Global Report on Integral Human Development *2022*

EXECUTIVE SUMMARY

Measuring the Contributions of Catholic and Other Faith-based Organizations to Education, Healthcare, and Social Protection

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January 2022

This report is a product of the volunteer-led Global Catholic Education project which aims to contribute to Catholic education and integral human development globally with a range of resources, including a blog, events, guidance on good practices, publications, and data. The report is co-sponsored by the four international organizations federating Catholic education at the global level, namely the International Office of Catholic Education (OIEC) for pre-primary, primary, and secondary education, the International Federation of Catholic Universities (IFCU) for universities, the World Organization of Former Students of Catholic Education (OMAEC) for alumni, and the World Union of Catholic Teachers (UMEC-WUCT) for teacher, as well as the International Catholic Child Bureau (BICE). The author is especially grateful to Alessandra Aula, Philippe Richard, François Mabille, José Ramón Batiste, and Giovanni Perrone for their encouragements and advice. The author works for an international development agency, but this report was produced on his volunteer time and should not be seen in any way as representing the views of his employer, its Executive Directors, or the countries they represent. The findings, interpretations, and conclusions expressed in the study are solely those of the author and may also not represent the views of BICE, OIEC, IFCU, OMAEC, and UMEC-WUCT. Any omissions or errors are those of the author alone.

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Cover photo: © BICE.
The cover photo was taken in the Democratic Republic of Congo in one of the programs supported by the International Catholic Child Bureau (BICE) for out-of-school children, many of which live in the streets. The photo was selected for the cover of this report because it illustrates the large role played by the Catholic Church and other faith-based networks in service provision for education, healthcare, and social protection in sub-Saharan Africa, especially for vulnerable groups.

EXECUTIVE SUMMARY: KEY FINDINGS

Faith-based service providers play a significant role in efforts to achieve the Sustainable Development Goals (SDGs) and promote integral human development, understood as the development of each man and the whole man. Faith also affects people's behaviors as it relates to investments in human development. Yet the role of faith and faith-based service providers remains insufficiently acknowledged in policy discussions. Similarly, policy discussions and the lessons learned by the international community on what works to achieve the SDGs and promote human development do not sufficiently reach faith-based organizations and faith networks.

This report is the first in a new series on integral human development that has two aims: (1) to make the experiences and role of faith-based organizations in contributing to integral human development better known by the international community; and (2) to bring to faith-based educators and all those interested in integral human development expertise and knowledge from the international community.

Given that this is the first report in a new series, its aim is simply to measure the contributions of faith-based organizations to integral human development with a focus on education, healthcare, and social protection[1]. Building on previous work by the author, and weaving in substantial new analysis, the report is structured in two parts. The first part consists of three chapters documenting the scope of service provision by the Catholic Church globally in education, healthcare, and social protection. Unfortunately because of data constraints, the focus in this first part is only on the Catholic Church using data from its statistical yearbooks. The second part of the report considers three questions for both Catholic and other faith-based providers of service: (1) to what extent do faith-based providers reach the poor?; (2) what is the 'market share' of faith-based providers?; and (3) why do some households rely on their services, what is their satisfaction with these services, and what is their quality? At the end of each chapter, a brief discussion is provided on the impact of the COVID-19 pandemic, including for the ability of faith-based providers to fulfill their mission. This executive summary summarizes key findings.

[1] Because of this focus, for education there is a bit of overlap between the themes in this report and those in the Global Catholic Education Report 2021.

PART I – TRENDS IN SERVICE PROVISION BY THE CATHOLIC CHURCH

Education

Globally, the Catholic Church estimates that 35.2 million children were enrolled in Catholic primary schools in 2019, with 19.4 million children enrolled in Catholic secondary schools and 7.5 million children enrolled at the preschool level. In addition, 6.7 million students were enrolled in Catholic higher education. Analysis of trends in enrollment in Catholic schools and universities is provided in the latest Global Catholic Education Report. For this report, to compare data across education, healthcare, and social protection, the analysis is done in terms of the number of schools managed by the Church rather than enrollment. Findings are visualized in Figures ES.1 to ES.4.

- Globally, the number of preschools, primary schools, and secondary schools managed by the Church increased by 54 percent from 1980 to 2019, from 143,574 to 221,144. The increase was largest for preschools (89 percent), followed by secondary schools (67 percent) and primary schools (31 percent).
- Most of the growth was concentrated in Africa where the number of schools more than tripled over that period due to high

rates of population growth and gains in educational attainment over time. In Asia and Oceania, the number of schools almost doubled. In the Americas, it increased by 28 percent, although there was a decline in the United States. In Europe, it decreased by 15 percent.

- Globally, primary schools account for 45.0 percent of Catholic K12 schools, versus 22.4 percent for secondary schools and 32.9 percent for preschools. There are large differences between regions in the share of schools by level. In Africa, primary schools account for 54.2 percent of the total number of schools, versus only 33.7 percent in Europe.
- In terms of enrolment, India has the largest number of students in Catholic K12 schools, followed by the Democratic Republic of Congo (DRC), Uganda, Kenya, and Malawi. When looking at the number of schools, after India and the DRC, the United States, France, and Germany round up the top five countries.
- The highest growth rate in the number of schools is for preschools. This is a positive development as research demonstrates that early childhood is a critical period in a child's education and investments in pre-primary education have high returns.

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Figure ES.1: Number of Preschools

