

Notes

Introduction

*The argument made in this introduction is similar to that made in the introduction to Wodon (2014a, b), as well as to Olivier and Wodon (2012d, g, h, and 2014a).

1 Faith, Development, and the Choice of Service Provider

*A few of the points made in this section were covered in Chapter 2 of Wodon (2014a), as well as in the introductory chapters of Olivier and Wodon (2012d, g, and h).

1. When a country has more than two data points, only the first and last data point are used for the analysis in order to maximize the number of years separating the two data points. While for some countries, the time difference between the two surveys is limited (five–ten years), for most countries the first data point is observed in the early 1980s, and the second in 2005–06, which corresponds to the fifth wave of the survey. The fact that the first and second surveys used here do not have the same dates for all countries generates a lack of synchronicity in the data, but this is not a major issue for the purpose at hand here, which is simply to test whether in the recent past, religiosity has been increasing or declining. The surveys cover approximately 1,000 individuals per country—this is not a large sample size, but it is large enough to achieve at least some level of representativeness.
2. There is a large literature that cannot be reviewed here on how to construct indices of religiosity (see, e.g., King and Crowther, 2004). In the case of the World Values Survey, using factorial analysis seems to be a common practice.
3. Rational choice theory is clearly a useful framework to analyze individual behavior (for a useful collection of essays, see Young, 1997). Whether it can answer as many questions as it claims it can is an open question. For example, it is unclear whether the theory can explain Islamic fundamentalism. See Monroe and Kreidie (1997), Iannaccone and Berman (2006) for opposite views.

4. Chaves and Gorki (2001) identify 193 regressions or correlations in 26 studies that are relevant for the relationship between diversity and religiosity. Not all studies are independent from each other since some use the same data sets. It turns out that only a minority of the studies suggests a positive relationship between religious diversity and religious participation, while a majority suggests a negative relationship, and a non-negligible number suggest no relationship at all.
5. The issue of misspecification occurred, for example, in studies that simply looked at the relationship between religious participation, as measured through the share of households affiliated with a denomination in one way or the other, and religious diversity, as measured, for example, using the Herfindhal index, which is the sum of the square of the shares of individuals affiliated with any one religion. Such analysis does not make sense because the two variables are essentially measuring the same thing, with the Herfindhal index simply summing squared values. This dependency or endogeneity between the two variables is what has been driving some of the results in a simple mathematical way, rather than potential causality. At an even more basic level, using church membership as a proxy for participation or religiosity is problematic if, as pointed out by Chaves and Gorki (2001), requirements for membership have become laxer over time, at least in some of the more developed countries on which the authors focus.
6. Lipsky (2011) uses the term “faith-based organization” (FBO) instead of FII, but this does not matter much for the purpose of this study. On terminology, see the discussion in chapter 2.
7. Section 4.1 is based on Olivier and Wodon (2012c).
8. Section 4.2 is based in part on Olivier and Wodon (2012a).

2 Data and Methodology

*In the case of education, a similar discussion is provided in Wodon (2014a). For health, some of the points made here are also covered in Olivier and Wodon (2012d, g, and h).

1. Section 2 follows closely Clert et al. (2001). On the arguments for combining quantitative and qualitative research methods, see, for example, Bourdieu and Wacquant (1992), Neuman (1999), and Bamberger (2000).
2. At the World Bank (2001), this evolution has been reflected in the shift of the World Development Reports on poverty from a focus on low-consumption and low achievement in human capital in 1990 to a broader approach dealing with opportunity, security, and empowerment in 2000.
3. For example, in the case of policy research on poverty, inequality, and vulnerability, Coudouel et al. (2002) suggest that qualitative methods serve three main purposes: (1) help design appropriate household

survey questionnaires; (2) assess the validity of survey results at the local level and evaluate how much policy responses should take into account the heterogeneity of local conditions; and (3) gather information that household surveys are not able to capture, or can capture only partially. Regarding this last purpose, the authors refer to assessing dimensions of poverty such as (among others) its subjective meanings; perceived barriers to escaping it; political and sociocultural factors determining it; and intrahousehold dimensions. Qualitative methods also help in addressing research questions that cannot be answered easily through quantitative methods. For example, qualitative methods make a unique contribution to the understanding of processes shaped by the subjective perceptions of the social actors.

4. When data on NGOs were available, NGOs have been aggregated with faith-inspired providers—this is because in a few countries the questionnaire simply lumps the two groups together, which in turn called for adding NGOs to FIIs in the few cases where the two categories were separated in the questionnaires in order to maintain consistency. This does not affect the results substantially because the market share of NGOs is typically much smaller than that of faith-inspired providers, and it could also probably be argued that a non-negligible share of the services provided by NGOs are actually faith-inspired. Also, what is referred to as “secular providers” for simplicity consists of all providers that are neither faith-inspired nor public. However, because the focus of this work is on faith-inspired facilities-based services, in the case of healthcare traditional healers have been integrated into the “secular providers” group, even though many of these healers are faith-inspired. A change in terminology from “private secular” providers to “other private providers” was considered, but not adopted, for ease of presentation. In most cases, traditional healers represent only a small share of other private providers, so that this does not affect the results much.
5. To be more precise on what is meant by “leave-out mean,” assume we want to compute the leave-out share (mean) of children attending school. We first define the way observations in a survey are to be grouped (alternatives include neighborhoods, counties, and enumeration areas, among others), and then for every group and for each observation in the group, we compute the share of children attending a specific type of school in the group, excluding the observation being analyzed. The share computed as described is known as the leave-out mean. Note that each observation in the same group might have a different value for the leave-out mean. When computing the leave-out means or shares, the specific child or patient is excluded.
6. Section 5.3 is based on Adoho et al. (2012).
7. Section 6.2 is based in part on work with Jill Olivier, especially Olivier and Wodon (2012e).

3 Ghana and Burkina Faso

* Part of the historical discussion on Ghana for education is reproduced from Olivier and Wodon (2014c).

1. It is not uncommon for politicians to exploit identity politics, whether through ethnicity or religion. In Ghana, E. Dovlo (2005) reports a pervasive use of religion during political elections despite the constitutional prohibition of organizations using ethnic or religious propaganda to increase the odds of election of persons on account of their ethnic or religious affiliation. Religious arguments are also often used during local council sessions and by other decision-making bodies in Ghana. Yet, despite its pervasiveness, very little is known about the effects of religious identity politics on social cooperation and other economic outcomes.
2. For illustrating how religious diversity is increasing in the world, figure 3.1 is valid, but one should still be careful in comparing measures of religious diversity between any two countries, as these measures may be deceptive for such comparisons. One of the countries with the lowest index of religious concentration is Nigeria. At the national level, this is correct given the coexistence of two roughly equal groups—Christians and Muslims. Yet at the state level, the northern part of the country is predominantly Muslim, while the southern part is predominantly Christian, so that in most states religious concentration is high. Another country, Indonesia, has a high level of concentration. Yet, as discussed, for example, by An-Na'im (2008), the apparent concentration of the faithful in Indonesia as members of Islam masks differences between subgroups. In Indonesia individuals must declare by law their affiliation to one of a few religions. As a result a number of traditional religious groups have chosen to declare themselves as Muslims, but this masks substantial heterogeneity in practices, if not in beliefs.
3. Parts of section 3 are based on an unpublished review prepared with Jill Olivier and on data provided by Regina Gemignani.
4. Cogneau and Moradiz (2011) note that “in 2000 former British colonies enrolled 70% of their school-age population in primary schools whereas former French colonies achieved a rate of 55% only.”

4 Market Share

* This chapter builds extensively on Chapter 4 of Wodon (2014a) for education as well as Wodon et al. (2014) for health and Tsimpo and Wodon (2014) for education.

1. Section 2.1 is based on Dimmock et al. (2012a, b), Olivier and Wodon (2012a), and Wodon, Nguyen, and Tsimpo (2012).
2. Most of the information available on FIIs in Ghana refers to CHAG facilities. There are, however, other FIIs who are not part of this network. Among Islamic providers, the Ahmadiyya Muslim Mission

(AMM) operates six hospitals in Kaleo (Upper West), Techiman (Brong Ahafo), Asokore and Kokofu (Ashanti), Swedru (Central), and Daboa (Western). The Ahmadiyya Muslim community also provides other health-related services including clinics, medical aid programs, and short-term health delivery projects (Salisu and Prinz, 2009; Makinen et al., 2011; Miralles et al., 2003; Samwini, 2006) as well as homeopathic medicine. Ahmadiyya appears to have few contacts with or support from the government, even if some of its hospitals function as district hospitals, and this is essentially what is accounted for in table 4.7 under Islamic facilities (Miralles et al., 2003). Other Islamic initiatives are mentioned occasionally in the literature, such as a clinic run by the Islamic Republic of Iran (ICRO in Salisu and Prinz, 2009). Yet, overall, these other faith-inspired healthcare providers, whether Christian or Islamic, are small in comparison with those under CHAG.

3. Administrative data actually appear to be available at least in principle on enrolment in faith-inspired schools in the Education Management Information Systems, but it is not clear whether the data has been coded and it was not feasible to obtain this information from the Ministry of Education.

5 Reach to the Poor and Vulnerable

* This chapter builds extensively on Chapter 5 of Wodon (2014a) for education and Olivier et al. (2012b) for health. In addition, section 3.2 is based on Coulombe and Wodon (2013).

