMA (Centrale d'Achats de Médicaments Essentiels et de Matériels médicaux de Madagascar):** SALAMA was created in 1996 by the Malagasy Government with the support of technical and financial partners working in the field of health (World Bank, European Union, French Cooperation, etc.) to ensure the supply of essential generic drugs and equipment health of all public health facilities and private non-profit organizations in Madagascar purpose.

**SALFA (Sampan'Asa Loterana momban'ny Fahasalamana):** The Malagasy Lutheran Church Health Department

**SALOHI (Strengthening and Accessing Livelihoods Opportunities for Household Impact):** A project of CARE with the aim to “to reduce food insecurity and vulnerability in 21 districts in eastern and southern Madagascar by 2014.”

**SantéNet2:** A USAID funded project launched in Antananarivo in 2008 with the goal to: “strengthen community-level health service provision and address bottlenecks in the Ministry of Health and Family Planning's (MoHFP's) strategy to decentralize the national health system. Specifically, RTI will seek to help the MoHFP and communities fill the service gap by enhancing and scaling up training of community health workers.” RTI International leads the project and has four implementing partners: IntraHealth, PSI, CARE, and Catholic Relief Services.

The implementing partner of the program (RTI International) described SantéNet2 on their website as follows: “*Part of the U.S. Agency for International Development's outreach efforts in Madagascar, the SantéNet2 project is intended to strengthen community-level health systems and address challenges to getting services to remote, rural communities.*

*RTI and our partners [including Catholic Relief Services] are working with 60 percent of the country's communes to fill service gaps in 5,758 villages that are more than three miles from a health center. This is being accomplished by enhancing and scaling up training of community health workers, expanding public demand for services through information and education campaigns, and linking community health workers to a reliable supply chain for health commodities...*

*The results are impressive. In FY2011, community health workers trained by SantéNet2 provided family planning services to more than 100,000 women in remote communities and treated fever, diarrhea, and acute respiratory infections.”*

**SIFPO (Support for International Family Planning Organizations):** A USAID health program that increases provision of family planning methods through mobile outreach teams in remote communities. In addition, SIFPO expands and continually reinforces the [Marie Stopes] BlueStar social franchise network in peri-urban and rural communes. Marie Stopes is USAID's implementing partner for the program.

**USAID (United States Agency for International Development):** USAID was founded in 1961 by executive order. USAID is an independent federal agency, but its funding is appropriated by the United States Congress and operates subject to the President's foreign policy directives. USAID receives about 1% of the annual US total budget— around \$47-52 billion per year. During fiscal year 2013, USAID spent \$534 million on family planning.

# Appendix B: *Motu Proprio*

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APOSTOLIC LETTER  
ISSUED 'MOTU PROPRIO'  
OF THE SUPREME PONTIFF

BENEDICT XVI  
ON THE SERVICE OF CHARITY

## Introduction

"*The Church's deepest nature* is expressed in her three-fold responsibility: of proclaiming the word of God (*kerygma-martyria*), celebrating the sacraments (*leitourgia*) and exercising the ministry of charity (*diakonia*). These duties presuppose each other and are inseparable" (*Deus Caritas Est*, 25).

The service of charity is also a constitutive element of the Church's mission and an indispensable expression of her very being (cf. *ibid.*); all the faithful have the right and duty to devote themselves personally to living the new commandment that Christ left us (cf. *Jn* 15:12), and to offering our contemporaries not only material assistance, but also refreshment and care for their souls (cf. *Deus Caritas Est*, 28). The Church is also called as a whole to the exercise of the *diakonia* of charity, whether in the small communities of particular Churches or on the level of the universal Church. This requires organization "if it is to be an ordered service to the community" (cf. *ibid.*, 20), an organization which entails a variety of institutional expressions.

With regard to this *diakonia* of charity, in my Encyclical *Deus Caritas Est* I pointed out that "in conformity with the episcopal structure of the Church, the Bishops, as successors of the Apostles, are charged with primary responsibility for carrying out in the particular Churches" the service of charity (No. 32); at the same time, however, I noted that "the *Code of Canon Law*, in the canons on the ministry of the Bishop, does not expressly mention charity as a specific sector of episcopal activity" (*ibid.*). Although "the *Directory for the Pastoral Ministry of Bishops* explored more specifically the duty of charity as a responsibility incumbent upon the whole Church and upon each Bishop in his Diocese" (*ibid.*), there was still a need to fill the aforementioned lacuna and to give adequate expression in canonical legislation to both the essential nature of the service of charity in the Church and its constitutive relationship with the episcopal ministry, while outlining the legal aspects of this ecclesial service, especially when carried out in an organized way and with the explicit support of the Bishops.

In view of this, with the present *Motu Proprio* I intend to provide an organic legislative framework for the better overall ordering of the various organized ecclesial forms of the service of charity, which are closely related to the diaconal nature of the Church and the episcopal ministry.

It is important, however, to keep in mind that "practical activity will always be insufficient, unless it visibly expresses a love for man, a love nourished by an encounter with Christ" (*ibid.*, 34). In carrying out their charitable activity, therefore, the various Catholic organizations should not limit themselves merely to collecting and distributing funds, but should show special concern for individuals in need and exercise

a valuable educational function within the Christian community, helping people to appreciate the importance of sharing, respect and love in the spirit of the Gospel of Christ. The Church's charitable activity at all levels must avoid the risk of becoming just another form of organized social assistance (cf. *ibid.*, 31).

The organized charitable initiatives promoted by the faithful in various places differ widely one from the other, and call for appropriate management. In a particular way, the work of *Caritas* has expanded at the parish, diocesan, national and international levels. *Caritas* is an institution promoted by the ecclesiastical Hierarchy which has rightly earned the esteem and trust of the faithful and of many other people around the world for its generous and consistent witness of faith and its concrete ability to respond to the needs of the poor. In addition to this broad initiative, officially supported by the Church's authority, many other initiatives have arisen in different places from the free enterprise of the faithful, who themselves wish to help in various ways to offer a concrete witness of charity towards those in need. While differing in their origin and juridical status, both are expressions of sensitivity and a desire to respond to the same pressing need.