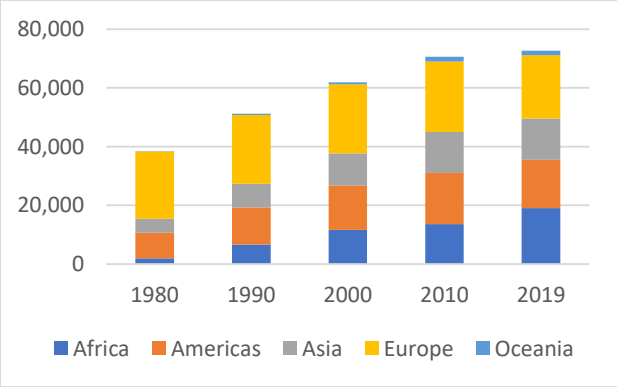


Figure ES.2: Number of Primary Schools

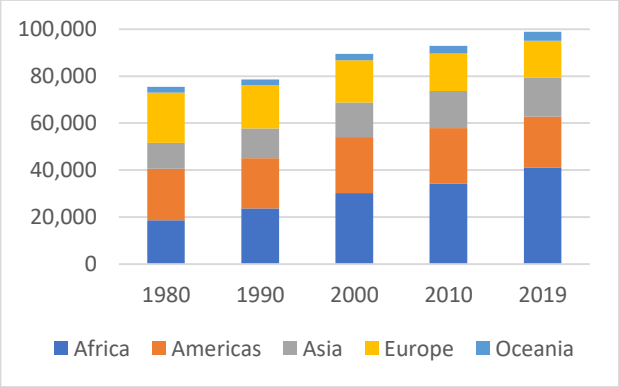


Figure ES.3: Number of Secondary Schools

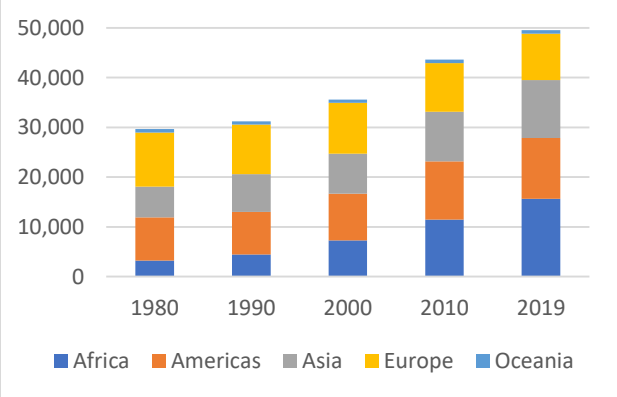
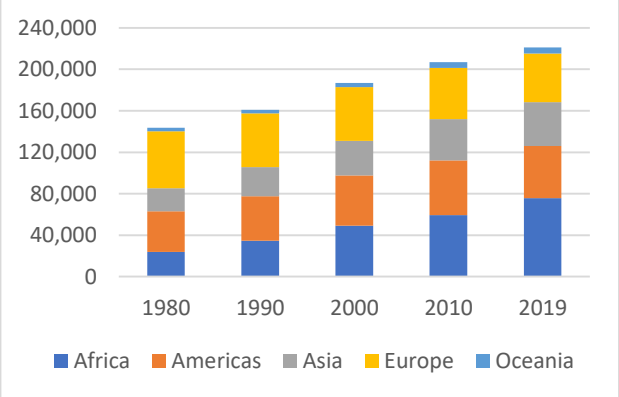


Figure ES.4: Total Number of K12 Schools



Source: Compiled by the author from the Statistical Yearbooks of the Church.

Healthcare

The Catholic Church also manages a large number of healthcare facilities, including hospitals, health centers, and leproseries. Findings are visualized in Figures ES.5 to ES.8.

- The number of healthcare facilities managed by the Church increased from 19,119 in 1980 to 24,031 in 2010, but this fell back to 20,740 facilities in 2019 due to a decline over the last decade in all regions except Africa and Oceania.
- The largest increase in facilities over time was again observed in Africa. This is not surprising given high rates of population growth and progress towards achieving universal healthcare for all.
- Globally, there has been a decline in the share of hospitals and leproseries in the number of healthcare facilities, while the share of health centers has increased.
- As for schools, India and the DRC are the two countries with the largest number of Catholic healthcare facilities. Germany, Mexico, and Brazil round up the top five.
- The recent decline in the number of facilities is observed for all facilities, but for hospitals and leproseries, most the decline took place in the first decade of this century, while for health centers it took place in the current decade.
- The recent decline in the number of facilities does not necessarily imply a decline in the number of patients served (i.e., existing facilities may serve a larger number of patients). This decline is however different from the overall trends observed for schools.
- In Africa, an important institutional feature is the presence of Christian Health Associations (CHAs) that federate healthcare facilities managed by the Catholic Church and other Christian denominations. CHAs are national-level umbrella networks that help improve coordination in service provision, reduce duplication, and provide a platform for dialogue with governments. Currently CHAs operate in more than two dozen countries and collaborate to share good practices through the Africa Christian Health Associations Platform (ACHAP).

The number of healthcare facilities managed by the Church increased from 19,119 in 1980 to 24,031 in 2010, but this fell back to 20,740 facilities in 2019 due to a decline over the last decade in all regions except Africa and Oceania. The decline over the last decade is observed for all types of facilities.

Figure ES.5: Number of Hospitals

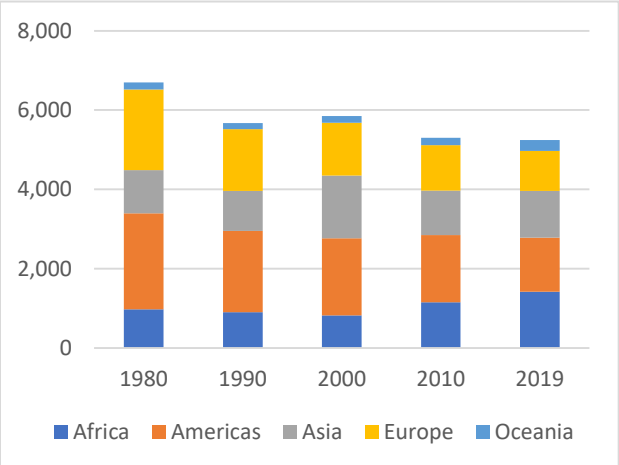


Figure ES.6: Number of Health Centers

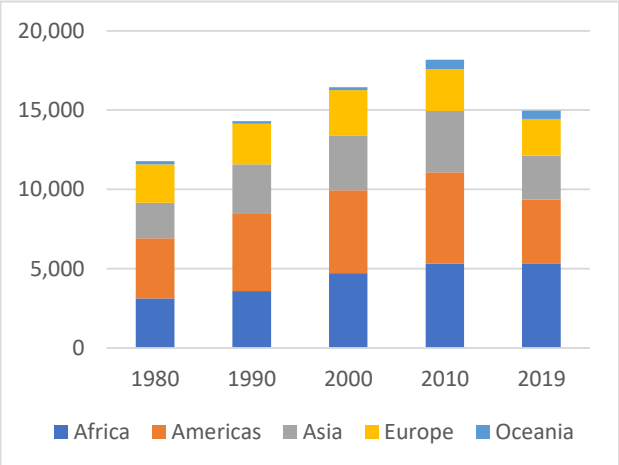


Figure ES.7: Number of Leproseries

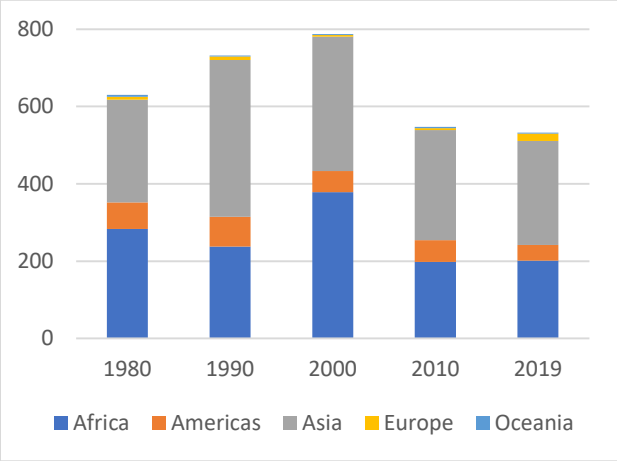
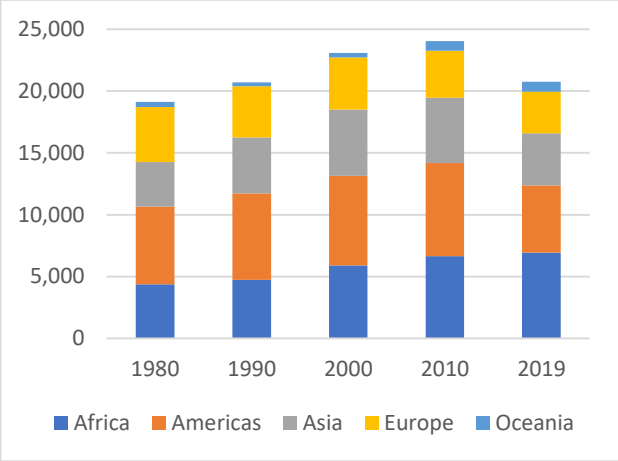


Figure ES.8: Total Number of Facilities



Source: Compiled by the author from the Statistical Yearbooks of the Church.