1. See, for example, Hanson and Berman (1994) and World Bank (1983) on Burundi; De Jong (1991) and CHAG (2006) on Ghana; Muriithi et al. (2007) on Kenya; Ward et al. (2010) on Malawi; Knowles et al. (1994) on Senegal; CSSC (2007) and Todd et al. (2009) on Tanzania; Nussbaum (2005), Mogedal and Steen (1995), and Robinson and White (1998) on Zambia; Green et al. (2002), Robinson and White (1998), and Gilson and Sen et al. (1994) on Zimbabwe; and Parry (2003) on Africa as a whole. This literature is reviewed by Olivier et al. (2012a).
2. One subquestion here is whether FIIs are able to use specific strategies to better serve the poor, for example, by cross-subsidizing their services—either within a particular facility, or across a system of facilities. Another subquestion relates to how FIIs use their resources. For example, Reinikka and Svensson (2010) show in a quasi-experiment about the provision of untied block grants to health centers in Uganda that FIIs appear not to be motivated by profit or perks maximization, but rather by a desire to make more of their services available and affordable to the poor—that is, they seem to be “working for God.”
3. As mentioned in chapter 2, depending on the survey, the quintiles are based either on measures of consumption per capita or per equivalent

- adult taking into account differences in the cost of living between areas, or on an index of wealth obtained using factorial analysis when consumption data is not available.
4. Performance, as measured by perceptions among parents as to whether their children can read and write in English or French (Cameroon is a bilingual country), suggests that faith-inspired schools may do slightly less well than other schools in urban areas, but better in rural areas (this is based on simple statistics however, and not on econometric analysis controlling for a range of factors that may affect performance).
 5. Rates of disability as measured in household surveys such as the CWIQ tends to be underestimated, with estimates of the population with a disability typically in the range of 2–3 percent, while it has been suggested based on other more detailed data that also captures less severe forms of disability that the proportion of people with disabilities might be much higher, at up to 10 percent in many countries. Yet, for the point of view of the analysis carried here, even if the incidence of disability is indeed underestimated, one can still measure differences in enrollment by school types between those declaring a disability in the survey.
 6. Section 3.4 follows closely parts of the analysis by Gemignani and Wodon (2012a) and Gemignani et al. (2014a, b).
 7. On gender boundaries that prevent men from accessing health services, queuing up with women for these services, and accompanying wives on reproductive health visits, see Bila and Egrot (2009).

6 Cost and Funding

*This chapter builds extensively on Chapter 6 of Wodon (2014a) and on Tsimpo and Wodon (2012a) for education, and Tsimpo and Wodon (2012c) as well as Gemignani et al. (2014b) for health.

1. The proportion of FIIs that have branches or programs in other countries, at 18 percent, is higher than for secular CSOs, at 10 percent. And the proportion of FIIs that are part of an HIV-AIDS association or coordinating network/body is also slightly higher for FIIs, at 90 percent, versus 83 percent for secular CSOs. Also, 72 percent of FIIs conduct activities not related to HIV-AIDS, versus 64 percent of secular CSOs.
2. These data are not comparable to the estimates in table 6.1—the estimates in table 6.11 focus on patients paying a positive amount for care in a hospital or clinic, and they factor in all costs. They are also divided by 10,000, so that they are similar to US\$ amounts. The share of patients who declare out-of-pocket expenditures for a consultation sought over the two previous weeks at a hospital or clinic, is at only 56 percent, with FIIs charging for consultations less often than other types of providers. The order of magnitude of the cost for consultations only when including zero payment is similar to that of table 6.1,

but not identical given that table 6.11 focuses on hospitals and consultations. It is clear however that when costs are incurred, the consultation cost itself is not necessarily the main cost. Also, even though the probability of paying for a consultation is slightly lower with FIIs, the cost when paying is higher than in other facilities.

3. Prior to the NHIS, some mission hospitals had actually instituted their own insurance schemes (e.g., the community insurance plan around St. Theresa's Hospital in the Brong Ahafo Region) and this experience helped inform the introduction of the NHIS.

7 Satisfaction and Preferences

*This chapter relies extensively on Chapter 7 of Wodon (2014a) as well as on Gemignani et al. (2014a) for education, and on Olivier et al. (2012a) for health.

1. As noted by Olivier and Wodon (2012c), in reviewing the literature on FIIs in maternal/newborn healthcare in Africa over a 20-year period, Widmer et al. (2011) found only six relevant articles. For example, Nwabueze et al. (2010) compare patients' satisfaction with ambulatory HIV-AIDS care in a Catholic secondary hospital and public tertiary hospital in Nigeria; and Babikako et al. (2011) compare the satisfaction of patients receiving tuberculosis services at a tertiary public teaching hospital and a private Protestant hospital in Kampala Uganda. Both studies find significantly higher levels of patient satisfaction at the faith-inspired facility than the public facility, in large part because the faith-inspired facilities appeared to be more patient-centered.
2. For healthcare, as noted again by Olivier and Wodon (2012c), satisfaction despite higher costs may more often be the case. Hutchinson (2001), Levin et al. (2003), Schmid et al. (2008), and Bazant and Koenig (2009) all suggest that FIIs receive higher satisfaction ratings despite higher costs. Other reasons for higher satisfaction with FIIs include better availability of medicines (Mliga, 2003; Wouters, 1994; Nshakira et al., 1996 and Levin et al. 1999). But perhaps the main driver of satisfaction is related to staffing and the relationship between patients and staff (Abiodun, 2010). Babikako et al. (2011) note higher satisfaction in a Protestant hospital in Uganda relative to the public facility due to differences in patient responsiveness. In Ghana, a distinguishing feature of CHAG is the courteousness of its staff (Makinen et al., 2011).

Conclusion

*This chapter relies in part on arguments made in Chapter 8 of Wodon (2014a) as well as in Olivier and Wodon (2012d, g, and h).

Bibliography

- Abdal-Haqq, I. 1996. Islamic law: An overview of its origins and elements. *Journal of Islamic Law* 1 (1):1–60.
- Abiodun, A. J. 2010. Patients' satisfaction with quality attributes of primary health care services in Nigeria. *Journal of Health Management* 12:39.
- Addai, I. 1999. Does religion matter in contraceptive use among Ghanaian women? *Review of Religious Research* 403:259–77.
- . 2000. Religious affiliation and sexual initiation among Ghanaian women. *Review of Religious Research* 413:328–43.
- Addo, V. N. 2005. Pregnant women's knowledge of and attitudes to HIV testing at Komfo Anokye Teaching Hospital, Kumasi. *Ghana Medical Journal* 392:50–54.
- Adetunji, J. A. 1992. Church-based obstetric care in a Yoruba community, Nigeria. *Social Science & Medicine* 35 (9):1171–78.
- Adoho, F., J. Olivier, and Q. Wodon. 2012. *Does Faith Affiliation Influence Reproductive Health and Sexual Behaviors in Ghana?* Washington, DC: The World Bank.
- Adoho, F., C. Tsimpo, and Q. Wodon. 2014. Public, private, and faith-inspired schools in Ghana: A comparative assessment. *Review of Faith & International Affairs* 12(2):51–60.
- Adoho, F., and Q. Wodon. 2012a. Impact of disability on school enrollment: Evidence from a large sample survey in Ghana. Mimeo. Washington, DC: The World Bank.
- . 2012b. Comparing the cost of public, private secular, and faith-based education providers in Ghana. Mimeo. Washington, DC: The World Bank.
- . 2012c. Performance of public, private secular, and faith-inspired schools in Ghana: An analysis based on subjective perceptions of literacy and numeracy. Mimeo. Washington, DC: The World Bank.
- Adongo, P. B., J. F. Phillips, and F. N. Binka. 1998. The influence of traditional religion on fertility regulation among the Kassena-Nankana of northern Ghana. *Studies in Family Planning* 291:23–40.
- Adongo, P. B., J. F. Phillips, B. Kajihara, C. Fayorsey, C. Debpuur, and F. N. Binka. 1997. Cultural factors constraining the introduction of

- family planning among the Kassena-Nankana of northern Ghana. *Social Science & Medicine* 4512:1789–1804.
- Agadjanian, V., and S. Sen. 2007. Promises and challenges of faith-based AIDS care and support in Mozambique. *American Journal of Public Health* 97 (2):362–66.
- Agbodeka, F. 1972. *Ghana in the Twentieth Century*. Accra, Ghana: Ghana University Press.
- Agyepong, I. A., and S. Adjei. 2008. Public social policy development and implementation: A case study of the Ghana National Health Insurance Scheme. *Health Policy and Planning* 23:150–60.
- Ahmed, A., and O. Salas. 2008. In the back of your mind: Subliminal influences of religious concepts on prosocial behavior. Working Papers in Economics No. 331, Göteborgs Universitet.
- Akerlof, G., and R. Kranton. 2000. Economics and identity. *The Quarterly Journal of Economics* 115:715–53.
- Akyeampong, K. 2009. Public-private partnership in the provision of basic education in Ghana: Challenges and choices. *Compare: A Journal of Comparative and International Education* 392:135–49.
- Allcott, H., and D. E. Ortega. 2009. The Performance of decentralized school systems: Evidence from Fe y Alegría in Venezuela. In *Emerging Evidence on Vouchers and Faith-Based Providers in Education: Case Studies from Africa, Latin America, and Asia*, edited by F. Barrera-Osorio, H. A. Patrinos, and Q. Wodon. Washington, DC: The World Bank.
- Altonji, J. G., T. E. Elder, and C. R. Taber. 2005. An evaluation of instrumental variable strategies for estimating the effects of Catholic schooling. *Journal of Human Resources* 40:791–821.
- Amanor, J. D. 2004. Pentecostalism in Ghana: An African reformation. *Cyber Journal for Pentecostal-Charismatic Research* 13:1–34.
- Amin, S., J. Das, and M. Goldstein, ed. 2008. *Are You Being Served? New Tools for Measuring Service Delivery*. Washington, DC: The World Bank.
- AMM. 2008. Ahmadiyya Muslim mosques around the world: A pictorial presentation. The Ahmadiyya Muslim Mission, Khilafat Centenary.
- Anarfi, J. K. 1993. Sexuality, migration and AIDS in Ghana: A socio-behavioural study. *Health Transition Review* 3:1–22.
- . 1995. The condition and care of AIDS victims in Ghana: AIDS sufferers and their relations. *Health Transition Review* 3:45–67.
- Anarfi, J. K., and K. Awusabo-Asare. 1993. Experimental research on sexual networking in some selected areas of Ghana. *Health Transition Review* 3:1–15.
- Anim, N. 1966. Ghana. In *Church, State, and Education in Africa*, edited by D. G. Scanlon. New York: Teachers College Press.
- An-Na'im, A. 1988. The rights of women and international law in the Muslim context. *Whittier Law Review* 9:491–516.
- . 2008. *Islam and the Secular State: Negotiating the Future of Shari'a*. Cambridge: Harvard University Press.

