

Market share of Faith Based Organizations (FBOs) in the health care of developing countries

Annotated Bibliography

Introduction by Doug Fountain, Executive Director, CCIH

How much health care is provided by faith-based organizations in low- and middle-income countries? It's very difficult to answer with a concrete number. Previous studies have focused on general health services, HIV services or other specialized services. The answer seems to be different across regions and geographies. The answer depends whether the indicators used are health expenditures, number of hospitals, number of general facilities, number of beds, or number of community health workers or projects. Estimates may entirely miss the contribution of technical NGOs that provide services under grants or contracts. For example, refugee health programs may not always be rolled up in estimates of health care within a country. In some countries, the lines blur between government and faith based organizations – especially where there are state sanctioned religions.

Christian Connections for International Health has previously stated that a “substantial” amount of health care is provided in low- and middle-income countries. This also seems to under represent the importance of this vital sector. For example, the Africa Christian Health Association Platform (ACHAP) is an umbrella for 42 Christian Health Associations in 30 countries. ACHAP member networks provide as much as 70% of health care in some of those countries. The Chair of ACHAP has stated that ACHAP members include around 5000 health facilities. They are, in some cases, managing very large public and private health care grants. (source: personal communication, Peter Kwame Yeboah, Executive Director of the Christian Health Association of Ghana and Chair, ACHAP).

CCIH will continue to advance our collective understanding of the unique value and role of faith-based health agencies. CCIH commissioned an intern to prepare the following literature review in this area. There are some new insights from this review. While CCIH is not representing this as a fully exhaustive review, the sources that follow may provide additional information for those who seek deeper understanding of faith-based health services. We look forward to comments and suggestions to improve our shared understanding.

Doug Fountain, Executive Director, CCIH

Brief Summary:

This Annotated Bibliography is a summary of 20 scholarly articles focused primarily on “Market share of Faith Based Organizations (FBOs) in the health care of developing countries.” The first 17 sources used (1-17) are directly related to global health, while the last 3 sources used (18-20) were included but are not directly related to global health. The sources gathered were within the last 6 years (2012 – 2018), and the database source includes: PLoS One; Review of Faith & International Affairs; Healthcare; Politeja; Humanomics; The Lancet; Australian Journal of Social Issues; Journal Of The Association Of Nurses In Aids Care; HTS Teologiese Studies/Theological Studies; The Journal of Pan African Studies; International Journal of Gynecology and Obstetrics; Voluntas; Sociology of Religion; Review of Faith & International Affairs; The International Journal of Sociology and Social Policy; African Journal of Primary

Health Care and Family Medicine; Progress in Development Studies; The Journal of Culture & Agriculture; and Koers. The key words used in the search were: Market shares; Faith Based Organizations; Developing Countries; Healthcare; Health.

Annotated Bibliography:

1. **Haakenstad A, Johnson E, Graves C, Olivier J, Duff J, Dieleman JL. Estimating the development assistance for health provided to faith-based organizations, 1990–2013. *PLoS One*. 2015;10(6):1-14. doi: <https://dx.doi.org.ezproxy.liberty.edu/10.1371/journal.pone.0128389>**

Summary: In this article, the authors talk about the role of Faith Based Organizations (FBOs) and its impact on global health. This research focuses on one component of funding for FBOs: development assistance for health (DAH). DAH is defined as financial and in-kind contributions from global health institutions that aim to improve health in developing countries. The top five FBOs by DAH expenditure are Food for the Poor, MAP International, the Catholic Medical Mission Board, Catholic Relief Services, and Feed the Children. These organizations spend more in Latin America and the Caribbean and sub-Saharan Africa. Data analysis from 1990 to 2010 show that FBOs made up 26.0–32.6% of all NGOs, most of which (95.8%), were US-based. In comparison to secular NGOs between 1990-2013, the expenditure rate by FBOs has been on a steady incline. The largest share of FBOs DAH goes to HIV/AIDS.