The Church as an institution is not extraneous to those organized initiatives which represent a free expression of the concern of the baptized for individuals and peoples in need. The Church's Pastors should always welcome these initiatives as a sign of the sharing of all the faithful in the mission of the Church; they should respect the specific characteristics and administrative autonomy which these initiatives enjoy, in accordance with their nature, as a manifestation of the freedom of the baptized.

Alongside these, the Church's authority has, on its own initiative, promoted specific agencies which provide institutionally for allocating donations made by the faithful, following suitable legal and administrative methods which allow for a more effective response to concrete needs.

Nevertheless, to the extent that such activities are promoted by the Hierarchy itself, or are explicitly supported by the authority of the Church's Pastors, there is a need to ensure that they are managed in conformity with the demands of the Church's teaching and the intentions of the faithful, and that they likewise respect the legitimate norms laid down by civil authorities. In view of these requirements, it became necessary to establish in the Church's law certain essential norms inspired by the general criteria of canonical discipline, which would make explicit in this sector of activity the legal responsibilities assumed by the various subjects involved, specifying in particular the position of authority and coordination belonging to the diocesan Bishop. At the same time, the norms in question need to be broad enough to embrace the significant diversity of the institutions of Catholic inspiration which are engaged as such in this sector, whether those originating from the Hierarchy or those born of the direct initiative of the faithful, received and encouraged by the local Pastors. While it was necessary to lay down norms in this regard, there was also a need to consider the requirements of justice and the responsibility of Bishops before the faithful, with respect for the legitimate autonomy of each institution.

## **Dispositive Part**

Consequently, upon the proposal of the Cardinal President of the [Pontifical Council \*Cor Unum\*](#), and after consultation with the [Pontifical Council for Legislative Texts](#), I establish and decree the following:

**Art. 1. - § 1.** The faithful have the right to join in associations and to establish agencies to carry out specific charitable services, especially on behalf of the poor and suffering. To the extent that these are linked to the charitable service of the Church's Pastors and/or intend to use for this purpose contributions made by the faithful, they must submit their own Statutes for the approval of the competent ecclesiastical authority and comply with the following norms.

§ 2. Similarly, it is also the right of the faithful to establish foundations to fund concrete charitable initiatives, in accordance with the norms of canons 1303 of the Code of Canon Law (CIC) and 1047 of the Code of Canons of the Eastern Churches (CCEO). If foundations of this type correspond to the characteristics set forth in § 1, they will also observe, *congrua congruis referendo*, the provisions of the present law.

§ 3. In addition to observing the canonical legislation, the collective charitable initiatives to which this *Motu Proprio* refers are required to follow Catholic principles in their activity and they may not accept commitments which could in any way affect the observance of those principles.

§ 4. Agencies and foundations for charitable purposes promoted by Institutes of Consecrated Life and Societies of Apostolic Life are required to comply with these norms, and they must follow the prescriptions of canons 312 § 2 CIC and 575 § 2 CCEO.

**Art. 2.** - § 1. The Statutes of each charitable agency referred to in the preceding article must also contain, in addition to its institutional offices and structures of governance in accordance with canon 95 § 1 CIC, the guiding principles and objectives of the initiative, the management of funds, the profile of its workers, as well as the reports and information which must be presented to the competent ecclesiastical authority.

§ 2. A charitable agency may use the name “Catholic” only with the written consent of the competent authority, as laid down by canon 300 CIC.

§ 3. Agencies promoted by the faithful for charitable purposes can have an Ecclesiastical Assistant appointed in accordance with the Statutes, according to the norm of canons 324 § 2 and 317 CIC.

§ 4. At the same time, the ecclesiastical authority must bear in mind its duty to regulate the exercise of the rights of the faithful in accordance with canons 223 § 2 CIC and 26 § 2 CCEO, and thus to avoid the proliferation of charitable initiatives to the detriment of their activity and effectiveness with regard to their stated goals.

**Art. 3.** - § 1. With regard to the preceding articles, it is understood that the competent authority at the respective levels is that indicated by canons 312 CIC and 575 CCEO.

§ 2. For agencies not approved at the national level, even though they operate in different Dioceses, the competent authority is understood to be the diocesan Bishop of the place where the agency has its principal office. In any event, the agency has the duty to inform the Bishops of other Dioceses where it operates and to respect the guidelines for the activities of the various charitable agencies present in those Dioceses.

**Art. 4.** § 1. The diocesan Bishop (cf. canon 134 § 3 CIC and canon 987 CCEO) exercises his proper pastoral solicitude for the service of charity in the particular Church entrusted to him as its Pastor, guide and the one primarily responsible for that service.

§ 2. The diocesan Bishop encourages and supports the initiatives and works of service to neighbor in his particular Church, and encourages in the faithful the spirit of practical charity as an expression of the Christian life and sharing in the mission of the Church, as indicated in canons 215 and 222 CIC and 25 and 18 CCEO.

§ 3. It is the responsibility of the diocesan Bishop to ensure that in the activities and management of these agencies the norms of the Church’s universal and particular law are respected, as well as the intentions of

the faithful who made donations or bequests for these specific purposes (cf. canons 1300 CIC and 1044 CCEO).

**Art. 5.** - The diocesan Bishop is to ensure that the Church enjoys the right to carry out charitable activities, and he is to take care that the faithful and the institutions under his supervision comply with the legitimate civil legislation in this area.