- Annan, I., and S. Essuman. 2006. Results of Ghana baseline survey: Maximising access to essential medicines for church health services and their clients. Nairobi: Ecumenical Pharmaceutical Network.
- Anti, K. K., and E. B. Anum. 2003. *Religion and Moral Education*. Accra: Centre for Continuing Education, University of Cape Coast.
- ARHAP. 2006. Appreciating assets: The contribution of religion to universal access in Africa. Cape Town: African Religious Health Assets Programme.
- . 2007. PIRHANA workshop report: Uganda, Kampala Cape Town: African Religious Health Assets Programme.
- Asad, T. 2003. *Formations of the Secular: Christianity, Islam, Modernity*. Stanford: Stanford University Press.
- Asadullah, M. N., N. Chaudhury, and A. Dar. 2009. Student achievement in religious and secular secondary schools in Bangladesh. In *Emerging Evidence on Vouchers and Faith-Based Providers in Education: Case Studies from Africa, Latin America, and Asia*, edited by F. Barrera-Osorio, H. A. Patrinos, and Q. Wodon. Washington, DC: The World Bank.
- Asante, R. K. O. 1998. *Sustainability of Church Hospitals in Developing Countries: A Search for Criteria for Success*. Geneva: World Council of Churches.
- Asare-Danso, S. 2010. Ghana @ 50: The Place of Religious Education Accra. Unpublished research paper.
- Asenso-Okyere, W. K. 1995. Financing healthcare in Ghana. *World Health Forum* 161:86–91.
- Atingdui, L. 1995. Defining the nonprofit sector: Ghana. In *Working Papers of the Johns Hopkins Comparative Nonprofit Sector Project*, edited by L. M. Salamon and H. K. Anheier. Baltimore, MD: The Johns Hopkins Institute for Policy Studies.
- Awoonor-Williams, J. K., E. S. Feinglass, R. Tobey, M. N. Vaughan-Smith, F. K. Nyonator, and T. C. Jones. 2004. Bridging the gap between evidence-based innovation and national health-sector reform in Ghana. *Studies in Family Planning* 35:161–77.
- Awuah-Nyamekye, S. 2009. Salvaging nature: The Akan religio-cultural perspective. *World Views: Global Religions, Culture, and Ecology* 13 (3):251–82.
- . 2010. Religious education in a democratic state: The case of Ghana. Department of Religion & Human Values, Cape Coast: University of Cape Coast.
- Babikako, H. M., D. Neuhauser, A. Katamba, and E. Mupere. 2011. Patient satisfaction, feasibility and reliability of satisfaction questionnaire among patients with pulmonary tuberculosis in urban Uganda: A cross-sectional study. *Health Research Policy and Systems* 9(6):1–11.
- Backiny-Yetna, P., and Q. Wodon. 2009a. Comparing the private cost of education at public, private, and faith-Based schools in Cameroon. In *Emerging Evidence on Vouchers and Faith-Based Providers in Education:*

- Case Studies from Africa, Latin America, and Asia*, edited by F. Barrera-Osorio, H. A. Patinos, and Q. Wodon. Washington, DC: The World Bank.
- . 2009b. Comparing the performance of faith-based and government schools in the Democratic Republic of Congo. In *Emerging Evidence on Vouchers and Faith-Based Providers in Education: Case Studies from Africa, Latin America, and Asia*, edited by F. Barrera-Osorio, H. A. Patinos, and Q. Wodon. Washington, DC: The World Bank.
- Ballou-Aares, D., A. Freitas, L. R. Kopczak, S. Kraiselburd, M. Laverty, E. Macharia, and P. Yadavet. 2008. *Private Sector Role in Health Supply Chains: Review of the Role and Potential for Private Sector Engagement in Developing Country Health Supply Chains*. New York: The Rockefeller Foundation, Dalberg and MIT Zaragoza.
- Baltussen, R., Y. Yé, S. Haddad, and R. Sauerborn. 2002. Perceived quality of care of primary healthcare services in Burkina Faso. *Health Policy and Planning* 17(1):42–48.
- Bamberger, M., ed. 2000. *Integrating Quantitative and Qualitative Research in Development Projects*. Washington, DC: The World Bank.
- Banda, E. E. N., and H. P. M. Simukonda. 1994. The public/private mix in the healthcare system in Malawi. *Health Policy and Planning* 9(1):63–71.
- Banda, M., E. Ombaka, S. Logez, and M. Everard. 2006. Multi-country study of medicine supply and distribution activities of faith-based organizations in Sub-Saharan African countries. Geneva: World Health Organization and Ecumenical Pharmaceutical Network.
- Bandy, G., A. Crouch, C. Haenni, P. Holley, C. J. Larsen, S. Penlington, N. Price, and C. Wilkins. 2008. Building from Common Foundations: The World Health Organization and Faith-Based Organizations in Primary Healthcare.
- Bano, M. 2009a. Allowing for diversity: State-madrassa relations in Bangladesh. Birmingham: Religion and Development Program, University of Birmingham.
- . 2009b. Contesting ideologies and struggle for authority: State-madrassa engagement in Pakistan. Birmingham: Religion and Development Program, University of Birmingham.
- Barr, A. 2004. Rational and biased trust. Oxford: Center for the Study of African Economies.
- Barragán, J. L. 2006. The work of the Catholic Church in fighting the HIV/AIDS pandemic. In *Statement by Cardinal Javier Lozano Barragan, President of the Pontifical Council for Health Pastoral Care*, at the United Nations General Assembly Special Session on AIDS, United Nations Organization, New York, June 2.
- Barrera-Osorio, F., H. A. Patinos, and Q. Wodon, ed. 2009a. *Emerging Evidence on Vouchers and Faith-Based Providers in Education: Case Studies from Africa, Latin America, and Asia*. Washington, DC: The World Bank.

- . 2009b. Public-Private Partnerships in Education: An Overview. In *Emerging Evidence on Vouchers and Faith-Based Providers in Education: Case Studies from Africa, Latin America, and Asia*, edited by F. Barrera-Ororio, H. A. Patrinos, and Q. Wodon. Washington, DC: The World Bank.
- Batley, R., and C. Mcloughlin. 2009. State capacity and non-state service provision in fragile and conflict-affected states. Birmingham: Governance and Social Development Resource Center.
- . 2010. Engagement with non-state service providers in fragile states: Reconciling state-building and service delivery. *Development Policy Review* 28(2):131–54.
- Batson, C., P. Schoenrade, and W. Ventis. 1993. *Religion and the Individual: A Social-Psychological Perspective*. New York: Oxford University Press.
- Bazant, E. S., and M. Boulay. 2007. Factors associated with religious congregation members' support to people living with HIV/AIDS in Kumasi, Ghana. *AIDS and Behaviour* 116:936–45.
- Bazant, E. S., and M. A. Koenig. 2009. Women's satisfaction with delivery care in Nairobi's informal settlements. *International Journal for Quality in Healthcare* 21(2):79–86.
- Bekalo, S., M. Brophy, and A. Welford. 2003. The development of education in post-conflict Somaliland. *International Journal of Educational Development* 23(2):459–75.
- Bekele, A., G. Taye, Y. Mekonnen, W. Girma, A. Degefu, A. Mekonnen, and A. Dejene. 2008. Levels of outpatient satisfaction at selected health facilities in six regions of Ethiopia, *Ethiopian Journal of Health and Development* 22(1):42–48.
- Benedict XVI. 2009. *Caritas in Veritate*. Vatican City: Encyclical of the Catholic Church.
- Benefo, K., and T. P. Schultz. 1996. Fertility and child mortality in Côte d'Ivoire and Ghana. *World Bank Economic Review* 101:123–58.
- Benjamin, D., J. Choi, and G. Fisher. 2010. Religious identity and economic behavior. NBER Working Paper 15925.
- Benjamin, D., J. Choi, and J. Strickland. 2010. Social identity and preferences. *American Economic Review* 100:1913–28.
- Benn, C. 2002. The future role of church related hospitals and health services in developing countries. Edited by DIFAEM. Tubingen: German Institute for Medical Mission.
- . 2003. Why religious health assets matter. In *ARHAP: Assets and Agency Colloquium*. Pietermaritzburg: ARHAP.
- . 2009. The continued paradigm shift in global health and the role of the faith community. In *ARHAP Conference: When Religion and Health Align—Mobilizing Religious Health Assets for Transformation*. Cape Town: African Religious Health Assets Programme.
- Bennett, S., J. D. Quick, and G. Velásquez. 1997. Public-private roles in the pharmaceutical sector: Implications for equitable access and rational drug use. Geneva: The World Health Organization.