2. **Wodon Q, Olivier J, Tsimpo C, Nguyen M. Market share of faith-inspired health care providers in Africa. *Review of Faith & International Affairs*. 2014;12(1):8-20. doi:10.1080/15570274.2013.876739**

Summary: In this article, the authors talk about estimates of the market share of FIIs engaged in health in Africa based on facilities data and household surveys. In Africa, the market share of Faith-inspired institutions (FIIs) is average, ranging from 10 to 20 percent in Chad to 50–70 percent in the Democratic Republic of Congo (DRC), with most estimates falling in the 30–40 percent range, in countries like Ghana, Kenya, Lesotho, Liberia, Malawi, Nigeria, Rwanda, Sierra Leone, Tanzania, Uganda, and Zambia. Household surveys amongst 14 African countries showed that the market share for Private non-religious organizations was higher than the faith-inspired institutions, with an average of 39.0% compared to FIIs 5.8%. The private medical sector, which consists of both the secular and faith-inspired, on average accounts for 28 percent of the sources of modern contraceptive methods (the market shares are 54.8 percent for the public sector and 17.2 percent for the “other” category), 24.28 percent for fevers/colds. Most of the household surveys revealed that, most visits to health facilities are related to fever/cough and diarrhea.

3. **Heist D, Cnaan RA. Faith-based international development work: a review. *Religions*. 2016;7(3):1-17. doi:10.3390/rel7030019**

Summary: In this literature reviewed article, the authors review available literature on the role that religious, or faith-based, organizations play in international social and economic development. Results of the study showed that, faith-based nonprofits constitute almost 60 percent of USA-based international development organizations, and their contribution to international social development is quite considerable. It was also recognized that the great divide between developed and developing countries, also known as the North–South division, calls on people in the rich parts of the world to assist those in poorer areas. Faith-based NGOs are heavily involved in direct relief and development. In Africa, the church plays a greater role in health care than the government. In 2010, there were claims that the Catholic Church operated 16,178 health centers, 1074 hospitals, 5373 out-patient clinics, 186 leper colonies, 753 homes for the elderly and the physically and mentally disabled, 979 orphanages, and 2947 educational and rehabilitation centers.

4. **Lumpkins CY, Saint Onge JM. Reducing low birth weight among African Americans in the Midwest: a look at how faith-based organizations are poised to inform and influence health communication on the developmental origins of health and disease (DOHaD). *Healthcare*. 2017;5(1):1-9. doi:10.3390/healthcare5010006**

Summary: In this article, the authors explain that FBOs are trusted marketers of disease prevention and are also gatekeepers of pertinent public health information; FBOs were seen as trusted entities to deliver positive or life-threatening information. The study centers around the issue of Low Birth Weight (LBW) of which most African American in the United States suffer from. Data collection which took place at churches in Kansas and Missouri, in the U.S., over an 8-month period in 2012 included 9 paid focus group interviews and a group of 124 AA women from 14 churches. The sample also overwhelmingly looked to pastors within these FBOs as credible voices for health promotion. Results show that FBOs increased access and utilization of health care or promote adaptive coping.

5. **Wilk-Mhagama K. Faith-based organizations and the state: the challenges of development in Tanzania. *Politeja*. 2016;3(42):287-308. doi: 10.12797/Politeja.13.2016.42.17**

Summary: The aim of this study is to examine the scale and the scope of development activities of FBOs in Tanzania, compared to the state. The study's focus is also on increased tensions along inter-religious and state-religious lines, especially between Muslims and Christians. Since the collapse of the Africa Socialist approach in Tanzania, there has been an increase in the activities of faith-based organizations (FBOs), as part of the economic and political liberalization. This has given them the opportunity to reposition themselves toward the multiple opportunities and expectations of the established apex bodies to coordinate with each other and manage their relationships with the government. FBOs make significant contributions to the country's economy, but more in terms of health service delivery, education and advocacy.

6. **Maurice J. Faith-based organizations bolster health care in Rwanda. *The Lancet*. 2015;386(9989):123-124. doi:10.1016/S0140-6736(15)61213-2**

Summary: In this article, the author stated that the collaboration between the health ministry and religious organizations played a substantial part in the recovery of Rwanda's health system after the 1994 genocide, which left 1 million people dead bringing most of the country's institutions to a standstill. The presence of faith-based organizations (FBOs) and non-governmental organizations (NGOs) hastened the country's healing process. Currently, there are 277 national faith-based organizations registered with the Rwanda Governance Board, of which 85 include health in their mission agendas. The FBOs own and operate 30% of Rwanda's health facilities. FBOs has also played a vital role in HIV control in Rwanda, especially in preventing new HIV infections and causing a 50% decline in new HIV cases over the last decade. 93% of people with HIV in Rwanda now have access to ART drugs compared to the past. The services they provide including, community based and home-based care, health education, and psychological support, reaches mostly local communities in rural areas.