Social Protection

Data are available in the statistical yearbooks of the Church on six types of welfare institutions: (1) orphanages; (2) nurseries; (3) special centers for social education or re-education; (4) homes for the old, chronically ill, invalid, or handicapped; (5) matrimonial advice centers; and (6) other institutions (which may include many different types of activities and programs). For simplicity, we consider all these facilities as part of social protection, even if some may relate to other sectors. Findings are visualized in Figures ES.9 to ES.15.

- There was a large increase in the number of social protection facilities managed by the Church from 42,084 in 1980 to 97,533 in 2010, but the total number fell back to 84,872 in 2019. The recent decline was observed in all regions except Europe, but was larger in the Americas.
- While for K12 schools and healthcare, the increases over time in the number of facilities were concentrated in Africa followed by Asia (and Oceania but from a much smaller base), for social protection most facilities remain in the Americas and Europe, probably in part because the countries can afford to fund services beyond basic education and healthcare.
- The trends over time for the various types of social protection institutions are similar at least in the aggregate. Globally, there was a progressive increase in the number of facilities until 2010, and then a decrease by 2019. This is observed for orphanages, nurseries, homes for the old, chronically Ill, invalid, or handicapped, and matrimonial advice centers. For special centers for social education or re-education and other institutions, the trend over time is less consistent in part because there seems to have been a reclassification between these categories.
- Beyond these facilities, the Church is also actively involved in providing a wide range of other social protection services, including programs for the poor run out of churches as well as international humanitarian aid, for example for refugees. The scope of these activities is difficult to assess over time, but support provided by the Church to households and communities is substantial.

The number of social protection facilities managed by the Church increased from 42,084 in 1980 to 97,533 in 2010, but this fell back to 84,872 facilities in 2019 due to a decline over the last decade in all regions except Europe. The decline over the last decade is observed for most types of facilities.

Figure ES.9: Number of Orphanages

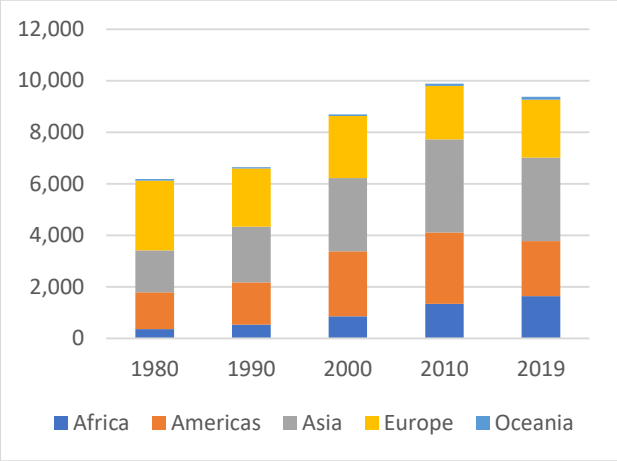


Figure ES.10: Number of Nurseries

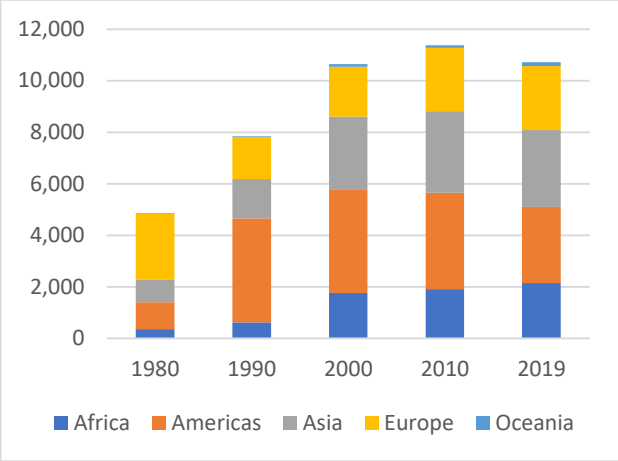


Figure ES.11: Number of Matrimonial Advice Centers

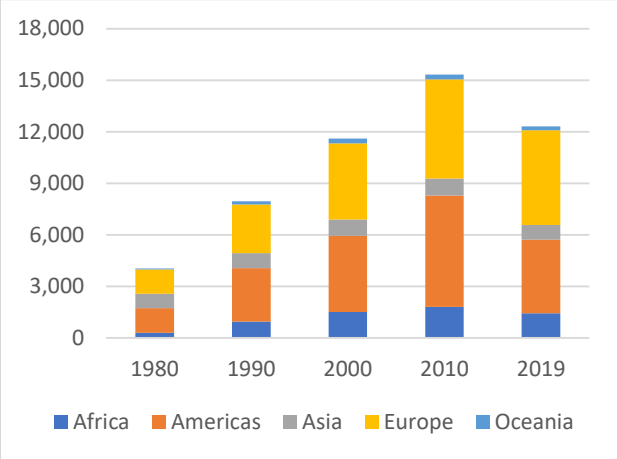


Figure ES.12: Number of Nursing Homes and Centers for the Chronically Ill or Handicapped

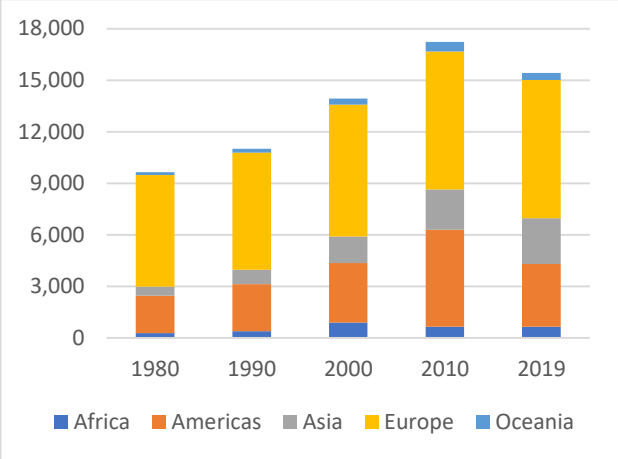


Figure ES.13: Number of Special Centers for Social Education or Re-education (*)

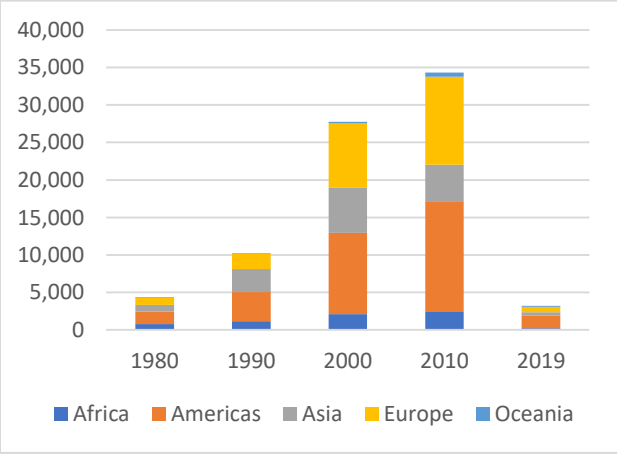
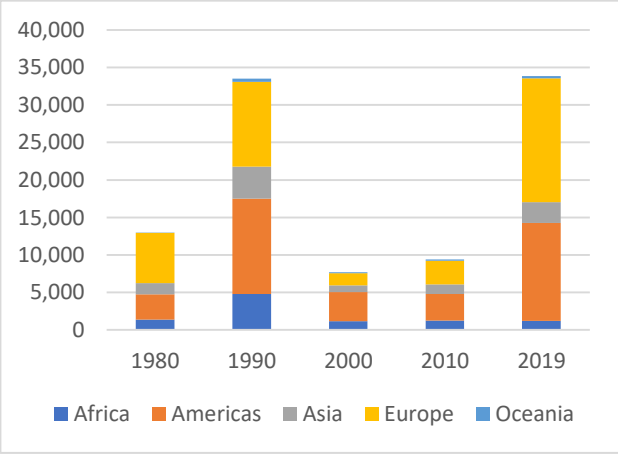