- Bentsi, C., C. Abugre, G. Ramm, and P. Poore. 2000. *Promoting the Participation and Financing of Civil Society: An Options Appraisal Study of the Ghana Health Sector*. Accra: Department for International Development.
- Berendes, S., P. Heywood, S. Oliver, and P. Garner. 2011. Quality of private and public ambulatory healthcare in low and middle income countries: systematic review of comparative studies. *PLoS Med* 8(4).
- Berg, J., J. Dickhaut, and K. McCabe. 1995. Trust, reciprocity, and social history. *Games and Economic Behavior* 10:122–42.
- Berger, M. 2006. Sharia—a flexible notion. *R&R* 3:335–45.
- Berger, P. 1967. *The Sacred Canopy*. Garden City: Doubleday.
- Berger, P. L. 1999. The desecularization of the world: A global overview. In *The Desecularization of the World: Resurgent Religion and World Politics*, edited by P. L. Berger. Washington, DC: Ethics and Public Policy Centre.
- Berman, E. H. 1974. African responses to Christian mission education. *African Studies Review* 17(3):527–40.
- Bila, B., and M. Egrot. 2009. Gender asymmetry in healthcare-facility attendance of people living with HIV/AIDS in Burkina Faso. *Social Science & Medicine* 69:854–61.
- Birdsall, K. 2005. Faith-based responses to HIV/AIDS in South Africa: An analysis of the activities of faith-based organisations (FBOs) in the national HIV/AIDS database. Johannesburg: Centre for AIDS Development, Research and Evaluation.
- Birdsall, K., and K. Kelly. 2005. Community responses to HIV/AIDS in South Africa: Findings from a multi-country survey. Johannesburg: Centre for AIDS Development, Research and Evaluation.
- . 2007. Pioneers, partners, providers: the dynamics of civil society and AIDS funding in Southern Africa. Johannesburg: Centre for AIDS Development, Research and Evaluation and the Open Society Initiative for Southern Africa.
- Blount, S. 1995. When social outcomes aren't fair: The effect of causal attributions on preferences. *Organizational Behavior and Human Decision Processes* 63:131–44.
- Blunch, N. H. 2008. Human capital, religion and contraceptive use in Ghana. Department of Economics, Washington and Lee University.
- Boateng, J., H. Surnye, A. Mensah, B. Boateng, P. Nyarko, N. Munguti, and J. H. Bratt. 2006. Costs of reproductive health services provided by four CHAG hospitals. In *Frontiers in Reproductive Health Program*. Baltimore: USAID.
- Bodart, C., G. Servais, Y. Mohamed, and B. Schmidt-Ehry. 2001. The Influence of health sector reform and external assistance in Burkina Faso. *Health Policy and Planning* 16(1):74–86.
- Bolt, J., and D. Bezemer. 2009. Understanding long-run African growth: Colonial institutions or colonial education? *Journal of Development Studies* 45(1):24–54.

- Bonnel, R., R. Rodriguez-García, J. Olivier, and Q. Wodon, with S. McPherson, K. Orr, and J. Ross. 2013. *Funding Mechanisms for Civil Society: The Experience of the AIDS Response*. World Bank Study. Washington, DC: The World Bank.
- Boulay, M., I. Tweedie, and E. Flagbey. 2008. The effectiveness of a national communication campaign using religious leaders to reduce HIV-related stigma in Ghana. *African Journal of AIDS Research* 71:133–41.
- Boulenger, D., B. Keugoung, and B. Criel. 2009. Contracting between faith-based and public health sector in Sub-Saharan Africa: An ongoing crisis? The cases of Cameroon, Tanzania, Chad and Uganda. Antwerp: Institute of Tropical Medicine.
- Bourdieu, P., and L. J. D. Wacquant. 1992. *An Invitation to Reflexive Sociology*. Chicago: University of Chicago Press.
- Boyle, H. N., S. Z. Seebaway, I. Lansah, and A. Boukamhi. 2007. Islamic education sector study: Ghana. Baltimore: USAID.
- Bradley, T. 2009. A call for clarification and critical analysis of the work of faith-based development organizations (FBDOS). *Progress in Development Studies* 2:101–14.
- Bratton, M. 2006. Are you being served? Popular satisfaction with health and education services in Africa. Afrobarometer Working Paper Series. No.65.
- Buchanan, D., D. Boddy, and J. McCalman. 1998. Getting in, getting on, getting out, and getting back. In *Doing Research in Organizations*, edited by A. Bryman. London: Routledge.
- Buskens, L. 2003. Recent debates on family law reform in Morocco: Islamic law as politics in an emerging public sphere. *Islamic Law and Society* 10(1):70–131.
- Bussolo, M., R. E. De Hoyos, and Q. Wodon. 2009. Intra-household inequality, and human capital accumulation in Senegal. In *Gender Aspects of the Trade and Poverty Nexus: A Macro-Micro Approach*, edited by M. Bussolo and R. E. De Hoyos. Washington, DC: World Bank and Palgrave MacMillan.
- Carter, M. R., and M. Castillo. 2009. Trustworthiness and social capital in South Africa: Analysis of actual living standards data and artefactual field experiments. Unpublished paper. University of Wisconsin and Georgia Institute of Technology.
- CCIH. 2005. GRHAM mapping: Rwanda. Kigali: Bureau des Formations Médicales Agréées de Rwanda. Christian Connections for International Health.
- CHAG. 2006. Annual Report: June 2005–May 2006. Accra: Christian Health Association of Ghana.
- . 2008. Annual Report: 2008. Accra: Christian Health Association of Ghana.
- . 2011. Annual Report: 2011. Accra: Christian Health Association of Ghana.
- CHAG and MoH-Ghana. 2006. Memorandum of understanding and administrative instructions. Accra: Ministry of Health and Christian Health Association of Ghana.

- Chambré, S. M. 2001. The changing nature of “faith” in faith-based organisations: Secularisation and ecumenicism in four AIDS organisations in New York City. *Social Service Review* 435–55.
- CHAN. 2007. Christian Health Association of Nigeria website [online]. <http://channigeria.org/aboutus.html> (accessed August 15, 2011).
- Chand, S., and J. Patterson. 2007. *Faith-Based Models for Improving Maternal and Newborn Health*. Baltimore: USAID-ACCESS.
- Charness, G., and E. Haruvy. 2002. Altruism, equity, and reciprocity in a gift-exchange experiment: An encompassing approach. *Games and Economic Behavior* 40:203–31.
- Chaves, M., and P. Gorski. 2001. Religious pluralism and religious participation. *Annual Review of Sociology* 27:261–81.
- Choen-Zada, D., and W. Sander. 2008. Religion, religiosity and private school choice: Implications for estimating the effectiveness of private schools. *Journal of Urban Economics* 64:85–100.
- CIFA. 2010. Many faiths, common action: Increasing the impact of the faith sector on health and development—a strategic framework for action. Washington, DC: Center for Interfaith Action on Global Poverty.
- CIRS. 2008. Symposium: Global development and faith-inspired organizations in the Muslim world. Doha: Center for International and Regional Studies and Berkley Center for Religion, Peace and World Affairs.
- Clark, J. 2004a. *Islam, Charity, and Activism: Middle-Class Networks and Social Welfare in Egypt, Jordan, and Yemen*. Vol. 37, *Indiana Series in Middle East Studies*. Bloomington: Indiana University Press.
- . 2004b. Social movement theory and patron-clientelism. *Comparative Political Studies* 37 (8):941–68.
- Clarke, G. 2006. Faith matters: Faith-based organizations, civil society and international development. *Journal of International Development* 18:835–48.
- Clert, C., E. Gacitua-Mario, and Q. Wodon, 2001, Combining qualitative and quantitative methods for policy research on poverty within a social exclusion framework. In *Measurement and Meaning: Combining Quantitative and Qualitative Methods for the Analysis of Poverty and Social Exclusion in Latin America*, edited by E. Gacitua-Mario and Q. Wodon. World Bank Technical Paper No. 518. Washington, DC: The World Bank.
- Cochrane, J. R. 2003. Religion as social capital in the context of health: Mapping the field. In *ARHAP: Assets and Agency Colloquium*, edited by ARHAP. Pietermaritzburg: African Religious Health Assets Programme.
- . 2006a. Religion, public health and a church for the 21st century. *International Review of Mission* 95(376–77):59–72.
- . 2006b. Understanding religious health assets for public health systems. In *DIFAEM Consultation on Religion and Health*. Tübingen.
- . 2008. Fire from above, fire from below: Health, justice and the persistence of the sacred. *Theoria* 116:67–96.