7. **Hassall G. Faith-based organizations and social policy in Melanesia. *Australian Journal of Social Issues*. 2012;47(3):389-406.**

Summary: The aim of this article is to examine the contributions that faith-based organizations (FBOs) make to social policy in Papua New Guinea, the Solomon Islands, Vanuatu and Fiji. The author explained that FBOs were associated with the growth of labor markets in an economy. Religious bodies play a huge role in a society, particularly at provincial and local levels, and this has led to the inclusion of FBOs representation on government bodies and in policy processes in critical areas such as health and education. They are significant providers of health, education and other social services throughout Melanesia, and are significant contributors to thinking about social policy options in Melanesian societies. In Papua New Guinea, FBOs provide up to 50 per cent of rural and remote health facilities, as well as six of nine of training facilities for nurses and health workers. Churches play roles in health advocacy and awareness. The church headquarters often include a health center, business advisors and in more recent times a hospice for sufferers of HIV/AIDS.

8. **Lindgren T, Schell E, Rankin S, Phiri J, Fiedler R, Chakanza J. A Response to Edzi (AIDS): Malawi Faith-Based Organizations impact on HIV prevention and care. *Journal Of The Association Of Nurses In Aids Care*. 2013;24(3):227-241. doi:10.1016/j.jana.2012.05.004**

Summary: In this mixed-methods cross-sectional study done from 2006 to 2009, the authors discuss the prevalence of HIV in Malawi at the rate of 11-13%. Majority of the Malawi population (77%) are Christians, while 15% are Muslims. Using qualitative interviews and quantitative surveys collected from five FBOs (Christian and Muslim) and administered to both local religious leaders and their congregational members, the articles aim is to access the impact of FBO influence on member risk and care behaviors,

embedding it in the Theory of Planned Behavior (TPB). The article focuses on knowledge, stigma, or attitudes as addressed in the TPB, subjective/social norms, and HIV risk-taking and caregiving behaviors. Study results showed that, all of the local leaders interviewed believed that they had significant influence over the behaviors of their members, by encouraging their members to be tested for HIV and to care for the sick.

9. **Olivier J, Tsimpo C, Gemignani R, et al. Understanding the roles of faith-based health-care providers in Africa: review of the evidence with a focus on magnitude, reach, cost, and satisfaction. *The Lancet*. 2015;386(10005):1765-1775. doi:[10.1016/S0140-6736\(15\)60251-3](https://doi.org/10.1016/S0140-6736(15)60251-3)**

Summary: In this article, the author explains the role of faith-based health-care providers in Africa. Faith-based health providers (FBHP) are known to be active in all aspects of public health, such as immunization, antimalarial campaigns, child and maternal health services, and tuberculosis. On their magnitude in Africa, especially when it comes to their role in response to HIV/AIDs, WHO estimates that about 20% of the FBHP work on HIV/AIDs. Out of 194 programs working on HIV/AIDs in the Mukuru settlement in Kenya, about a third were classified as faith based. In sub-Saharan Africa, the various Christian Health Associations operate and represent thousands of hospitals and clinics. The Adventist Church operates 173 hospitals and sanatoriums, and 216 clinics and dispensaries worldwide. The Catholic Church operates an estimated more than 5300 hospitals worldwide. Based on Reach, FBHPs are accessible to both the rich and poor in the society. A household surveys gotten from 14 African countries show that FBHPs seem to serve poor people slightly more than public providers (with 17% of patients in the poorest quintile). On cost, FBHPs finance their services with government resources, user fees from patients, development assistance from bilateral and multilateral donors, and funding and in-kind contributions from within-country faith groups and local communities. FBHPs are also more expensive for households than public facilities, largely due to a lack of subsidization from the government. On satisfaction, household survey data reveals that FBHPs enjoy higher satisfaction rates from clients than both public and private secular facilities.

10. **Kagawa RC, Anglemyer A, Montagu D. The scale of faith based organization participation in health service delivery in developing countries: systemic review and meta-analysis. *PLoS ONE*. 2012;7(11):1-9. doi:[10.1371/journal.pone.0048457](https://doi.org/10.1371/journal.pone.0048457)**