**Art. 6.** – It is the responsibility of the diocesan Bishop, as indicated by canons 394 § 1 CIC and 203 § 1 CCEO, to coordinate within his territory the different works of charitable service, both those promoted by the Hierarchy itself and those arising from initiatives of the faithful, without prejudice to their proper autonomy in accordance with their respective Statutes. In particular, he is to take care that their activities keep alive the spirit of the Gospel.

**Art. 7.** - § 1. The agencies referred to in Article 1 § 1 are required to select their personnel from among persons who share, or at least respect, the Catholic identity of these works.

§ 2. To ensure an evangelical witness in the service of charity, the diocesan Bishop is to take care that those who work in the Church's charitable apostolate, along with due professional competence, give an example of Christian life and witness to a formation of heart which testifies to a faith working through charity. To this end, he is also to provide for their theological and pastoral formation, through specific curricula agreed upon by the officers of various agencies and through suitable aids to the spiritual life.

**Art. 8.** – Wherever necessary, due to the number and variety of initiatives, the diocesan Bishop is to establish in the Church entrusted to his care an Office to direct and coordinate the service of charity in his name.

**Art. 9.** - § 1. The Bishop is to encourage in every parish of his territory the creation of a local *Caritas* service or a similar body, which will also promote in the whole community educational activities aimed at fostering a spirit of sharing and authentic charity. When appropriate, this service is to be established jointly by various parishes in the same territory.

§ 2. It is the responsibility of the Bishop and the respective parish priest to ensure that together with *Caritas*, other charitable initiatives can coexist and develop within the parish under the general coordination of the parish priest, taking into account, however, the prescriptions of Article 2 § 4 above.

§ 3. It is the duty of the diocesan Bishop and the respective parish priests to see that in this area the faithful are not led into error or misunderstanding; hence they are to prevent publicity being given through parish or diocesan structures to initiatives which, while presenting themselves as charitable, propose choices or methods at odds with the Church's teaching.

**Art. 10.** - § 1. It is the responsibility of the Bishop to supervise the ecclesiastical goods of the charitable agencies subject to his authority.

§ 2. It is the duty of the diocesan Bishop to ensure that the proceeds of collections made in accordance with canons 1265 and 1266 CIC and canons 1014 and 1015 CCEO are used for their stated purposes [cf. canons 1267 CIC, 1016 CCEO].

§ 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.

§ 4. In a particular way, the Bishop is to see that the management of initiatives dependent on him offers a testimony of Christian simplicity of life. To this end, he will ensure that salaries and operational expenses, while respecting the demands of justice and a necessary level of professionalism, are in due proportion to analogous expenses of his diocesan Curia.

§ 5. To permit the ecclesiastical authority mentioned in Article 3 § 1 to exercise its duty of supervision, the agencies mentioned in Article 1 § 1, are required to submit to the competent Ordinary an annual financial report in a way which he himself will indicate.

**Art. 11.** – The diocesan Bishop is obliged, if necessary, to make known to the faithful the fact that the activity of a particular charitable agency is no longer being carried out in conformity with the Church's teaching, and then to prohibit that agency from using the name "Catholic" and to take the necessary measures should personal responsibilities emerge.

**Art. 12.** - § 1. The diocesan Bishop is to encourage the national and international activity of the charitable agencies under his care, especially cooperation with poorer ecclesiastical circumscriptions by analogy with the prescriptions of canons 1274 § 3 CIC and 1021 § 3 CCEO.

§ 2. Pastoral concern for charitable works, depending on circumstances of time and place, can be carried out jointly by various neighboring Bishops with regard to a number of Churches, in accordance with the norm of law. When such joint activity is international in character, the competent Dicastery of the Holy See is to be consulted in advance. For charitable initiatives on the national level, it is fitting that the Bishop consults the respective office of the Bishops' Conference.

**Art. 13.** – The local ecclesiastical authority retains the full right to give permission for initiatives undertaken by Catholic agencies in areas of his jurisdiction, with due respect for canonical norms and the specific identity of the individual agencies. It is also the duty of the Bishop to ensure that the activities carried out in his Diocese are conducted in conformity with ecclesiastical discipline, either prohibiting them or adopting any measures needed in cases where that discipline is not respected.

**Art. 14.** – Where appropriate, the Bishop is to promote charitable initiatives in cooperation with other Churches or Ecclesial Communities, respecting the proper identity of each.

**Art. 15.** - § 1. The [Pontifical Council Cor Unum](#) has the task of promoting the application of this legislation and ensuring that it is applied at all levels, without prejudice to the competence of the Pontifical Council for the Laity with regard to associations of the faithful as provided for in [Article 133 of the Apostolic Constitution Pastor Bonus](#), the competence of the Secretariat of State's Section for Relations with States, and the general competences of other Dicasteries and Institutes of the Roman Curia. In particular, the Pontifical Council *Cor Unum* is to take care that the charitable service of Catholic institutions at the international level is always to be carried out in communion with the various local Churches.

§ 2. The Pontifical Council *Cor Unum* is also competent for the canonical establishment of charitable agencies at the international level; it thus takes on the responsibilities of discipline and promotion entailed by law.

I order that everything I have laid down in this Apostolic Letter issued *Motu Proprio* be fully observed, notwithstanding anything to the contrary, even if worthy of particular mention, and I decree that it be promulgated by publication in the daily newspaper *L'Osservatore Romano* and enter into force on 10 December 2012.