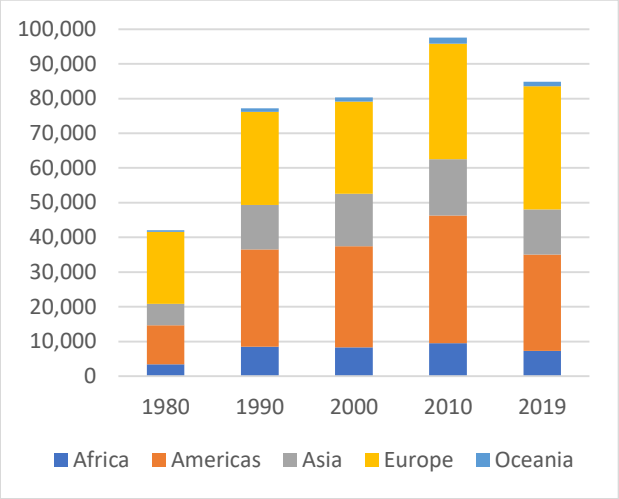
Figure ES.14: Number of Other Institutions (*)



Source: Compiled by the author from the annual statistical yearbooks of the Church.

Note: (*) There seems to be a reclassification of facilities in the last two categories between 2010 and 2019.

Figure ES.15: Total Number of Facilities



Beyond facilities-based services, the Church also contributes to social protection through other programs and activities. Locally, this includes programs in cash or in kind for the less fortunate, including through more than 220,000 parishes. Internationally, this includes humanitarian assistance, among others through members of Caritas Internationalis, a confederation of over 160 organizations working at the grassroots.

Source: Compiled by the author from the Statistical Yearbooks of the Church.

Box ES.1: Development and Humanitarian Aid

While this report focuses on facilities-based services provided by Catholic and faith-based organizations, faith networks contribute to integral human development in other ways. A recent report from CAFOD (Catholic Agency for Overseas Development), the aid agency of the Catholic Church in England and Wales and a member of Caritas International, suggests seven ways in which the Church makes a difference in development and responses to emergencies: (1) Rapid, local and inclusive humanitarian response; (2) Influencing social norms and behavior; (3) Peacebuilding, mediation and reconciliation; (4) Strengthening democratic governance through citizen participation; (5) Speaking truth to power, witnessing and accompanying suffering; (6) Providing quality and inclusive healthcare and education; (7) Supporting sustainable livelihoods. The report provides examples of projects from all over the world, including some in response to the COVID-19 pandemic. The report also notes that the Church is called to serve all people based on need, regardless of race, gender and religion, and to have a preferential option for the poor, for those people and communities that others may have overlooked, those who suffer discrimination, injustice or oppression.