- . 2011. Trustworthy intermediaries: Role of religious agents on the boundaries of public health. In *When Religion and Health Align: Mobilizing Religious Health Assets for Transformation*, edited by J. R. Cochrane, B. Schmid, and T. Cutts. Pietermaritzburg: Cluster Publications.
- Cogneau, D., and A. Moradiz. 2011. Borders that divide: Education, religion and nutritional status in Ghana and its neighbors since colonial times. Paris: Paris School of Economics.
- Cohen-Zada, D., and W. Sander. 2008. Religion, religiosity and private school choice: Implications for estimating the effectiveness of private schools. *Journal of Urban Economics* 64:85–100.
- Commission, Christian Social Services. 2007. Christian Health Associations at crossroad toward achieving health millennium development goals. In Christian Health Associations Conference, Dar es Salaam, Tanzania.
- Coudouel, A., J. Hentschel, and Q. Wodon. 2002. Poverty measurement and analysis. In *Poverty Reduction Strategies Source Book*, edited by J. Klugman. Washington, DC: The World Bank.
- Coulombe, H., and Q. Wodon. 2007. Poverty, livelihoods and access to basic services in Ghana. Washington, DC: The World Bank.
- . 2012a. Mapping religious health assets: Are faith-inspired facilities located in poor areas in Ghana?, in *Mapping, Cost, and Reach to the Poor of Faith-Inspired Health Care Providers in Sub-Saharan Africa*, edited by J. Olivier and Q. Wodon. HNP Discussion Papers, Washington, DC: The World Bank.
- . 2012b. *A New Poverty Map for Ghana*. Washington, DC: The World Bank.
- . 2013. Mapping religious health assets: Are faith-inspired facilities located in poor areas in Ghana? *Economics Bulletin* 33(2):1615–31.
- Cox, D., and E. Jimenez. 1990. The relative effectiveness of private and public schools: Evidence from two developing countries. *Journal of Development Economics* 34(1–2):99–121.
- Cox, J. 2004. How to identify trust and reciprocity. *Games and Economic Behavior* 46:260–81.
- CSSC. 2007. Christian Health Associations at crossroad toward achieving health millennium development goals. In Christian Health Association's Conference, Dar es Salam, Tanzania.
- De Allegri, M., V. Ridde, V. Louis, M. Sarker, J. Tiendrebeogo, M. Yé, O. Muller, and A. Jahn. 2011. Determinants of utilisation of maternal care services after the reduction of user fees: A case study from rural Burkina Faso. *Health Policy and Planning* 99(3):210–18.
- De Jong, J. 1991. Nongovernmental organizations and health delivery in Sub-Saharan Africa. Washington, DC: The World Bank.
- De Lange, A. 2007. *Deprived Children and Education—Namentenga, Burkina Faso*. Amsterdam: IREWOC—International Research on Working Children.
- De Witte, M. 2003. Altar media's living word: Televised charismatic Christianity in Ghana. *Journal of Religion in Africa* 33(2):172–202.

- Debrunner, H. W. 1965. *A Church between Colonial Powers: A Study of the Church in Togo*. London: Lutterworth Press.
- Deneulin, S., and C. Rakodi. 2011. Revisiting religion: Development studies thirty years on. *World Development* 39:45–54.
- Dennis, C., and A. Fentiman. 2007. Alternative Basic Education in African Countries Emerging from Conflict: Issues of Policy, Co-ordination and Access. DFID Education Paper No. 67. Department for International Development, United Kingdom.
- DeRoeck, D. 1998. Making health-sector non-governmental organizations more sustainable: a review of NGO and donor efforts. Bethesda, MD: Partnerships for Health Reform Project, Abt Associates Inc.
- Derrida, J., and G. Vattimo. 1998. *Religion: Cultural Memory in the Present*. Cambridge, UK: Polity Press.
- Diamoutani, M. 2009. Position du HICM relative à l'adoption par l'Assemblée Nationale du code des personnes et de la famille. Bamako: Ligue Malienne des Imams et Erudits pour la Solidarité Islamique.
- Dieleman, M., and T. Hilhorst. 2009. Quest for quality: Interventions to improve human resources for health among faith-based organisations. The Hague: CORDAID and Royal Tropical Institute.
- DIFAEM. 2005. Global assessment of faith-based organisations' access to resources for HIV and AIDS response. Tubingham: German Institute for Medical Mission.
- Dilger, H. J. 2009. Doing better? Religion, the virtue-ethics of development, and the fragmentation of health politics in Tanzania. *Africa Today* 56(1):89–108.
- Dimmock, F. 2005. Christian Health Associations in Africa. Christian Connections for International Health Annual Conference. Washington DC.
- . 2007. Faith-based health networks in Africa. In Christian Connections for International Health Annual Conference. Washington, DC.
- . 2011. Maintaining and strengthening religious health assets: Challenges facing Christian Health Associations in the next decade. In *When Religion and Health Align: Mobilizing Religious Health Assets for Transformation*, edited by J. R. C. B. Schmid and T. Cutts. Pietermaritzburg: Cluster Publications.
- Dimmock, F., J. Olivier, and Q. Wodon. 2012a. Half a century young: The Christian health associations in Africa. In *The Role of Faith-Inspired Health Care Providers in Sub-Saharan Africa and Public-Private Partnerships*, edited by J. Olivier and Q. Wodon. HNP Discussion papers. Washington, DC: The World Bank.
- . 2012b. Public-Private Partnerships for Healthcare in Africa: The Experience of the Christian Health Associations. *Smart Lessons*. Washington, DC: International Finance Corporation.
- Doctor, H. V., J. F. Phillips, and E. Sakeah. 2009. The influence of changes in women's religious affiliation on contraceptive use and fertility among

- the Kassena-Nankana of Northern Ghana. *Studies in Family Planning* 40(2):113–22.
- Doupe, A. 2005. Partnerships between churches and people living with HIV/AIDS organizations. Geneva: World Council of Churches.
- Dovlo, D. Y. 2005. Social dialogue in the health sector: Case study Ghana. *Sectoral Activities Programme*. Geneva: International Labour Office.
- Dovlo, E. 2005. Religion in the public sphere: Challenges and opportunities in Ghanaian lawmaking 1989–2004. *Brigham Young University Law Review* 2005:629–58.
- Ecumenical Pharmaceutical Network (EPN). 2005. *Starting Points—Burkina Faso: Increasing the Capacity of Church Leaders and Church Related Health Services to Respond to the Massive Challenge of HIV/AIDS Treatment*. Nairobi: Ecumenical Pharmaceutical Network.
- Elbers, C., J. O. Lanjouw, and P. Lanjouw. 2002. Welfare in villages and towns: Micro level estimation of poverty and inequality. In *Policy Research Working Paper No. 2911*. Washington, DC: The World Bank.
- . 2003. Micro-level estimation of poverty and inequality. *Econometrica* 71(1):355–64.
- Ellis, S., and G. TerHaar. 2001. *Worlds of Power: Religious Thought and Political Practice in Africa*. Johannesburg: Witwatersrand University Press.
- Ellway, P. 2001. Shopping for faith or dropping your faith? <http://www.csa.com/discoveryguides/religion/overview.php>.
- Epple, D., and R. E. Romano. 1998. Competition between private and public schools, Vouchers, and peer-group effects. *The American Economic Review* 88(1):33–62.
- Evans, W., and R. Schwab. 1995. Finishing high school and starting college: Do Catholic schools make a difference? *Quarterly Journal of Economics* 110:941–74.
- Ewert, D. M., and A. Merrill. 2005. *A New Agenda for Medical Missions*. MAP International.
- Faye, S. L. 2008. Becoming a mother in Senegal: The experience of motherhood in a setting of social injustice and health service failures. *Cahiers d'études et de recherches francophones/Santé* 18(3):175–83.
- Fershtman, C., and U. Gneezy. 2001. Discrimination in a segmented society: An experimental approach. *Quarterly Journal of Economics* 116:351–77.
- Formicola, J. R., M. Segers, and P. Weber. 2003. *Faith-Based Initiatives and the Bush Administration: The Good, the Bad and the Ugly*. Lanham, MD: Rowman and Littlefield.
- Forsythe, R., J. Horowitz, N. E. Savin, and M. Sefton. 1994. Replicability, fairness and pay in experiments with simple bargaining games. *Games and Economic Behavior* 6(3):347–69.
- Foster, G. 2004. Study of the response by faith-based organizations to orphans and vulnerable children. New York: World Conference of Religions for Peace and United Nations Children Fund.