Summary: In this article, the authors aim is to highlight the contribution of faith-based organizations (FBOs) to healthcare delivery in low- and middle-income countries, by identifying documents and government data that quantified the magnitude of faith-based care in developing countries. Initial reports states that faith-based organizations play a substantial role in providing healthcare in developing countries, providing up to 70% of all healthcare services, however, this systematic review of literature done from the past 11 years involving 47 countries, revealed that the magnitude of healthcare provided by faith-based organizations may be lower than what was previously estimated. Across all indicators, the magnitude of FBO contributions ranges from 4.1 percent in Angola to 44

percent in Rwanda. Studies done revealed that the number of hospitals, health facilities, hospital beds, or health staff, and proportion of national healthcare provided by FBOs in a country were measured as a way of quantifying religious contributions. In Kenya, Rwanda, and Tanzania, the proportion of FBO-owned hospitals is consistently larger than the proportion of services provided. In Kenya, the percentage of FBO-owned hospitals is reported as 16.5–28 percent while the percentage of FBO-owned health facilities is 12.5 percent. In Rwanda, FBOs own 35.5–44 percent of hospitals, 25–38 percent of health centers or facilities, and 24 percent of hospital beds. Similarly, in Tanzania FBOs own or manage 40 percent of hospitals, 26 percent of health facilities, and 22 percent of health staff.

11. Agbiji E, Agbiji OM. Pastoral care as a resource for development in the global healthcare context: Implications for Africa's healthcare delivery system. *HTS Theologiese Studies/Theological Studies*. 2016;72(4):1-12. doi:10.4102/hts.v72i4.3507

Summary: In this article, the authors explain that health is directly linked to the development of a country. The aim is to explore the global context of pastoral caregiving in the hospital and the implications for pastoral caregiving, especially in the African setting. This also includes the understanding of pastoral care from a broad perspective that includes but is not limited to pastoral counselling. Africa as a continent, experiences slow progress in socio-economic development and health conditions, compared to the rest of the world. Religion is seen as a source of strength for most Africans, hence, Pastoral care is important to the people's development since it offers religious resources that can effectively be utilized in caring for patients and promoting their well-being. It also equips people with skills to be imaginative, creative and boldly face life's challenges. Globally, there are debates about the inclusion of pastoral caregivers in the interdisciplinary medical team for the purpose of collaboration and consultation. Policies are being made to incorporate pastoral care in the health system, which will also indirectly impact the African healthcare delivery system, when it comes to best practices.

12. Kinyanjui GK, Gachanja PM, Muchai JM. Technical efficiency of hospitals owned by faith based organizations in Kenya. *The Journal of Pan African Studies*. 2015;8(6):45-63.

Summary: In this article, the authors explain the role of Faith Based Organizations (FBOs) in the Kenya's healthcare system. The FBOs play a key role in healthcare provision and contribute to about 40% of all private healthcare needs. 75 out of 1440 private health facilities are owned by FBOs. The Christian Health Association of Kenya, (CHAK) oversees 15 hospitals, the Kenya Conference of Catholic Bishops, (KCCB) oversees 49 hospitals while the Supreme Council of Kenya Muslims, (SUPKEM) runs 11 hospitals. Donor funding plays a huge role in their performance. Using the Data Envelopment Analysis approach, health centers were analyzed for technical efficiency and study results show that 36.67% of faith based organized hospitals were technically inefficient, but this could change if they operated as a group, hereby, increasing their technical efficiency to about 79%. Contributing factors were as a result of corruption, poor budgeting, and delayed supply of consumables.

- 13. Moyer JM, Sinclair AJ, Spaling H. Working for God and sustainability: the activities of faith-based organizations in Kenya. *Voluntas*. 2012;23(4):959-992. doi:10.1007/s11266-011-9245-x**

Summary: In this article, the author explains the important role FBOs play in the local communities. These organizations, which are firmly and intimately rooted within local communities through their ties to local religious establishments, affords them a high level of trust and accountability in the community. This isn't to say that they go without challenges such as, being susceptible to pressure and conditionality from donors which may also raise conflicts with their principles or faith-based approaches. They also have challenges in relation to size, time, funding, and some tensions in working with non-Christians. Their reach extends far beyond education and health care to include agriculture, water supply programs, and many other projects. On healthcare, about 16 FBOs involved in this area provide services for HIV/AIDS which many Kenyans suffer from. These services include, education, voluntary counseling and testing, preventing mother to child transmission, widows and orphans. 8 FBOs were involved in Sanitation; 2 were involved in Malaria, TB care; 3 were involved in Maternal and infant care including family planning and nutrition; 2 provided services such as training practitioners; and 1 was involved in the use of natural medicines. Funding was cited as a major challenge they were faced with.