*Given in Rome, at Saint Peter's, on 11 November, in the year 2012, the eighth of my Pontificate.*

**BENEDICTUS PP. XVI**

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# Appendix C: Kinshasa Documents

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## **Excerpts from the Presentations Given at The Caritas-Africa Meeting, Kinshasa, Democratic Republic of the Congo, 19-22 November 2012**

*Editor's Note: Coincidentally, on the very days, 19-22 November 2012, that we, Population Research Institute, were in Antananarivo, the capital city of Madagascar, speaking to representatives of USAID, CRS, CARE, PSI, and RTI about Catholic and Government charity, African bishops and African presidents of Caritas organizations had assembled in Kinshasa, Democratic Republic of Congo, to talk about the same thing. Archbishop Odon Razanakolona (Antananarivo, Madagascar), president of Caritas-Madagascar, had actually returned from that gathering just a week before our meeting with him on 3 December 2012 in his office in the capital. He brought up the Kinshasa meeting – which we had not known about – in the course of our discussion of the relations between the bishops of Madagascar and Catholic Relief Services/bishops of the USA. He obviously thought that the holding of that meeting, and what was discussed there, both officially and “on the sidelines,” was very relevant to our discussion, and was an important step in the possible evolution of the relations between “Caritas sister organizations” of the “North” and the “South,” and between the bishops of those two “blocs.” Note the references in the final statement of the Kinshasa meeting to “South-South self-help” – the African bishops were for it – and to the mode of operation in African countries of “Northern Caritas organizations – the African bishops were against it.*

*When, a few days after our meeting with the president of Caritas-Madagascar, we spoke with Fr. Abel Andriambolotina, the secretary-general of that organization, about his relations with CRS and the U.S. government and he, too, referred to the importance of the assembly of African bishops which had just taken place in Kinshasa, and provided us with a number of documents from that meeting.*

*Below are some relevant excerpts from those official documents. Unless otherwise indicated, the translation from the French are our own, as are the italicized comments in brackets that we have inserted at several points for purposes of clarity.*

*We have over 100 pages of materials in French from the Kinshasa conference. We chose to translate the speeches, in whole or in part, of the most relevant presentations: The African bishops responsible for the national Caritas organizations in their countries, the bishop who serves as the president of Caritas-Africa, and Cardinal Robert Sarah of Cor Unum.*

**Meeting of Bishop-Presidents of the Episcopal Conferences [in Africa]  
and of [Bishops Responsible for the National Offices of] *Caritas* in Africa**

**Theme: The Identity and Mission of *Caritas* in the Light of the Encyclical,  
“Deus Caritas Est”**

**Kinshasa, Democratic Republic of Congo  
20-22 November 2012**

**From the speech of Bishop Francisco João Silota, Chimoio, Mozambique, president of *Caritas-Africa*:**

...We have come here [*to Kinshasa*] so that, in all fraternity, we can reflect collegially on the identity and the mission of *Caritas* in light of the encyclical [of Pope Benedict XVI], “Deus Caritas Est.”

Indeed, if in the course of our reflections we allow ourselves to be inspired by the message of that encyclical, we will realize that in it is contained the essential of what we are seeking to obtain. Let us take the case of “identity.” The pope says: “For the Church, charity is not a kind of welfare activity [*the official French translation of the encyclical has:* “*a kind of social-service activity*”] which could equally well be left to others, but is a part of her nature, an indispensable expression of her very being.” (“Deus Caritas Est,” 25) ...

If we agree that the words of the encyclical “Deus Caritas Est” can enlighten us in our search for an identity and a mission for *Caritas* in Africa, then we must also accept the implication that that gives rise to. It means that we should change our manner of acting at the level of *Caritas*. We [*the bishops in Africa*] must move beyond concepts and adopt the means that will take us to the practical implementation [*of those concepts*]; we should move from a distant involvement in the organizations of charity of the Church to a personal involvement within these organizations; we should stop considering *Caritas* as a supplemental institution of the Church of which we must bear the burden, and change our attitude towards *Caritas* by taking it upon ourselves, by incarnating it, by appropriating it. [*Emphasis in original.*]

But here, I am saying nothing new. For, in the report of the Seventh Regional Conference [*of Caritas-Africa*] it is written: “Thus, in order to assure the appropriation of *Caritas* by the local Churches, *Caritas-Africa* should organize programs of animation and awareness at all levels (bishops, priests, laymen and people of good will) based on the social doctrine of the Church that one can find in the “Compendium of the Social Doctrine of the Church” and which has been reinforced by the encyclical “Deus Caritas Est.” In 2006 there was already this strong awareness on the part of *Caritas-Africa* at the Sixth Regional Conference of Libreville, Gabon. Unfortunately, this idea of the APPROPRIATION [*all-caps in original; the French conveys “ownership,” “taking of control”*] of *Caritas* by the local Churches, which would have been a tool for the progressive advancement of the African region, has not been able to be realized! It has remained in the world of pious wishes! Would this meeting in Kinshasa not be the ideal

occasion to reflect, in practical terms, on the way that this child, born in Libreville, could be brought up and put at the service of the whole continent, going everywhere, encouraging the poor and those who suffer to learn the ways and means through which they can become actors in their own liberation?

Your Eminences, Excellencies, Monsignors, Reverend Fathers and Sisters, and all of you present here, permit me to leave you with a cry of hope for our maternal Land: “AFRICA, ARISE AND WALK!” (*Africae Munus*, 148-149)

**From the opening speech of welcome of Cardinal Robert Sarah, president, Pontifical Council *Cor Unum*:**

I am happy about and thank you for the privilege that you have given me to address this word of welcome on the occasion of this meeting organized jointly by our dicastery and Caritas-Africa. [The meeting] brings together the bishop-presidents of episcopal conferences and the bishops responsible for the national *Caritas* offices. . . .

It is our great wish that this meeting address itself in a very special way to the bishops. For if the bishop is responsible generally for the pastoral action of the Church, he is particularly responsible for the pastoral action of charity. Since my arrival at *Cor Unum*, I have understood the importance of emphasizing and insisting on this responsibility of the bishop [*meaning “the bishop in his diocese”*] in the exercise of charity. I thank *Caritas-Africa*, and notably its president, His Excellency the Most Reverend Msgr. Francisco João Silota, who shared with me the concern for once again making central and again making precise this episcopal *munus [service]* of the diaconate, and who has worked in a decisive way for the organization of this meeting. I thank all of you who have responded graciously to this invitation which permits us to experience episcopal communion around the encyclical “Deus Caritas Est,” an event which – I think – is a first.