- Foulon, G., and R. Some. 2005. Quel système de financement de l'accès aux soins des populations dans les PED: Le cas des districts de santé au Burkina Faso. *Mondes en Développement* 33:99–110.
- Fox, D. M. 1992. The politics of HIV infection: 1989–1990 as years of change. In *AIDS: The Making of a Chronic Disease*, edited by E. Fee, and D. M. Fox. Berkeley: University of California Press.
- Garner, R. C. 1999. Religion in the AIDS crisis: Irrelevance, adversary or ally? *AIDS Analysis Africa* 10:6–7.
- Gary, I. 1996. Confrontation, co-operation or co-optation: NGOs and the Ghanaian state during structural adjustment. *Review of African Political Economy* 23(68):149–68.
- Geertz, C. 1973. Thick description: Toward an interpretive theory of culture. In *The Interpretation of Cultures: Selected Essays*, edited by C. Geertz. New York: Basic Books.
- Gemignani, R., M. Shojó, and Q. Wodon. 2014a. What drives the choice of faith-inspired schools by households? Qualitative evidence from two African countries. *Review of Faith & International Affairs* 12(2):51–60.
- Gemignani, R., C. Tsimpo, and Q. Wodon. 2014b. Making quality care affordable for the poor: Faith-inspired health facilities in Burkina Faso. *Review of Faith & International Affairs* 12(2):51–60.
- Gemignani, R., and Q. Wodon. 2012a. How do households choose between health providers? Results from qualitative fieldwork in Burkina Faso. In *The Comparative Nature of Faith-Inspired Health Care Providers in Sub-Saharan Africa*, edited by J. Olivier and Q. Wodon. HNP Discussion Papers. Washington, DC: The World Bank.
- . 2012b. Making quality care affordable to the poor: Faith-inspired health facilities in Burkina Faso. In *Mapping, Cost, and Reach to the Poor of Faith-Inspired Health Care Providers in Sub-Saharan Africa*, edited by J. Olivier and Q. Wodon. HNP Discussion Papers. Washington, DC: The World Bank.
- George, J., and Q. Wodon. 2012. Performance in Ghana's public and private primary schools. Mimeo. Washington, DC: The World Bank.
- GFATM. 2008. Report on the involvement of faith-based organizations in the Global Fund. Geneva: The Global Fund to Fight AIDS, Tuberculosis and Malaria.
- Ghana Health Service. 2009. The health sector in Ghana: Facts and figures 2009. Accra: Ghana Health Service, PPME Division.
- Ghana-MoH. 2006. Medicine prices in Ghana: A comparative study of public, private and mission sector medicine prices. Accra, Ghana: Ministry of Health, Health Association International Kenya, and the World Health Organization.
- . 2006. *Memorandum of Understanding and Administrative Instructions*. Accra: Ministry of Health.
- Gilson, L. 2005. Editorial: Building trust and value in health systems in low- and middle-income countries. *Social Science & Medicine* 61:1381–84.

- Gilson, L., J. Adusei, D. Arhin, C. Hongoro, P. Mujinja, and K. Sagoe. 1997. Should African governments contract out clinical health services to church providers? In *Private Health Providers in Developing Countries: Serving the Public Interest?*, edited by B. M. S. Bennett and A. Mills. London and New Jersey: Zed Books.
- Gilson, L., M. Alilio, and K. Heggenhougen. 1994. Community satisfaction with primary healthcare services: An evaluation undertaken in the Morogoro region of Tanzania. *Social Science & Medicine* 39(6):767–80.
- Gilson, L., M. Magomi, and E. Mkangaa. 1995. The structural quality of Tanzanian primary health facilities. *Bulletin of the World Health Organization* 73(1):105–14.
- Gilson, L., P. D. Sen, S. Mohammed, and P. Mujinja. 1994. The potential of health sector nongovernmental organizations—policy options. *Health Policy and Planning* 9(1):14–24.
- González, R. A., and G. Arévalo. 2005. Subsidized Catholic schools in Venezuela. In *Private Education and Public Policy in Latin America*, edited by L. Wolff, J. C. Navarro, and P. González. Washington, DC: Project for Educational Revitalization in the Americas.
- Government of Malawi. 2001. National Health Accounts (NHA): A broader perspective of the Malawian health sector, 1998/9 financial year. Lilongwe, Malawi: Ministry of Health and Population, Republic of Malawi.
- Green, A., J. Shaw, F. Dimmock, and C. Conn. 2002. A shared mission? Changing relationships between government and church health services in Africa. *International Journal of Health Planning and Management* 17:333–53.
- Grills, N. 2009. The paradox of multilateral organizations engaging with faith-based organizations. *Global Governance* 15:505–520.
- Gyapong, J., B. Garshong, et al. 2007. Critical analysis of Ghana's health system: With a focus on equity challenges and the National Health Insurance. SHIELD Workpackage 1 Report.
- Gyimah, S. O. 2003. A cohort analysis of the timing of first birth and fertility in Ghana. *Population Research and Policy Review* 223:251–66.
- . 2007. What has faith got to do with it? Religion and child survival in Ghana. *Journal of Biosocial Science* 39:923–37.
- Gyimah, S. O., B. K. Takyi, and I. Addai. 2006. Challenges to the reproductive-health needs of African women: On religion and maternal health utilization in Ghana. *Social Science & Medicine* 62:2930–44.
- Gyimah, S. O., B. Takyi, and E. I. Tenkorang. 2008. Denominational affiliation and fertility behaviour in an African context: An examination of couple data from Ghana. *Journal of Biosocial Science* 40:445–58.
- Gyimah, S. O., E. Y. Tenkorang, B. K. Takyi, J. Adiei, and G. Fosu. 2010. Religion, HIV/AIDS and sexual risk-taking among men in Ghana. *Journal of Biosocial Science* 42:531–47.

- Habyarimana, J., H. MacArtan, D. N. Posner, and J. M. Weinstein. 2007. Why does ethnic diversity undermine public goods provision? *American Political Science Review* 101(4):709–25.
- Haddad, B. ed. 2011. *Religion and HIV/AIDS: Charting the Terrain*. Pietermaritzburg, South Africa: Cluster Publications.
- Haddad, B., J. Olivier, and S. De Gruchy. 2008. The potential and perils of partnership: Christian religious entities and collaborative stakeholders responding to HIV and AIDS in Kenya, Malawi and the DRC. Cape Town: Africa Religious Health Assets Programme.
- Haddad, L. 1999. The income earned by women: Impacts on welfare outcomes. *Agricultural Economics* 20:135–41.
- Haddad, S., A. Nougbara, and V. Ridde. 2004. Les inégalités d'accès aux services de santé et leurs déterminants au Burkina Faso. *Santé, Société et Solidarité* 2:199–210.
- Hafner, C. 2009. Strengthening the role of faith-based organizations in human resources for health initiatives. In *Legacy Series*. Chapel Hill: The Capacity Project.
- Hagberg, S. 2002. Learning to live or learning to leave? Education and identity in Burkina Faso. *African Sociological Review* 6(2).
- Hallaq, W. 2005. *The Origins and Evolution of Islamic law*. Cambridge: Cambridge University Press.
- . 2009a. *An Introduction to Islamic Law*. Cambridge: Cambridge University Press.
- . 2009b. *Shari'a: Theory, Practice, Transformations*. Cambridge: Cambridge University Press.
- Hampshire, K. 2002. Networks of nomads: Negotiating access to health resources among pastoralist women in Chad. *Social Science & Medicine* 54(7):1025–37.
- Hanson, K., and P. Berman. 1994. Non-government financing and provision of health services in Africa: A background paper. Washington, DC: United States Agency for International Development.
- . 1998. Private healthcare provision in developing countries: A preliminary analysis of levels and composition. *Health Policy and Planning* 13(3):195–211.
- Harnischfeger, J. 2008. *Democratization and Islamic Law: The Sharia Conflict in Nigeria*. Frankfurt: Campus Verlag.
- Hecht, R. M., and V. L. Tanzi. 1993. The role of non-governmental organizations in the delivery of health services in developing countries. Washington, DC: The World Bank.
- Heinrich, G., D. Leege, and C. Miller. 2008. A User's Guide to Integral Human Development (IHD). Baltimore: Catholic Relief Services.
- HERA. 2005. Public private partnership for equitable provision of quality health services, technical review. Reet, Belgium: Health Research for Action.
- Hoddinott, J., and L. Haddad. 1995. Does female income share influence household expenditures? Evidence from Cote d'Ivoire. *Oxford Bulletin of Economics and Statistics* 57(1):77–96.

- Hoxby, C. M. 1994. Do Private Schools Provide Competition for Public Schools?: National Bureau of Economic Research Working Paper 4978. NBER, Cambridge, MA.
- Hsieh, C., and M. Urquiola. 2006. The effects of generalized school choice on achievement and stratification: Evidence from Chile's school voucher program. *Journal of Public Economics* 90:1477–503.
- Hutchinson, P. 2001. Combating illness. In *Uganda's Recovery: The Role of Farms, Firms, and Government*, edited by R. Reinikka and P. Collier. Washington, DC: The World Bank.
- Iannaccone, L. 1991. The consequences of religious market structure: Adam Smith and the economics of religion. *Rationality and Society* 3:156–77.
- . 1998. The economics of religion: A survey of recent work. *Journal of Economic Literature* 36:1465–96.
- Iannaccone, L., R. Stark, and R. Finke. 1998. Rationality and the religious mind. *Economic Inquiry* 36:373–89.
- Iannaccone, L., and E. Berman. 2006. Religious extremism: The good, the bad, and the deadly. *Public Choice* 128:109–29.
- Iddrisu, A. 2002. Between Islamic and Western secular education in Ghana: A progressive integration approach. *Journal of Muslim Minority Affairs* 22(2):335–50.
- . 2005. The growth of Islamic learning in Northern Ghana and its interaction with Western secular education. *Africa Development* 30(1–2):53–67.
- Jepsen, C. 2003. The effectiveness of Catholic primary schooling. *Journal of Human Resources* 38:928–41.
- Jimenez, E., and M. E. Lockheed. 1995. Public and private secondary education in developing countries: A comparative study. World Bank Discussion Paper 309, Washington, DC: The World Bank.
- Johansson-Stenman, O., M. Mahmud, and P. Martinsson. 2009. Trust and religion: Experimental evidence from rural Bangladesh. *Economica* 76:462–85.
- Jönsson, J. 2009. The overwhelming minority: Inter-ethnic conflict in Ghana's northern region. *Journal of International Development* 21:507–19.
- Karlan, D. S. 2005. Using experimental economics to measure social capital and predict financial decisions. *American Economic Review* 95(5):1688–99.
- Kazaresam, A. E. 1975. *The Kasena of Ghana and Pastoral Approach*. Licence en Catéchèse et Pastorale. Bruxelles: Lumen Vitae International Institute of Catechetics and Pastoral.
- Kawasaki, E., and J. P. Patten. 2002. Drug supply systems of missionary organizations identifying factors affecting expansion and efficiency: Case studies from Uganda and Kenya. Boston, MA: Boston University.
- Kahneman, D., J. Knetsch, and R. Thaler. 1986. Fairness and the assumptions of economics. *Journal of Business* 59:S285–300.
- King, E., and A. Mason, ed. 2001. *Engendering Development: Through Gender Equality in Rights, Resources, and Voice*. New York: Oxford University Press.

