Catholic Relief Services and Sister to Sister

The Lepanto Institute collected on-line documentation of a CRS program in Kenya called Sister to Sister (S2S) which encouraged condom-use. CRS implemented Sister to Sister under a PEPFAR program entitled AIDSRelief.

According to the PEPFAR's *Operational Plan Report for Kenya FY 2012*, CRS was responsible for implementing Sister to Sister as a pilot program in Kenya.[i] Page 209 of the PEPFAR document reads:

> "CRS will expand HIV prevention services to include evidence based behavioral interventions (EBIs) … the EBIs will include … Sister to Sister (S2S)."

Later on the same page, the PEPFAR report explains the content of the Sister to Sister program:

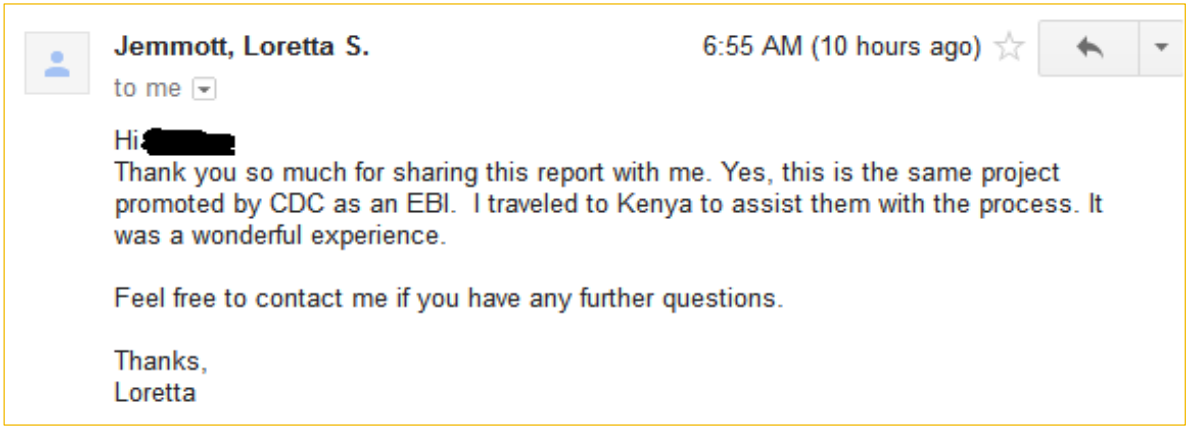
> "S2S is a 20 minute individual level intervention that targets women of reproductive age that focuses on self efficacy, safer sex negotiation skills and condom use. Condoms ate 80% effective in heterosexual relationships with used correctly and consistently."

Page 210 of the PEPFAR document explains CRS' precise role in the implementation of Sister to Sister:

> "CRS will reach 24,273 (60%) PLHIV [people living with HIV] in FY 2012 and 35,845 (70%) in FY 2013 with a minimum package of PHPD [Positive Health, Dignity and Prevention]. It will implement S2S EBI on a pilot basis.
>
> … "Monitoring of PHDP and S2S will be done through the review/input of CRS implementation plan …"

A report published by the US Centers for Disease Control (CDC) stated that Sister to Sister was "adopted by the HIV Prevention Team at CDC-Kenya to be adapted for diffusion in medical and health facilities throughout Kenya." It also stated that the program was developed by Drs. Loretta and John Jemmott.

The Lepanto Institute contacted Dr. Loretta Jemmott to determine whether the Sister to Sister program mentioned in PEPFAR's *Kenya Operational Plan Report FY 2012* was the same one she designed. The following is a screen capture of her emailed response:



Jemmott, Loretta S. 6:55 AM (10 hours ago)

to me

Hi[redacted]
Thank you so much for sharing this report with me. Yes, this is the same project promoted by CDC as an EBI. I traveled to Kenya to assist them with the process. It was a wonderful experience.

Feel free to contact me if you have any further questions.

Thanks,
Loretta

All statements, documents and photographs are available on the investigation website: http://pop.org/content/kenya-examination.

According to the CDC's evaluation guide for the program, there are seven core elements which "must be done and cannot be changed." The CDC defines core elements as "Core elements are those parts of an intervention that must be done and cannot be changed. . . Care elements are essential and cannot be ignored, added to, or changed."[ii]

The following is a screen capture of the first four of the seven core elements of the Sister to Sister program.

TABLE 1: CORE ELEMENTS OF SISTER TO SISTER

Content Core Elements

1. Bolster three outcome expectancies regarding condom use.
   (a) Prevention outcome expectancy (the perception that condoms prevent HIV/STIs)
   (b) Sexual pleasure outcome expectancy (the perception that condoms interfere with sexual pleasure)
   (c) Partner reaction outcome expectancy (the perception that their partner will hit them, leave them, or find another woman)
2. Teach, demonstrate, and practice negotiation and refusal skills.
   (a) Teach negotiation, refusal, and reframing skills using the 4-step SWAT Negotiation Strategy to respond to partner's negative reaction towards condom use.
   (b) Practice negotiation, refusal, and reframing skills through role-play activities.
3. Condom use demonstration (2-step procedure)
   (a) The health care provider teaches condom use skills by demonstrating how to use a condom on an anatomically correct penis model.
   (b) The client demonstrates and practices the skill on the same model.
4. Build self-efficacy to empower the women to want to be safe sexually.
   (a) Incorporate the theme, "Sister to Sister Respect Yourself Protect Yourself Because You Are Worth It" throughout the intervention.
   (b) Incorporate positive reinforcement, support, and constructive feedback in all intervention

CONCLUSION

PRPFAR's document, *Kenya Operational Plan Report FY 2012*, clearly and carefully explains CRS' role in implementing Sister to Sister as a pilot program in Kenya. The document also establishes that monitoring of the progress of Sister to Sister is done through the review and input of CRS' implementation plan. Furthermore, Dr. Loretta Jemmott, one of the co-creators of Sister to Sister, not only verified that the Sister to Sister program found on page 209 of the PEPFAR document is the very same one she helped create, but said that she "traveled to Kenya to assist them with the process."

After initially inquiring with CRS about some of the programs discovered in the PEPFAR document, and CRS' response that PEPFAR made a mistake and has since "corrected" the document, we find that page 209 no longer mentions Sister to Sister, while references on page 210 remain. Given that CRS' involvement with Healthy Choices 2 is well established, and the public record was also falsified, effectively hiding this fact, we find that a similar suggestion about a "mistake" on PEPFAR's part with regard to Sister to Sister, especially with Dr. Jemmott's testimony, stretches credibility beyond its breaking point.

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[i] *Kenya Operational Report,* PEPFAR. U.S. v3.8.8.16.2012.

[ii] *Sister to Sister Evaluation Field Guide.* CDC. September 2008.