The theme chosen for this meeting is fundamental to helping us to understand, today, who we are and what the meaning of our work is, in the face of the numerous challenges, often immense, that the charitable mission of the Church must confront. . . .

Our dicastery *Cor Unum*, that is, “one heart,” takes up the words that the New Testament uses to define the primitive Church: “Now the company of those who believed were of one heart and soul, and no one said that any of the things which he possessed was his own, but they had everything in common.” (Acts 4:32) In this company of believers, that is, in this primitive Church, the heart of which it is spoken must be understood as an impulse of profound communion of spirit and sentiment which has as its origin our belonging to Christ, for as Saint Paul says: “All is yours; and you are Christ’s, and Christ is God’s.” (1 Corinthians 3:22-23). That gives a color, a very specific form to the charitable action of the Church, for in saying “cor unum” we don’t mean to merely express good human feelings or a kind of philanthropy, but the need to love, because at the origin was the personal and intimate encounter and experience with Christ lived in faith, hope, and charity. Thus, at the source of all pastoral action is Christ. This is why the Church, if She wants to preserve the Christian identity of the charitable mission, will have to constantly fix Her gaze on Him. . . .

The third aspect [*of the mission of Cor Unum*] that I would like to underline is that our Pontifical Council has the task of promoting a catechesis of charity. This catechesis of charity has very great implications. An increasing number of persons and organizations, even international, are involved in humanitarian problems. That is why it is necessary to insist on the origin, the motivations, and the characteristics of the charitable mission of the Church. *[That is to say, many non-Catholic actors are involved in “humanitarian” work, so if the Church is also going to be involved in “humanitarianism” -- and call it that -- She needs to make clear that Her “humanitarianism” is different from that of the world, and is motivated by the love of Christ. It would be better to outright reject the appellation “humanitarian” and simply call it “charity,” as it has always been called.]*

We must also understand that the charity of the Church is a great force for witness: It is the privileged route for the proclamation of the God of Love who is made manifest through the brilliance of the beauty of heart in the actions of compassion, of communion, and of love of the disciple of Christ. It doesn't aim only at social progress or the improvement in the material living conditions of people, but it seeks to bring men close to God, to the source of all good. It permits the light of Christ to enter the world. Our meeting here will have to examine these themes, to deepen them, and to put them in practice in the wake of the recent synod on the “New Evangelization for the transmission of the Christian faith,” with special regard for our African continent which, though tested by numerous poverty, possesses numerous rich resources. ...

**From the main presentation of Cardinal Robert Sarah, president, Pontifical Council *Cor Unum*, on “The Identity and Mission of *Caritas* in the light of ‘Deus Caritas Est’”:**

After Vatican Council II, of which we have just celebrated the 50<sup>th</sup> anniversary, a wind of enthusiasm blew through the Church: It was about creating a new world, a new Church with new challenges and a new way to propose evangelization.

You know that the reception of the Second Vatican Council has been difficult and still today diverse interpretations of the spirit of the Council persist, allowing ambiguities to continue to exist. There was much emphasis on the Church as “People of God.” However, the Second Vatican Council was not only an ecclesiological council. Vatican II spoke first and particularly of God, not only in the interior of Christianity, but in addressing itself to the whole world; it spoke of the God Who is the God of all, Who saves them all and is accessible to them all. ... The crisis of the Church, as it is reflected in the interpretation of the concept of the “People of God,” has become a “crisis of God”: This crisis of the Church is the consequence of this abandonment of the essential reference to God: It is now only a fight for power. But can we really limit the action of the Church to a horizontal action, political and worldly? What is the true purpose of the Church? It is clear that the Church does not exist for herself, but she is an instrument of God to unite men in Christ. The Church must not speak principally about herself, but of God. ... And the Church which exists only for herself no longer has any meaning. One would have arrived at a socialization of the Church. One could then ask what Her mission is. Does it come down to a fight for power?

In the 1970s we saw rising in the Church an increasingly lively attention to everything that concerned social questions. At the same time, Western culture was shaken by waves of protest. I am thinking of May 1968, of the sexual revolution in the United States, of the growing importance of Marxist doctrines, all of which question the models of the

past. ... We find ourselves confronted with a systematic and radical refusal of all that was. ... The consequences of this erroneous hermeneutic have been really painful: liturgical and theological deviations, and, as for what concerns us here more particularly, the hope of salvation found itself reduced to a temporal messianism, and the understanding of Christian life to a form of humanitarian engagement. Many missionaries have practically abandoned evangelization and become invested exclusively in development, human promotion, and the fight to “eliminate poverty.” Many social actions have been undertaken, often inspired by dialectics which do not correspond to the originality of the Christian message.

Another type of secularization has also seen the light. In this period of globalization, of dreams of a global village, a collection of values – I’m thinking of justice, peace, the protection of the planet, individual rights – appear to constitute the essential message of the Church. These values in themselves are just and desirable. “But who can guarantee for us the truth of these values as they are proposed today?” [Cardinal Ratzinger on *Lumen Gentium*, 27 February 2000] It is sufficient to observe the interpretation that is being given of the rights of man, the attention given to anthropology, to the mystery of life, to realize that ideologies have taken hold of them.

### **The identity crisis of the charitable mission of the Church:**

The charitable mission of the Church also found itself caught up in this upheaval, to the point that Pope Paul VI, already warning that certain misunderstandings and deviations were undermining a correct ecclesial understanding of charity, reaffirmed that Christ was the sole dimension of the charitable witness and that the proclamation of the Gospel was an integral part of the Church’s charitable activity. ...

Pope John Paul II, in his turn, from the beginning of his ministry, underlined the link between the Gospel and charity in asking to situate well “the integral promotion of man in the context of evangelization.” ...