PART II – REACH TO THE POOR, MARKET SHARES, AND QUALITY

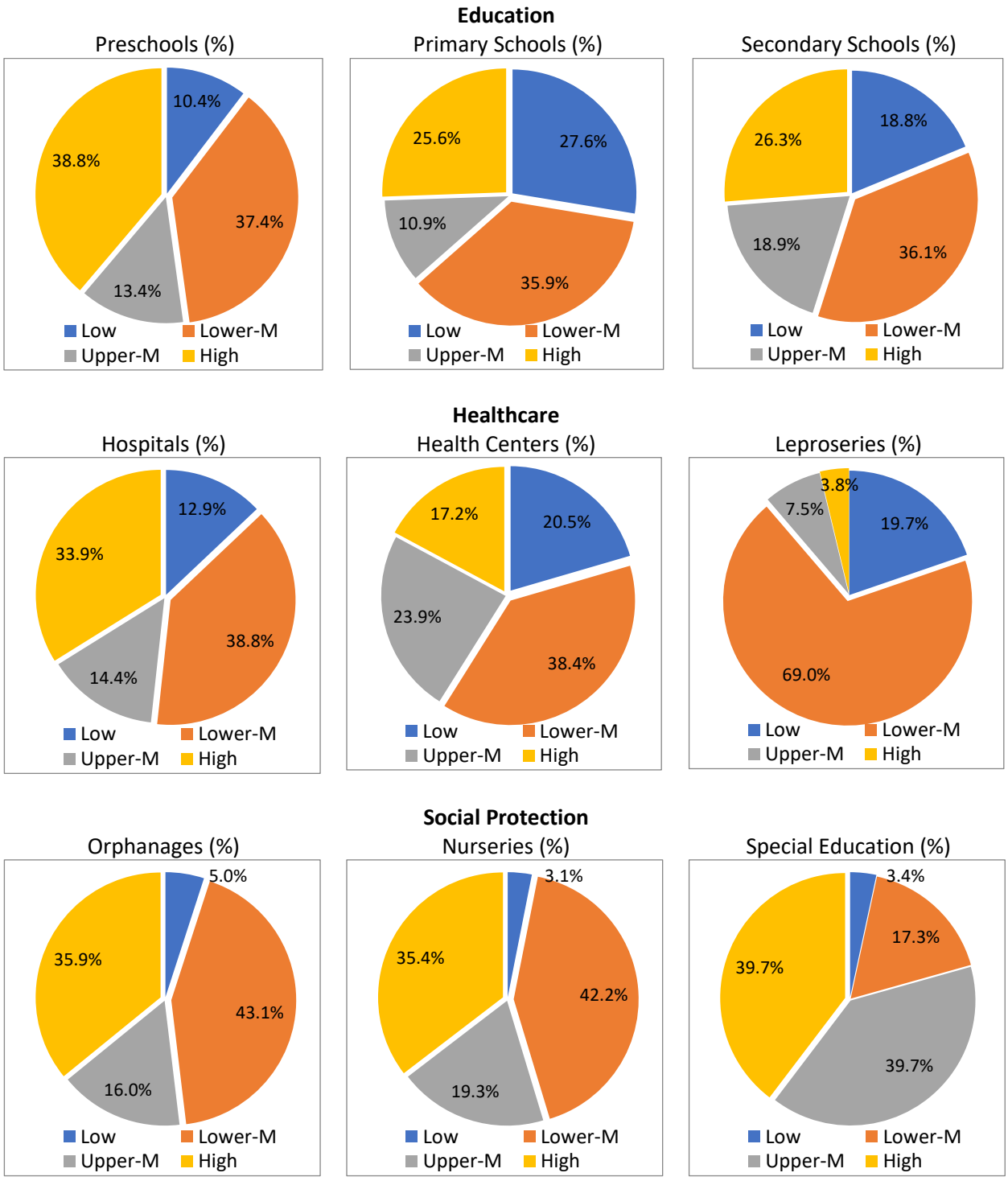
Reach to the Poor

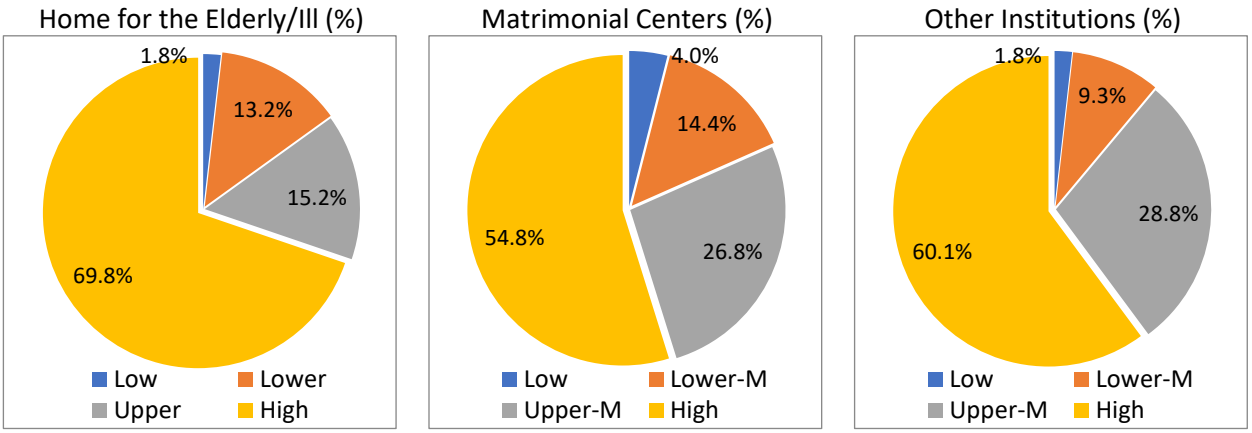
The preferential option for the poor has long been a core principle of Catholic social teaching, but the desire to serve the poor is also shared by other faith-based organizations. To assess the extent to which faith-based organizations reach the poor, the analysis proceeds in three steps. The first step considers the location of Catholic schools and facilities in terms of the level of economic development of countries (low, lower-middle, upper-middle, and high income countries). Selected findings are visualized in Figure ES.16.

- Most Catholic schools and healthcare facilities are located in low or lower-middle income countries. This is especially the case for primary schools and reflects the large role played by the Church in sub-Saharan Africa.
- For social protection, most facilities are located in upper-middle and high income countries, with the exception of orphanages and nurseries where lower-middle income countries account for more than 40 percent of all facilities.

Most Catholic schools and healthcare facilities are located in low and lower-middle income countries, especially in the case of primary education. By contrast, with the exception of orphanages and nurseries, most Catholic social protection facilities are in high (and sometimes upper-middle) income countries.

Figure ES.16: Shares of Catholic Schools and Other Facilities by Country Income Groups, 2019



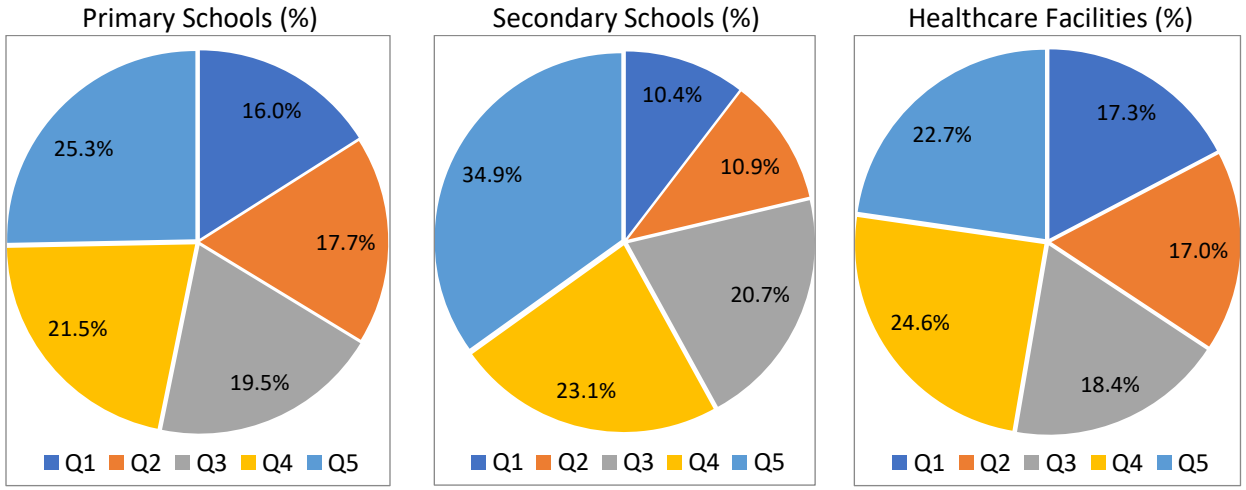


Source: Author's estimations.

Note: The four country income groups correspond to low, lower-middle, upper-middle, and high income countries as defined by the World Bank for its Fiscal Year 2022 and based on data on gross national income for 2020.

In the second part of the analysis, to assess how well Catholic and other faith-based providers serve the poor within countries, analysis is conducted with household surveys. The focus is on education and healthcare in sub-Saharan Africa. As shown in Figure ES.17, on average across 16 countries for education and 14 countries for healthcare, faith-based facilities tend to serve richer more than poorer households. For example, for primary education, 16.0 percent of students in faith-based schools are from the poorest quintile of well-being versus 25.3 percent from the richest quintile. The gap in benefit incidence between quintiles is larger for secondary education, but smaller for healthcare. In terms of comparisons across types of facilities, public schools serve the poor slightly more than faith-based schools, but there are few differences in the reach to the poor between faith-based and public healthcare facilities. Private secular facilities are titled much more towards serving better off households for both education and healthcare.

Figure ES.17: Benefit Incidence of Faith-based Services in sub-Saharan African Countries
(Share of users by quintile, with Q1 as the poorest and Q5 as the richest quintiles of well-being)



Source: Adapted from Wodon (2015, 2019).

Household surveys also provide information on out-of-pocket costs for households using different types of facilities. Key finding are visualized in Figure ES.18 where the average out-of-pocket cost for households of public facilities is normalized to one. Faith-based schools tend to be more expensive for households than public schools (in part because faith-based schools often receive no or only limited support from the state), but there are few differences for healthcare facilities. Private secular facilities are systematically more expensive. Note that the large differences in cost for primary schools result from the fact that primary education is supposed to be free in public schools, although households may still face expenditures for uniforms, books, parent-teacher associations, or other requirements.