- 14. Burchardt M. Faith-based humanitarianism: organizational change and everyday meanings in South Africa. *Sociology of Religion*. 2013;74(1):30-1.**

Summary: In this article, the author discusses the involvement of churches and other Christian organizations in HIV/AIDS programs in South Africa in order to analyze the ensuing organizational dynamics. About 5.5 million people in South Africa are living with HIV and AIDS and the infection rate is at 16.8 percent among the adult population. In the quest to end stigmatization and prevent spread, churches have now become very involved in the care of those living with HIV/AIDS. The services they provide includes prevention campaigning, social support for people living with HIV and AIDS, medical, psychological, and spiritual counseling. Additionally, they offer life-skills education courses that are essentially organized around themes such as relationships, sexuality, and HIV/AIDS. The study reveals that one of the major reasons fueling donor organizations' interest in collaborating with churches is their strong influence in local social life.

- 15. Olivier J, Shojo M, Wodon Q. Faith-inspired health care provision in Ghana: market share, reach to the poor, and performance. *Review of Faith & International Affairs*. 2014;12(1):84-96. doi:10.1080/15570274.2013.876735**

Summary: This article answers three specific questions about the services provided by Faith Inspired Institutions (FIIs) in Ghana: (1) what is the market share of faith-inspired providers as compared to other types of providers; (2) are there differences in market shares among the poor between faith inspired providers and other types of providers;

and (3) how satisfied are patients with the services received, and why are patients choosing faith inspired providers for care. The main faith inspired providers in Ghana are part of the Christian Health Association of Ghana (CHAG). Most estimates of the market share of FIIs are in the 30 percent to 40 percent range, but estimates from household surveys are at less than 10 percent. Some of the estimates are based on hospital beds, but others rely on outpatient care and the consumption of pharmaceuticals among others. 37 percent of inpatient admissions in hospitals (Accra excluded) were provided by CHAG. Household survey data reveal that the market share of FIIs among the poor is similar to that of public providers, and higher than that of private non-religious providers who tend to have a higher market share among better off segments of the population. Qualitative data collected from six facilities suggests that the satisfaction with the services received in faith-inspired facilities is high, including in areas such as respect paid to patients.

- 16. Porter JD, Bresick G. Is it just religious practice? exploring patients' reasons for choosing a faith-based primary health clinic over their local public sector primary health clinic. *Afr J Prm Health Care Fam Med.* 2017;9(1):2071-2936. doi:10.4102/phcfm. v9i1.1219**

Summary: In this article, the author's primary objective was to determine and explore the reasons for patient choice of a faith-based primary care clinic over their local public sector primary care clinic, and secondarily, to determine the extent these reasons are influenced by demography. This study was held at the Jubilee Health Centre (JHC), a faith-based primary care clinic attached to Jubilee Community Church in Cape Town, South Africa, and focus groups were used to generate data. Study results show that a total of 164 patients were surveyed with a response rate of 92.4%. 68.3% were females and 57.9% were from the Democratic Republic of the Congo (DRC). The top reasons gotten from the study showed that, out of all patients surveyed, 98.2% chose to attend JHC because 'the staff treat me with respect', 96.3% because 'the staff are friendly' and 96.3% because 'the staff take time to listen to me'. The reason 'it is a Christian clinic' was chosen by 70.1% of patients. 'The staff speak my home language' was given as a reason by 61.1% of DRC patients and 37.1% of South African patients. 'The clinic is close to me' was chosen by 66.6% of Muslims and 40.8% of Christians. The cost of clinic was the least chosen reason for attending JHC with 39%.

- 17. Frame J. Exploring the approaches to care of faith-based and secular NGOs in Cambodia that serve victims of trafficking, exploitation, and those involved in sex work. *The International Journal of Sociology and Social Policy.* 2017; 37(5):311-326. doi:10.1108/IJSSP-04-2016-0046**

Summary: In this article, the author explores the approaches used by faith-based and secular NGOs in Cambodia to care and serve victims of trafficking, exploitation, and those involved in sex work. The range of services FBOs provided for victims include residential programmes, counselling and trauma treatment, outreach, vocational and soft skills training, and employment. Residential programmes typically involved a group of

individuals living in a home staffed 24 hours a day with support staff. Vocational and skills training ranged from life skills classes to job training. All FBOs that worked with adult sex workers provided skills training, assisting their leaving the sex industry or encouraging them not to re-enter it. In contrast, secular NGOs that supported sex workers in the sex industry sought outcomes that related to clients practicing safe sex, managing potential violent situations, knowing and claiming their rights, and keeping up with their health.