The task that the Holy Father confided to me two years ago, at the head of the Pontifical Council *Cor Unum*, makes me a privileged witness of the joys but also of the difficulties and challenges confronting the Church’s charitable action in a context that is different from that of the post-conciliar Church. Society is experiencing an international economic crisis without precedent which affects the social domains in a special way and obliges the Church to take up very important challenges. It is a grave crisis which has anthropological, ethical, cultural, and spiritual dimensions which affect man in his identity and his essence. It must be admitted that religious indifference, secularization, atheism, religious and ethical relativism, the new ideologies in our society feed and inspire in spite of everything a life lived “as if God did not exist.” (John Paul II, encyclical *Christifideles Laici*, N. 34) And even among the baptized and the disciples of Christ, there is something like “a silent apostasy,” a rejection of God and of the Christian faith in politics, the economy and present-day Western culture. ... These ideologies are spread today by extremely influential and financially powerful groups [*like USAID and its surrogates*] which hide themselves under the appearances of international service. This power is increased by the phenomena of globalization which unites all the financial markets of the world and renders them interdependent, marginalizing the rightful autonomies of sovereign nations. ...

All of that applies also to Africa. Although a young continent, she is exposed to this mentality which promotes a very particular vision of man and of development, in such a way that the charitable action of the Church, in its turn, finds itself confronting this diffuse cultural climate, especially when she deals with the international organizations of humanitarian aid [*e.g.*, CRS], both in the context of cooperation and in the context of the financing of projects.

This is why it has seemed to me important to put forward “the constitutive elements that form the essence of Christian and ecclesial charity” (“Deus Caritas Est,” 31) and to refocus our reflection on the identity of the charitable action of the Church and on the responsibility of the bishops, in the light of the encyclical “Deus Caritas Est,” a document which, in these last years, has become without question our road map. This encyclical, which opened the pontificate of Benedict XVI, deals with the exercise of ecclesial charity by linking it directly with the Church, to the incarnation of the Son of God, and to the Trinitarian God. It emphasizes a vertical vision of the Church which has its origin and its end, the identity of its works, and its charitable mission solely in the Trinitarian God. The Church is the moon which transmits the light and the love of God. And I would like to say, right here and now, that the Christian values and the ecclesial identity of the charitable action of the Church are not negotiable! *They must refuse any ideology contrary to the teaching of God transmitted by the Church and categorically reject all financial aid which imposes ideological conditions opposed to the Magisterium.* [italics added] To do that, we must awake to a more lively awareness of the nature of the charitable action of the Church, its specificity, and grow in our responsibility as Christians and in our mission in the service of Love. . .

The expression used by the Holy Father [*in “Deus Caritas Est”*] to define the service of charity seems to me very important: ***a true spiritual ministry.***

The ministry consists in participating in the mission, the service, and the dignity of Christ as Envoy of the Father and Servant of men, for he came to serve and not to be served. And “participate” means to be in a certain sense an instrument, and to forbid to oneself any pretension of being “next to,” or source of, or end of what one serves. That means that our charitable organizations and, in particular, the *Caritas* organizations, are not autonomous or self-referential, but take part in the spiritual ministry of the Church, *firmly united to the local bishop and to the local Church* [emphasis added].

As the essence of the Church consists in *tria munera* [*three services: evangelizing, celebrating (the liturgy), and the service of charity*], she cannot exempt herself from exercising charity. She will, however, be careful that the specific expressions of ecclesial charity are not confused with the activity of the State, even if it remains true that “charity must animate the entire existence of the lay faithful, including their political activity, lived as ‘social charity’” (“Deus Caritas Est,” 25). It must be clear to all that “*the charitable organizations of the Church constitute (...) the ‘opus proprium’ of the Church, that is, a task proper to Her nature, in which (She) the Church is not cooperating in a marginal way, but in which She acts as a directly responsible subject, doing what corresponds to her nature*” (“Deus Caritas Est,” 29). [Note that many African Catholics, clergy and laymen alike, rightly view CRS as chiefly operating as an agent of the government of the United States.]

## The Responsibility of the Bishops in the Exercise of [Charitable Service]

1. The first responsibility of each pastor as concerns charity consists in exhorting the faithful to fully live their Christian lives and to put in practice the commandment of Christ: “Love one another as I have loved you” (John 15:12) in such a way that they perceive the necessity and the practical applications of charity. In this regard I think of the laity who, like Frédéric Ozanam, have founded charitable organizations, in this case the Societies of Saint Vincent de Paul.
2. It is clear that the bishop cannot alone preside over this service of charity, for love also “needs to be organized if it is to be an ordered service to the community” (“Deus Caritas Est,” 20). It is in this ordered service that we discover the role of the diocesan *Caritas*. *Its particularity consists, unlike the other organizations of lay groups or religious congregations, in being the official organ of the bishop for the service of charity.*

...Through the institution of the seven deacons [*in the apostolic Church*] dedicated to the service of the tables, we find ourselves in a certain way in front of the first organization of official charity of the Church. This episode can serve as an example to understand what the diocesan *Caritas* organizations are.

Thus, in virtue of its origin and its nature, every *Caritas* is linked more closely to the pastors of the Church and as such is called “to share in collaboration with the ecclesiastical hierarchy the mission of the Church to manifest, through lived charity, this love of God Himself.” (Decree of 2 May 2012) ...

What are the domains relative to charitable activity which, today, require on the part of the bishops a particular attention?

First, it is a question of defining well the nature of charitable action so that it is not transformed into a political or purely social or humanitarian action. The true meaning of Christian charity does not come from an injustice or an external factor such as that of the violation of the fundamental principles of the dignity of the human person by the State or any other instituted power. The service of charity is born from the personal encounter with the love of Christ which, in the faith, moves us generously and *freely* [*emphasis added*] towards the most disadvantaged so as to give witness to the Trinitarian love.