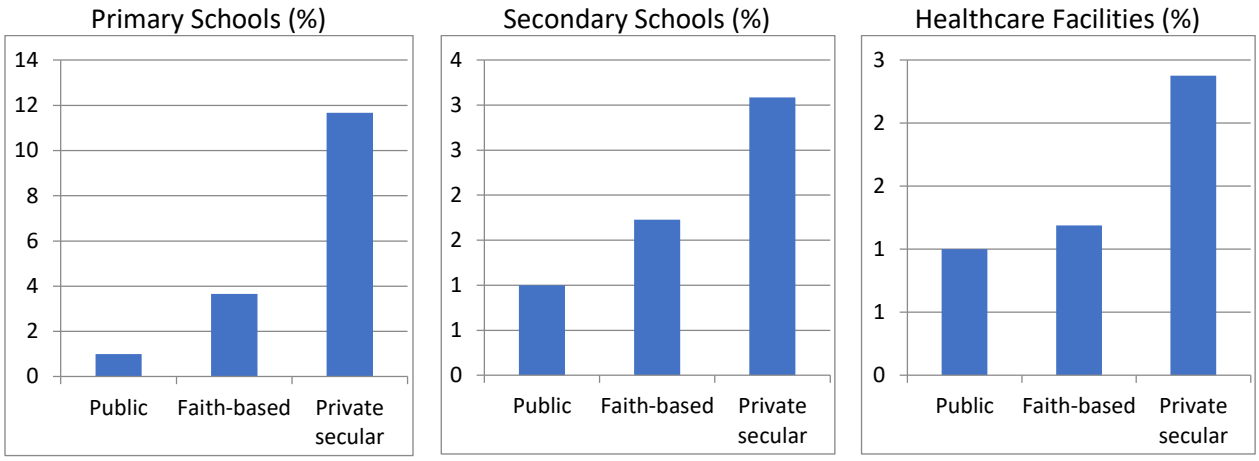
Similar preliminary results on out-of-pocket costs and reach to the poor for different types of schools are obtained from a recent survey conducted in ten West African countries.

The third and last part of the analysis focuses on the ability of faith-based providers to serve households in areas that are underserved. Case studies for Ghana and Uganda suggest that while in the past, faith-based schools and healthcare facilities may have been located in underserved and remote areas, this may not necessarily be the case anymore. In turn, this may limit the ability of schools and healthcare facilities to reach the extreme poor. While such results are context-specific, they illustrate some of the challenges faced when aiming to reach the poor while also ensuring the financial viability of the services being provided, especially when state funding for faith-based provision of services is limited.

Overall though, despite operational constraints and the fact that faith-based schools and healthcare facilities are often more expensive for households to use than public facilities, the analysis suggests that they do manage to reach the poor to a substantial extent. This also suggests implicitly that they provide services valued by households.

In sub-Saharan Africa, public schools serve the poor slightly more than faith-based schools, but there are few differences in reach to the poor between faith-based and public healthcare facilities. Private secular facilities are titled more towards serving better off households for both education and healthcare. Differences in benefit incidence are related in part in differences in out-of-pocket costs for households.

Figure ES.18: Relative Out-of-Pocket Costs of Services in sub-Saharan African Countries
(Cost of faith-based and private secular providers vs. normalized value of 1 for cost of public providers)



Source: Adapted from Wodon (2015, 2019).

Box ES.2: Reaching Vulnerable Children

The Global Catholic Education project conducts interviews with practitioners working with the disadvantaged. Interviews are a great way to share experiences in an accessible and personal way and they can be a source of inspiration. The first set of interviews was conducted with teams, supported by the International Catholic Child Bureau (BICE), an international network of about 80 organizations committed to the defense of the dignity and rights of the child around the world. BICE supports organizations working with children in need regardless of faith. A total of 15 interviews were conducted on projects in Argentina, Cambodia, Colombia, the Democratic Republic of Congo, France, Guatemala, India, Lebanon, Mali, Peru, Russia, Tajikistan, and Togo. Many interviewees worked for Catholic organizations, but others worked with non-sectarian NGOs or NGOs from other faiths. Most projects reached children from disadvantaged socio-economic backgrounds, but some also targeted other vulnerable children, including children with disabilities.

Market Shares

The term market share is not always welcomed by faith-based organizations which tend to be driven by altruistic motives, as opposed to gains in size or power. What matters to most faith-based service providers is to serve their target populations with good quality services. The term market is however used here because it is easily understood, and because it reflects the fact that there are markets for education, healthcare, and social protection services in which faith-based providers must compete, if only to raise the funds they need to operate. Market share estimates have at times been used as blunt instruments to advocate on behalf of faith-based providers. This however leads to perverse incentives to exaggerate the magnitude of the services being provided. This is not the intent here. The footprint of faith-based providers is documented so that their contributions are recognized.

To estimate market shares in education, analysis must be conducted in terms of student enrollment because cross-country data on the total number of schools are not available. Therefore, the analysis follows findings from the Global Catholic Education Report 2021. To compute market shares for Catholic schools, enrollment data from the statistical yearbook of the Catholic Church were compared with total enrollment data from the UNESCO Institute of Statistics. Estimates were also provided for higher education using a slightly different method. Findings are visualized in Figure ES.19.

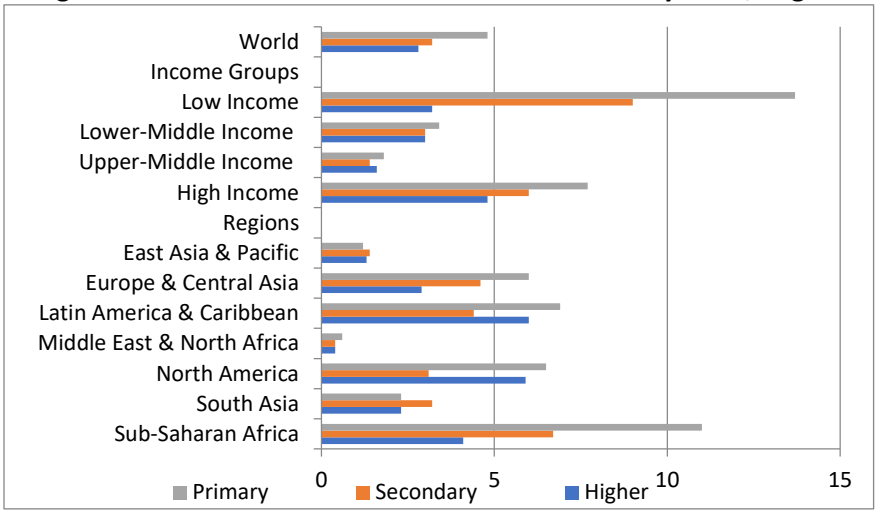
Globally, Catholic schools account for 4.8 percent of primary school enrollment and 3.2 percent of secondary school enrollment. At the primary level, the market share of Catholic schools is highest in sub-Saharan Africa (11.0 percent). At the secondary level, it is at 6.7 percent for the region. In low-income countries, Catholic schools account for one in seven students in primary schools (13.7 percent) and almost one in ten students enrolled at the secondary level (9.0 percent). The market share of Catholic schools is lowest in upper-middle income countries in part because China does not have Catholic schools.

The estimates of market shares for Catholic higher education are more tentative, but they suggest that it accounts globally for 2.8 percent of all students enrolled at that level. The market share is highest in Latin America and North America and lowest in the Middle East and North Africa. In terms of income groups, it is highest in high income countries and lowest in upper-middle income countries.

The Global Catholic Education Report 2021 also provides tentative estimates of the footprint of all Christian schools and universities taken together. Christian education institutions may serve at least 100 million students. As a result, the global market shares of Christian institutions could be about one and a half time larger than the estimates provided for Catholic schools. Another important segment of

education systems in many countries consists of schools associated with the Islamic faith. Analysis suggests that in sub-Saharan Africa, Koranic schools and various types of Islamic schools play an important role, although with substantial heterogeneity between countries as is the case for Christian schools.

Figure ES.19: Market Shares of Catholic Education by Level, Regions and Income Groups (%), 2018



Globally, the market share of Catholic education is estimated at 4.8 percent at the primary level, 3.2 percent at the secondary level, and 2.8 percent at the higher education level.