- King, J. E., and M. R. Crowther. 2004. The measurement of religiosity and spirituality: Examples and issues from psychology. *Journal of Organizational Change Management* 27(1):83–101.
- Kintaudi, L. 2006. Churches and healthcare in DR Congo. SANRU presentation.
- Kintaudi, L., P. Derstine, and F. Baer. 2004. Faith-based co-management of health zones and umbrella projects in DR Congo. In American Public Health Association Meeting, Washington, DC.
- Kissah-Korsah, K. 2008. Spatial accessibility to healthcare facilities in the Ajumako-Enyan-Essiam and Upper Denkyira districts in the Central Region of Ghana. *Norsk Geografisk Tidsskrift—Norwegian Journal of Geography* 62:203–209.
- Kitchen, M. 2002. World must coordinate efforts, end waste, says Wolfensohn. *UN Wire*.
- Knowles, J. C., A. S. Yazbeck, and S. Brewster. 1994. The private sector delivery of healthcare: Senegal. Bethesda, MD: Health Financing and Sustainability (HFS) Project.
- Korling, G. 2005. “Lahiya Vitesse” and the Quest for Relief: A Study of Medical Pluralism in Saga, Niamey. Niger, Uppsala University.
- Kpobi, D. N. A. 1995. *Triple Heritage: Facts and Figures about the Presbyterian Church of Ghana*. Accra: Asempa Publishers, Christian Council of Ghana.
- Kürzinger, M. L., J. Pagnier, J. G. Kahn, R. Hampshire, T. Wakabi, and T. D. V. Dye. 2008. Education status among orphans and non-orphans in communities affected by AIDS in Tanzania and Burkina Faso. *AIDS Care* 20(6):726–32.
- Langer, A. 2010. The situational importance of ethnicity and religion in Ghana. *Ethnopolitics* 91:9–29.
- Langer, A., and U. Ukiwo. 2009. Subjective realities: Perceptions of identity and conflict in Ghana and Nigeria. *Journal of International Development* 21:483–94.
- LaRocque, N., and H. Patrinos. 2006. *Choice and Contracting Mechanisms in the Education Sector*. Washington, DC: The World Bank.
- Launay, R., and B. F. Soares. 1999. The formation of an “Islamic sphere” in French Colonial West Africa. *Economy and Society* 28(4):497–519.
- Levin, A., T. Dmytraczenko, and M. McEuen. 1999. Costs of maternal healthcare in Masaka District Uganda. Bethesda, MD: Partnerships for Health Reform.
- Levin, A., T. Dmytraczenko, M. McEuen, F. Ssenooba, R. Mangani, and G. Van Dyck. 2003. Costs of maternal healthcare services in three anglophone African countries. *International Journal of Health Planning Management* 18(1):3–22.
- Liebowitz, J. 2004. Faith-based organizations and HIV/AIDS in Uganda and KwaZulu-Natal. Health Economics and HIV/AIDS Research Division, University of KwaZulu Natal.

- Lievens, T., P. Serneels, S. Garbarino, and P. Quartey. 2011. Creating incentives to work: results from a qualitative health worker study in Ghana. Washington, DC: The World Bank.
- Lindelöw, M., R. Reinikka, and J. Svensson. 2003. Healthcare on the frontlines: survey evidence on public and private providers in Uganda. In *Africa Region Human Development Working Paper Series no. 38*. Washington, DC: The World Bank.
- Lipsky, A. 2011. Evaluating the strength of faith: Potential comparative advantages of faith-based organizations providing health services in sub-Saharan Africa. *Public Administration and Development* 31:25–36.
- Long, A., and N. Long, ed. 1992. *Battlefields of Knowledge: The Interlocking of Theory and Practice in Social Research and Development*. London: Routledge.
- Luboga, S., A. Hagopian, J. Ndiku, E. Bancroft, and P. McQuide. 2011. Satisfaction, motivation, and intent to stay among Ugandan physicians: A survey from 18 national hospitals. *International Journal of Health Planning and Management* 26:2–17.
- Lusey-Gekawaku, H. 2003. The churches confronted with the problem of HIV/AIDS: Analysis of the situation in five countries of Central Africa. Geneva: World Council of Churches.
- Maclure, R. 1995. Primary health care and donor dependency: A case study of nongovernment assistance in Burkina Faso. *International Journal of Health Services* 25(3):539–58.
- . 2005. Primary healthcare and donor dependency: A case study of nongovernment assistance in Burkina Faso. *International Journal of Health Services* 25(3):539–58.
- Maclure, R., B. Kabore, C. Mvoto Meyong, D. Lavan, and K. Mundy. 2007. Civil Society and the Governance of Basic Education: Partnership or Cooptation? Burkina Faso Country Field Study. Comparative and International Development Centre, OISE/UT. Faculty of Education, University of Ottawa.
- Makinen, M., S. Sealy, R. A. Bitran, S. Adjei, and R. Munoz. 2011. *Private Health Sector Assessment in Ghana*. Washington, DC: The World Bank.
- Malawi, Government of. 2001. National Health Accounts (NHA): A broader perspective of the Malawian health sector, 1998/9 financial year. Lilongwe: Ministry of Health and Population, Republic of Malawi.
- Mandi, F. 2006. Planning, development and supporting the faith-based health workforce. In *African Christian Health Associations' Human Resources for Health Mini-Forum*. Nairobi: The Capacity Project and Medicus Mundi International.
- Marek, T., C. O'Farrell, C. Yamamoto, and I. Zable. 2005. Trends and opportunities in public-private partnerships to improve health service delivery in Africa. In *Africa Region Human Development Working Paper Series*. Washington, DC: The World Bank.

- Marschall, P., and S. Flessa. 2009. Assessing the efficiency of rural health centers in Burkina Faso: An application of data envelopment analysis. *Journal of Public Health* 17:87–95.
- Marshall, K., and L. Keough. 2005. *Finding Global Balance: Common Ground between the Worlds of Development and Faith*. Washington, DC: The World Bank.
- Marshall, K., and M. Van Saanen. 2007. *Development and Faith: Where Mind Heart and Soul Work Together*. Washington, DC: The World Bank.
- Marshall, M., and N. Taylor. 2009. Tackling HIV and AIDS with faith-based communities: Learning from attitudes on gender relations and sexual rights within local evangelical churches in Burkina Faso, Zimbabwe, and South Africa. *Gender and Development* 14:363–74.
- Martens, K. 2002. Mission impossible? Defining nongovernmental organizations. *Voluntas* 13(4):271–85.
- Matomora, K. S. M. 1995. The district health systems approach. *Contact* 143:7–14.
- McCauley, J. 2009. Distinguishing religious and ethnic politics: Evidence from a field experiment in West Africa. Unpublished paper.
- McGilvray, J. 1981. *The Quest for Health and Wholeness*. Tübingen: German Institute for Medical Mission.
- McWilliam, H. O. A., and M. A. Kwamena-Poh. 1975. *The Development of Education in Ghana*. London: Longman.
- Melkote, S. R., and H. L. Steeves. 2001. *Communication for Development in the Third World: Theory and Practice for Empowerment*. London: Sage.
- Mhango, D. 2006. Innovative recruitment and retention strategies. Paper presented at the Global Health Council. Washington, DC: Global Health Council.
- Miller, A. S., and J. P. Hoffmann. 1995. Risk and religion: An explanation of gender differences in religiosity. *Journal for the Scientific Study of Religion* 34(1):63–75.
- Miralles, M. A., Aboagyey-Nyame, F., D. K. Arhinful, A. Barraclough, D. Boesen, J. Briggs, D. Broun, M. Janvier, P. Lalvani, T. Moore, D. Ofori-Adjei, and L. Yerkes. 2003. Access to essential medicines: Ghana. Arlington, VA: Center for Pharmaceutical Management, Management Sciences for Health.
- Mission, Ahmadiyya Muslim. 2008. Ahmadiyya Muslim mosques around the world: A pictorial presentation. The Ahmadiyya Muslim Mission, Khilafat Centenary.
- Mliga, G. R. 2003. Decentralization and the quality of healthcare in Tanzania. In *Africa's Changing Markets for Health and Veterinary Services: The New Institutional Issues*, edited by D. K. Leonard. London: GAIA Books.
- Mogedal, S., and S. H. Steen. 1995. Health sector reform and organizational issues at the local level: Lessons from selected African countries. *Journal of International Development* 7(3):349–67.
- MOH-Lesotho. 2007. Christian Health Association of Lesotho, Ministry of Health, Government of Lesotho website.