The great danger consists in believing that the objective of the charitable mission of the Church is to reform society, to fight for a more just or more democratic society. ... But fundamentally, it belongs to the State to deal with social questions; that is not the immediate responsibility of the Church. ...

Today, however, the political issue is to know how to situate oneself in connection with the international United-Nations-type organizations [*e.g., USAID*] and with the ideologies which they spread. For, although recognizing their importance, the Church does not depend on the slogans or the campaigns of the big international organizations. ...

We can thus not let ourselves be absorbed by those [*like USAID*] who, with powerful means – financial, of the mass-media, and of a great manipulative capacity – want to

spread, under the cloak of a so-called progress and of the vision of an allegedly universal man, a philosophy of rights that we cannot accept.

...The personal relationship with God, prayer, and the frequenting of the sacraments is thus essential in order that those who work in the charitable organizations of the Church can be true witnesses of the love of Christ and will not fall into activism or secularism.

...To sum up, it is important that charitable activity be truly an ecclesial activity, an evangelizing mission which brings to man the love of God, before being a social activity.

#### **From the speech of Bishop Emmanuel Badejo Ade (Oyo, Nigeria):**

Mother Teresa made the distinction between the motivation for doing good of her Sisters and the motivation of the world. She said that “the others do good because of *something*, but we do good because of *someone...*” That is a huge difference. It must be even more so in Africa, where the Church is “The Family of God on mission.” The work of *Caritas* will always mean going against society, being a sign of contradiction in a world which is further and further removed from God by the forces of secularization and of indifference. [*The Caritas organizations of the North, chief among them CRS, most definitely do not seek to be a “sign of contradiction” to society and to the world. On the contrary, CRS seeks to blend into the NGO universe, and to cooperate as closely as possible with its chief source of funds, USAID.*]

#### **From the presentation of Archbishop Paul Y. Ouedraogo, Metropolitan Archbishop of Bobo-Dioulasso, Burkina Faso and the President of *Caritas-Burkina Faso*.**

The exercise of charity in pastoral work [*consists of*]: the bishop and his *Caritas*, relations between diocesan *Caritas* offices and national *Caritas* offices, relations with other pastoral structures of the social mission; *Caritas-Africa* and *SCEAM [Symposium of Episcopal Conferences of Africa and Madagascar]* “a body comprising all of Africa’s episcopal conferences.

Doctrinal Principles: “Charity is at the heart of the Church's social doctrine. Every responsibility and every commitment spelt out by that doctrine is derived from charity which, according to the teaching of Jesus, is the synthesis of the entire Law (cf. Mt 22:36- 40).” [*Quoting from Benedict XVI's encyclical, “Caritas in Veritate”*]

What is at stake here is communion and unity in the Church, the family of God, and the ecclesial identity of *Caritas*, which must not be confused with a mere humanitarian NGO. It is really the bishops who are responsible for this Communion and this Unity which must be constructed and protected against all of the financial influences (Partners). [*It is clear from our interviews that Catholic officials and bishops see CRS in particular as one of those “financial influences” against which the African bishops and the African Caritas organizations must “protect themselves”*]

The bishops [*of Africa*] are the best positioned to understand and solve the ecclesiological problems confronted within the *Caritas* network, notably the problem of subsidiarity between Sister-Churches. The final decision belongs to the ones who are affected.

The provision of financial and technical assistance is not a sufficient reason to replace those who are affected on the ground [*les concernés sur le terrain*], nor to oblige them to go in a direction contrary to their aspirations, to their values, or to their integral development.

**From the “Final Declaration” [English translation as provided on Caritas-Africa website]:**

In a global context characterized by a dangerous growth of contemporary theories and ideologies questioning the vision of the human person created in the image and likeness of God, we approve the theme of this meeting and find it most appropriate.

Following the various communications, exchanges and sharing of experiences, we reaffirm that the exercise of charity belongs to the very nature of the Church and is an integral part of its mission. It must therefore be carefully organized socially and pastorally in the same way as the other pastoral pillars that are the proclamation of the word and the liturgy. It is placed under the authority of the Bishop. *[This phrase always means the local Bishop-in-His-Diocese. It emphatically does not mean humanitarian endeavors carried out by a CRS-type of organization nominally under the authority of a foreign bishops' conference.]*

In fact, “The Church's deepest nature is expressed in her three-fold responsibility: of proclaiming the word of God (kerygma-martyria), celebrating the sacraments (leitourgia), and exercising the ministry of charity (diakonia). These duties presuppose each other and are inseparable. For the Church, charity is not a kind of welfare activity which could equally well be left to others, but is a part of her nature, an indispensable expression of her very being.” (*Deus Caritas Est*, 25 a)...

### **III. COMMITMENTS**

**1.** We reaffirm the Trinitarian, ecclesial and spiritual dimensions of *Caritas*, and we recognize the importance of the Diocesan *Caritas* as an instrument for the Bishop to organize his pastoral charity.

We are committed to strengthening our communion as respective church pastors and to working for more harmony and coordination between our Diocesan *Caritas* and our National *Caritas*. We shall also continue all help and mutual capacity-building-initiatives in a spirit of Christian solidarity and South-South self-help.

**2.** We are more than ever aware that the exercise of charity is a constitutive dimension of evangelization and of the need to convert ourselves and to convert the entire ecclesial community to the service of the poor.

### **IV. RECOMMENDATIONS**

...

**2.** *Caritas* staff must be trained on the theological and spiritual dimensions of Christian charity. The staff must combine professionalism with the formation of the heart (cf. Deus *Caritas Est* 31a). To this end, we will ensure their spiritual accompaniment.