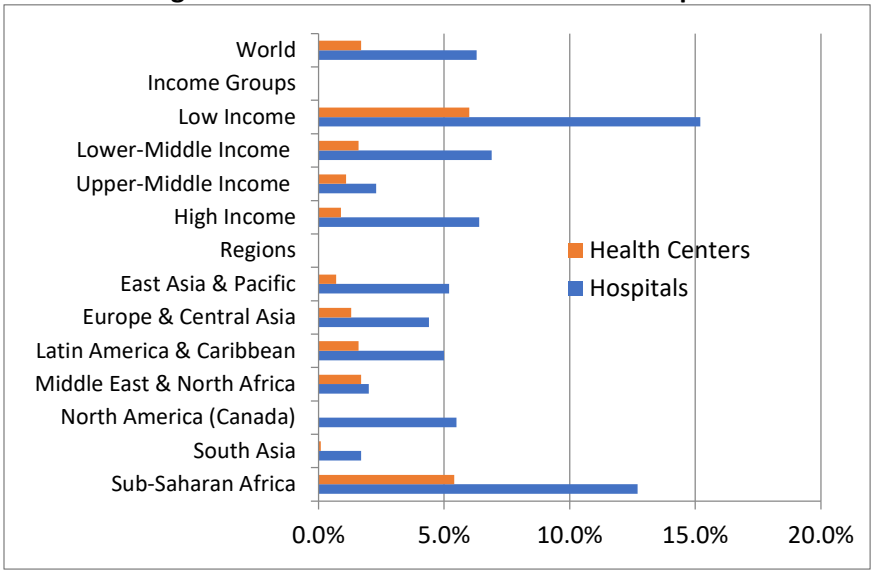
Source: Author's estimation.

Estimates of market shares for Catholic healthcare are provided next by comparing the number of facilities of the Catholic Church to the total number of facilities based on data from the World Health Organization for 140 countries. Globally, Catholic institutions may account for 6.3 percent of all hospitals and 1.7 percent of all health centres. Note however that a few large countries such as China and Russia are not included. If those countries were included, the market shares for Catholic facilities would be lower given no or few Catholic facilities in those countries. As for primary education, the market share of Catholic healthcare is highest in sub-Saharan Africa and in low income countries.

For OECD countries, market shares for Catholic healthcare can be estimated separately by comparing data from the Church's statistical yearbooks to OECD statistics for hospitals. For high income OECD countries, the market share of Catholic hospitals is estimated at 4.9 percent. This is slightly lower than the estimate obtained for high income countries with WHO data, but of a similar order of magnitude (the sets of countries included differ in the two datasets). For all OECD countries, the market share of Catholic hospitals is estimated at 3.8 percent.

In sub-Saharan Africa, data are available from CHAs in countries where they operate. According to CHAs, they may manage on average about a third of the hospital beds available in public and CHA hospitals (thus not including beds in private secular hospitals). The estimates are based on countries where CHAs have a large footprint; hence estimates for the region as a whole would be lower. Another approach to measuring the market share of faith-based healthcare consists in relying on household surveys, in which case faith-based facilities account for a much smaller share of all healthcare for two reasons. First, the market share of faith-based providers is lower for health centers than hospitals. Second, the survey estimates include services from a range of other healthcare providers, including pharmacies, traditional healers, and health professionals working outside of facilities.

Figure ES.20: Market Shares of Catholic Hospitals and Health Centers (%), 2019



Source: Author's estimation.

Globally, for 140 countries included in the analysis, the market share of Catholic facilities is estimated at 6.3 percent for hospitals and 1.7 percent for health centers.

Box ES.3: Beyond Facilities: Digitalizing the Distribution of Insecticide-treated Bed Nets

This report focuses on the role of faith networks in facilities-based services, but Catholic and other faith-based organizations also support national education, health, or social protection systems through projects. One example is a partnership between Catholic Relief Services (CRS) and Ministries of Health in African countries to improve the efficiency, quality, and coverage of community-based malaria interventions. With support from Unitaid, the Global Fund to Fight AIDS, Tuberculosis and Malaria, and the Bill & Melinda Gates Foundation, CRS helped digitize mass campaigns for the distribution of Insecticide-treated bed nets in the Gambia, Nigeria, and Benin. Digitization has a number of benefits, including faster data collection and analysis for better monitoring and a reduction in the risks of errors in implementing campaigns. The data can also be used in integrated health approaches that rely on up-to-date information. CRS intends to continue to support national governments and partners in using the digital approach in more countries.

Preferences, Quality, and the Pandemic

Why do households decide to rely on services provided by faith-based facilities even though, at least for education and healthcare, the cost of those services is often higher for them than is the case for public facilities? The last chapter in the report explores this question.

For schools and universities, the Global Catholic Education Report 2021 emphasized the importance of education pluralism for the right to education. Education matters not only for the skills and competencies that students acquire, but also for the values that are shared from one generation to the next. Parents sending their children to faith-based schools – or the students themselves when choosing a faith-based university, often do so in part because of their values and faith. This was illustrated by two case studies, one for the United States and the other for Africa.

In the United States, data collected by the National Catholic Educational Association suggest differences in the motivation of parents sending their children to faith-based versus other types of schools. For all parents, the top five priorities for what children should learn in school relate to skills and success in college and

the job market. Priorities related to values and faith rank much lower. However, for parents with their youngest child in a Catholic school, values and faith are as important as skills and competencies. This suggests that for parents choosing Catholic schools, the emphasis placed on the transmission of values and faith in school makes it worthwhile for them to pay tuition to enroll their children in the schools[2]. Similarly, data on the motivations for students to go to a faith-based university suggest that values and faith play a role. Only 7.0 percent of freshmen in nonsectarian universities state that they are attracted by the religious affiliation/orientation of their university, while the proportion is 18.1 for those enrolled in Catholic universities and 35.8 percent for freshmen in other faith-based universities (including evangelical institutions). Other factors play a larger role for the choice of university, including its academic reputation or that of the intended major at the university, whether graduates get good jobs, and whether students are provided with financial assistance, but values and faith matter for some students.

In Ghana and Burkina Faso, two countries populations of different faiths, small scale surveys and qualitative work suggest differences in the reasons leading parents to choose various types of schools. Parents choosing Christian schools tend to do so for academic and teacher quality. Parents choosing Islamic schools emphasize the opportunity for their children to receive a religious education, with some mentioning academic and teacher quality too. In public schools, location is a deciding factor for the choice of the school for more than two thirds of parents, followed by academic quality and the lack of school fees. Other questions were asked to better understand why parents chose a specific school. One question was about the most important area of study for children. For parents of children in Franco-Arab and Islamic schools, religious education comes first, followed by moral education and academics (literacy). For parents at Christian schools, academics come first, as it does for parents at public schools.

Values and faith play an important role in the motivation of parents to send their children to faith-based versus public schools, and for students to enroll in faith-based universities. By contrast, faith is often not a key factor in the choice of a faith-based healthcare facility.

The emphasis on faith and values in faith-based schools does not mean that the schools do not accept children from all faiths. Interviews with school leaders in Ghana and Burkina Faso suggest that faith-based schools accept students from different faiths. Still, there are differences between schools. While many Muslims go to Christian schools, few Christians go to Islamic schools.

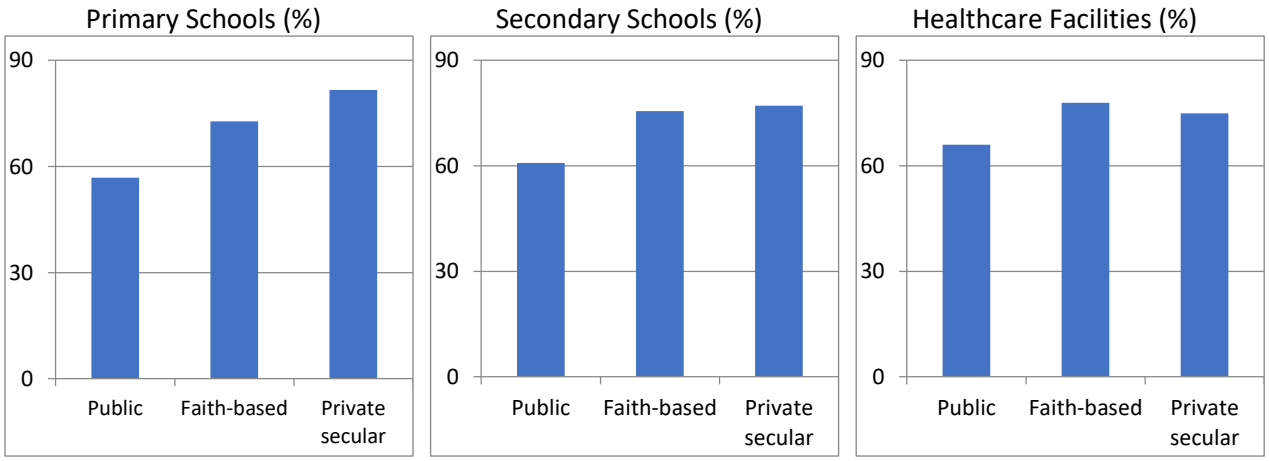
Do values and faith matter as well for the choice of healthcare providers? Not as much, according to the analysis carried in Ghana and Burkina Faso. Questions were asked to households as to why they choose different types of healthcare facilities, and how they perceive the care they received in those facilities. Patients in faith-based facilities were typically satisfied with the quality of the staff, the facilities' hygiene, and the relatively low cost of consultations. Satisfaction rates were lower for accommodation, technical equipment, and medicines, especially in Ghana for clinics not participating in the national health insurance scheme, which can lead to higher out-of-pocket costs for medicine. But contrary to what was observed for schools, the issue of religion was not a major reason for choosing faith-based facilities. Patients mentioned the importance of values and faith in general, not as a reason to choose a particular facility. When asked about the main advantages of faith-based healthcare, the quality of the staff and services,

[2] This does not imply that some parents care more about values than others. Parents not relying on Catholic schools may rely on other mechanisms than the schools to transmit their values to their children.

and for some proximity of the facility and assistance programs were mentioned more.

Are households satisfied with the services provided by faith-based organizations? While subjective satisfaction measures do not necessarily reflect the quality of the services being provided, they are still instructive to gauge household perceptions. Data from a half dozen household surveys for sub-Saharan African countries suggest that on average, households relying on faith-based and private secular schools and healthcare facilities are more satisfied with the services received than households relying on public schools and facilities (Figure ES.21). The gaps in satisfaction rates between faith-based and public providers are large, at respectively 16, 15, and 12 points for primary education, secondary education, and healthcare on average across countries.

Figure ES.21: Satisfaction with Services in sub-Saharan African Countries (%)



Source: Adapted from Wodon (2015, 2019).

In sub-Saharan Africa, parental satisfaction is higher in faith-based than public schools. The same is observed for patient satisfaction with healthcare facilities. Gaps in satisfaction rates between faith-based and public facilities are at 16, 15, and 12 points for primary education, secondary education, and healthcare.

Higher rates of satisfaction with faith-based providers do not however imply that the quality of the services being provided is sufficient. In the case of education, estimates suggest that in low and middle income countries, more than half of children age 10 are learning poor. This means that they not able to read and understand an age-appropriate text. In sub-Saharan Africa, the proportion is close to nine in ten. Some of these children are out-of-school, but many are enrolled in school and not learning enough. Catholic schools are not immune to the learning crisis. This may in particular be the case of Catholic schools that are part of the public education system. In Uganda, analysis of a Service Delivery Indicators survey suggests that in most schools, student performance is fairly low. In addition, student performance is higher in private schools, whether Catholic or not, than in public schools, again whether Catholic or not. But there are no major differences between public schools according to whether they are Catholic schools or not, and the same is true for the most part for the comparison of Catholic private schools with other private schools. After controlling for a wide range of factors affecting student performance, the same results hold.

For healthcare, issues of quality remain as well. As just one example, research on the

availability of basic equipment to care for visual impairment suggests that facilities associated with the Christian Health Association of Ghana have better equipment than public facilities, but still lack specialized equipment. This example suggests that even if some faith-based facilities have better equipment, they still often do not have the resources they need to provide care.

The pandemic is likely to have increased the difficulties faced by faith-based providers to provide quality services. This is clear for health facilities that have been stretched to the limit. The pandemic has weakened health systems and reduced life expectancy in many countries. It is also clear for schools that were closed for long periods of time. Initial estimates suggested that the COVID-19 pandemic could increase learning poverty in low and middle income countries by up to 10 percentage points. The estimates were later revised upwards. In addition, for faith-based schools and healthcare facilities that rely on cost recovery from household to cover their operating costs, higher levels of poverty threaten sustainability. In the United States, many Catholic schools closed in the 2020-21 school year due in part to the effects of the pandemic. Beyond this particular example, it is important to realize that the long-term costs for governments of the closing of faith-based providers in times of crisis may be larger than the short term cost of ensuring that the facilities are able to continue to operate.

CONCLUSION

Faith-based organizations play a key role in providing education, healthcare, and social protection services to populations all over the world, yet their contributions are rarely acknowledged in policy discussions. Similarly, lessons learned by the international community on what works to achieve the SDGs and promote human development do not sufficiently reach faith-based organizations.

This report is the first in a new series on integral human development. As is the case for the Global Catholic Education Reports, the report has two objectives: to make the experiences and role of Catholic and other faith-based organizations better known in the international community, and to bring to Catholic educators and all those interested in integral human development the expertise and knowledge emerging from the experience of the international community.

The focus of this first report on integral human development is more on the first than the second objective, as the aim is to take stock of some of what is known about the contributions of faith-based organizations in education, healthcare, and social protection. Future reports in this series will give more emphasis to the second objective, namely to share good practices from experiences and innovations on the ground, whether by faith-based or other organizations, so that the services being provided are of high quality and succeed in reaching the poor.

Box ES.4: The Global Catholic Education Project

Global Catholic Education is a volunteer-led project to contribute to Catholic education and integral human development globally with a range of resources. The website went live symbolically on Thanksgiving Day in November 2020 to give thanks for the many blessings we have received. Catholic schools serve 62.1 million children in pre-primary, primary, and secondary schools globally. In addition, 6.7 million students are enrolled at the post-secondary level (data for 2019). The Church also provides many other services to children and families, including in healthcare, social protection, and humanitarian assistance. The aim of the Global Catholic Education project is to serve Catholic schools and universities, as well as other organizations contributing to integral human development, with an emphasis on responding to the aspirations of the poor and vulnerable. If you would like to contribute to the project, please contact us through the website at www.GlobalCatholicEducation.org.

Measuring the Contributions of Catholic and Other Faith-based Organizations to Education, Healthcare, and Social Protection