- 3.** *Staff working in our socio-charitable organizations must adhere totally to such Catholic doctrine as formulated by the Magisterium of the Church. [Emphasis added.]*
- 5.** *The Catholic agencies of sister Churches, and in particular Caritas organizations, who assure us of the communion of their Churches and of their people, must scrupulously respect our values, our cultures, our anthropological beliefs and our pastoral orientations. [Emphasis added.]*
- 6.** The commitment of our respective Churches alongside the poor is well known. It is unacceptable that we are sometimes offered help with conditions that humiliate us and infantilize us. We invite one and all to show us their Christian solidarity in a spirit of cooperation and fraternal communion. *[The word, “infantilize,” was used on several occasions by Catholic officials in Madagascar, and particularly by Archbishop Razanakolona.]*
- 7.** The opening in our countries of offices by some sister *Caritas* organizations from Northern countries poses problems when they come to compete with our own *Caritas* [organizations], undermining or discrediting them. We encourage all our Episcopal Conferences to verify the existence of memoranda of understanding and to revisit those signed many years ago with the Northern *Caritas* organizations that are in our countries in order to evaluate them and make necessary adjustments. *[While this complaint about the “undermining” and “discrediting” of local African Caritas organizations is laid at the feet of “sister Caritas organizations” of “the Northern countries,” it chiefly refers to CRS.]*
- 8.** We heard testimony of harmonious cooperation with some of these organizations in some countries. We welcome these achievements and we express our gratitude to the many *Caritas* members from abroad who bring us their generous support in our ministry of Charity. We salute the memory of all the martyrs of charity, including many missionaries, who have sacrificed their lives in the course of relief operations at home and elsewhere in the world. *[Note the careful wording here: “...with some of these organizations in some countries.” Some might say that this is sometimes known as “damning with faint praise.”]*
- ...
- 10.** We call upon our representatives in governing bodies of the Confederation to convey our concerns at this level and to draw the attention of other members of the *Caritas* family.

# Bibliography

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- Benedict, X.V.I. Motu proprio Intima Ecclesiae Natura" (11 November 2012).
- Burley, Natasha. "MAHEFA- Community-Based Integrated Health Program." *USAID Madagascar*. USAID, n.d. Web. 23 Aug. 2013.
- Burley, Natasha. "M-CHIP: Maternal and Child Health Integrated Program." *USAID Madagascar*. USAID, n.d. Web. 23 Aug. 2013.
- Burley, Natasha. "RANO-HP: Rural Access to New Opportunities for Health and Prosperity." *USAID Madagascar*. USAID, n.d. Web. 23 Aug. 2013.
- Burley, Natasha. "RANON'ALA: Rural Access to New Opportunities for Health and Water Resource Management Project." *USAID Madagascar*. USAID, n.d. Web. 23 Aug. 2013.
- Burley, Natasha. "Santénet." *USAID Madagascar*. USAID, n.d. Web. 23 Aug. 2013.
- "CARE's 2012 Online Annual Report." *CARE's 2012 Online Annual Report*. CARE, n.d. Web. 23 Aug. 2013.
- Council, Second Vatican Ecumenical. "Dogmatic constitution on the Church." *Lumen gentium* 1.9 (1964): 48.
- "Global Health Projects: Madagascar." *RTI International: Global Health Projects Madagascar*. RTI International, n.d. Web. 22 Aug. 2013.
- Grisez, Germain. "The Church Betrayed?" Web log post. *Catholic World Report*. N.p., 17 Apr. 2011. Web. 27 Aug. 2013. <[http://www.catholicworldreport.com/Item/374/The\\_Church\\_Betrayed.aspx](http://www.catholicworldreport.com/Item/374/The_Church_Betrayed.aspx)>.
- JSI Home Page." *Public Health Consulting*. JSI, n.d. Web. 23 Aug. 2013.
- "Madagascar- Social Franchise Case Study." *PSI Publication Files*. Population Services International, n.d. Web. 23 Aug. 2013.
- "Madagascar." *Data Finder*. Population Reference Bureau, n.d. Web. 23 Aug. 2013.
- "Madagascar." *The World Factbook*. Central Intelligence Agency, n.d. Web. 23 Aug. 2013.
- "Making Health Care Accessible to the People of Madagascar." *RTI International*: RTI International, n.d. Web. 22 Aug. 2013.
- "Member Association: Madagascar." *IPPF Africa Region*. International Planned Parenthood Federation, n.d. Web. 23 Aug. 2013.
- Piereson, James. "How Big Government Co-Opted Charities." *The Wall Street Journal* 18 July 2013: A15. *The Wall Street Journal*. 17 July 2013. Web. 27 Aug. 2013.  
<<http://online.wsj.com/article/SB10001424127887324021104578553093991335514.html>>.
- "ProFemina | CHMI." *ProFemina / CHMI*. Center for Health Marker Innovations, n.d. Web. 22 Aug. 2013.

"RANO HP (Rural Access to New Opportunities for Health and Prosperity." *RANO HP*. CARE, n.d. Web. 23 Aug. 2013.

"Salama - Acceuil." *Salama - Acceuil*. Centrale D'Achats De Médicaments Essentiels Et De Matériel Médical De Madagascar, n.d. Web. 23 Aug. 2013.

"Salfa." *Salfa*. Sampan'Asa Loterana Momban'ny FAhasalamana, n.d. Web. 23 Aug. 2013.

Secretary of State. "Executive Budget Summary- Fiscal Year 2014." *USAID*. Secretary of State, n.d. Pdf. 22 Aug. 2013.

"State and USAID - FY 2013 Budget." *U.S. Department of State*. U.S. Department of State, 13 Feb. 2012. Web. 22 Aug. 2013.

"USAID History." *U.S. Agency for International Development*. USAID, June-July 2013. Web. 22 Aug. 2013.

"What We Do-Family Planning." CARE, n.d. Pdf. 23 Aug. 2013.

"Work That Matters- Annual Report 2012." RTI International, n.d. Pdf. 22 Aug. 2013.

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