- MOH-Zambia. 2002. Zambia national health accounts 1995–1998. Lusaka: Ministry of Health and Central Board of Health, Government of Lesotho.
- Monroe, K. R., and L. H. Kreidie. 1997. The perspective of Islamic fundamentalists and the limits of rational choice theory. *Political Psychology* 18(1):19–43.
- Moors, A. 2003. Introduction: Public debates on family law reform-participants, positions and styles of argumentation in the 1990s. *Islamic Law and Society* 10(1):1–11.
- Mugisha, F., K. Bocar, H. Dong, G. Chepng'eno, and R. Sauerborn. 2004. The two faces of enhancing utilization of healthcare services: Determinants of patient initiation and retention in rural Burkina Faso. *Bulletin of the World Health Organization* 82:572–79.
- Mumford, W. B., and G. S. J. Orde-Browne. 1937. *Africans Learn to Be French: A Review of Educational Activities in the Seven Federated Colonies of French West Africa, Based Upon a Tour of French West Africa Undertaken in 1935*. London: Evans Brothers.
- Munene, J. A. W. 2003. A situational analysis of the church's responses to HIV/AIDS. Nairobi: PACANet.
- Munishi, G. K. 1995. Social services provision in Tanzania: The relationship between political development strategies and NGO participation. In *Service Provision under Stress in East Africa*, edited by J. Semboja and O. Therkildsen. London: James Currey.
- Muriithi, P., N. Munguti, R. Ayah, and D. Ongore. 2007. A situational analysis study of the faith-based health services vis-a-vis the government health services. Kampala, Kenya: Ministry of Health Republic of Kenya, Christian Health Association of Kenya and German Technical Cooperation.
- Mwabu, G. 1986. Healthcare decisions at the household level: Results of a rural health survey in Kenya. *Social Science & Medicine* 22(3):315–19.
- Mwenda, S. 2007. HR crisis in Kenya, the dilemma of FBOs. In Church Health Association Conference, Dar es Salaam/Bagamoyo, Tanzania.
- Nair, P. 2009. The state and madrasas in India. Birmingham: Religion and Development Program Working Paper, University of Birmingham.
- Nechyba, T. J. 2000. Mobility, targeting and private school vouchers. *American Economic Review* 90(1):130–46.
- Neuman, W. L. 1999. *Social Research Methods: Qualitative and Quantitative Approaches*. Chicago: Allyn & Bacon.
- Nikiema, B., S. Haddad, and L. Potvin. 2008. Women bargaining to seek healthcare: Norms, domestic practices, and implications in rural Burkina Faso. *World Development* 36(4):608–24.
- Nikiema, L., Y. Kameli, G. Capon, B. Sondo, and Y. Martin-Prével. 2010. Quality of antenatal care and obstetrical coverage in rural Burkina Faso. *Journal of Health, Population and Nutrition* 28(1):67–75.
- Nimo, K. P., and S. Wood. 2005. Situational Analysis on HIV/AIDS Services within the Private Health Sector in Ghana. Geneva: World Health Organization.

- Nitiema, A., V. Ridde, and J. Girard. 2003. L'efficacité des politiques publiques de santé dans un pays de l'Afrique de l'Ouest: Le cas de Burkina Faso. *International Political Science Review* 24(2):237–56.
- Nketiah-Amponsah, E., and U. Hiemenz. 2009. Determinants of consumer satisfaction of healthcare in Ghana: Does choice of healthcare provider matter? *Global Journal of Health Science* 12:50–61.
- Nour, N. 2006. Health consequences of child marriage in Africa. *Emerging Infectious Diseases* 12:1644–48.
- Nouve, K., Y. Bambio, S. Kabore, and Q. Wodon. 2010. Risque et mesures de la pauvreté rurale au Burkina Faso. *Perspective Afrique* 5(1–3):Article 5.
- Nouve, K., J. Kafando, A. Savadogo, D. Sebre, C. Tsimpo, and Q. Wodon. 2009. Dynamique de la pauvreté sur base des actifs et des perceptions des ménages au Burkina Faso de 2003 à 2007. *Perspective Afrique* 4(1–3):Article 2.
- Nshakira, N., S. Whyte, J. Jitta, and G. Busuulwa. 1996. An Assessment of Quality of Out-Patient Clinical Care in District Health Facilities—Tororo District. Child Health and Development Centre, Makerere University, Institute of Anthropology, University of Copenhagen, District Health Management Team, Tororo District.
- Nunn, N. 2010. Religious conversion in colonial Africa. *American Economic Review* 100(2):147–52.
- Nussbaum, S., ed. 2005. *The Contribution of Christian Congregations to the Battle with HIV and AIDS at the Community Level*. Oxford: Global Mapping International.
- Nwabueze, S. A., P. O. U. Adogu, A. L. Ilika, and M. C. Asuzu. 2010. Comparative analysis of patient satisfaction levels in HIV/AIDS care in secondary and tertiary, healthcare facilities in Nigeria. *Afrimedical Journal* 1(1).
- Nyonator, F., and J. Kutzin. 1999. Health for some? The effects of user fees in the Volta region of Ghana. *Health Policy and Planning* 14(4):329–41.
- Olivier, J. 2010. In search of common ground for interdisciplinary collaboration and communication: Mapping the cultural politics of religion and HIV/AIDS in sub-Saharan Africa. Cape Town: University of Cape Town.
- . 2011. An FB-oh?: Mapping the etymology of the religious entity engaged in health. In *When Religion and Health Align: Mobilizing Religious Health Assets for Transformation*, edited by J. R. Cochrane, B. Schmid, and T. Cutts. Pietermaritzburg: Cluster Publications.
- Olivier, J., and P. Clifford. 2011. Religious community care and support in the context of HIV and AIDS: Outlining the contours. In *Religion and HIV/AIDS: Charting the Terrain*, edited by B. Haddad. KwaZulu-Natal University of KwaZulu-Natal Press.
- Olivier, J., J. R. Cochrane, and B. Schmid. 2006. ARHAP literature review: Working in a bounded field of unknowing. Cape Town: African Religious Health Assets Programme.

- Olivier, J., M. Shojo, and Q. Wodon. 2014. Faith-inspired health care provision in Ghana: Market share, reach to the poor, and performance. *Review of Faith & International Affairs* 12(1):84–96.
- Olivier, J., C. Tsimpo, and Q. Wodon. 2012a. Satisfaction with faith-inspired healthcare services in Africa: Review and evidence from household surveys. In *The Comparative Nature of Faith-Inspired Health Care Providers in Sub-Saharan Africa*, edited by J. Olivier and Q. Wodon. HNP Discussion Papers. Washington, DC: The World Bank.
- . 2012b. Do faith-inspired healthcare providers in Africa reach the poor more than other providers? In *Mapping, Cost, and Reach to the Poor of Faith-inspired Health Care Providers in Sub-Saharan Africa*, edited by J. Olivier and Q. Wodon. HNP Discussion papers. Washington, DC: The World Bank.
- Olivier, J., and Q. Wodon. 2012a. Playing broken telephone: Assessing faith-inspired healthcare provision in Africa. *Development in Practice* 22:5–6:819–34.
- . 2012b. Market share of faith-inspired health care providers in Africa: Comparing facilities and multi-purpose household survey data. In *The Role of Faith-Inspired Health Care Providers in Sub-Saharan Africa and Public-Private Partnerships*, edited by J. Olivier and Q. Wodon. HNP Discussion paper. Washington, DC: The World Bank.
- . 2012c. History of faith-inspired healthcare provision in Ghana. Mimeo. Washington, DC: The World Bank.
- , ed. 2012d. *The Role of Faith-Inspired Health Care Providers in sub-Saharan Africa and Public-Private Partnerships: Strengthening the Evidence for Faith-Inspired Health Engagement in Africa (Volume 1)*, HNP Discussion Paper, World Bank, Washington, DC, 2012.
- . 2012e. Layers of evidence: Discourses and typologies on faith-inspired community responses to HIV/AIDS in Africa. In *Mapping, Cost, and Reach to the Poor of Faith-Inspired Health Care Providers in Sub-Saharan Africa*, edited by J. Olivier and Q. Wodon. HNP Discussion Paper. Washington, DC: The World Bank.
- . 2012f. Increased funding for AIDS-engaged civil society organizations in Africa? In *The Role of Faith-Inspired Health Care Providers in Sub-Saharan Africa and Public-Private Partnerships*, edited by J. Olivier and Q. Wodon. HNP Discussion Paper. Washington, DC: The World Bank.
- , ed. 2012g. *The Comparative Nature of Faith-Inspired Health Care Providers in Sub-Saharan Africa: Strengthening the Evidence for Faith-Inspired Health Engagement in Africa (Volume 2)*, HNP Discussion Paper Washington, DC: The World Bank.
- , ed. 2012h. *Mapping, Cost, and Reach to the Poor of Faith-Inspired Health Care Providers in Sub-Saharan Africa: Strengthening the Evidence for Faith-Inspired Health Engagement in Africa (Volume 3)*, HNP Discussion Paper. Washington, DC: The World Bank.
- . 2012i. Faith-inspired health care provision in Ghana: Market share, reach to the poor, and performance. In *The Role of Faith-Inspired Health*

- Care Providers in Sub-Saharan Africa and Public-Private Partnerships: Strengthening the Evidence for Faith-inspired Health Engagement in Africa (Volume 1)*, edited by J. Olivier and Q. Wodon, HNP Discussion Paper, World Bank, Washington, DC, 2012.
- . 2014a. Faith-inspired health care in sub-Saharan Africa: An introduction to the spring 2014 issue. *Review of Faith & International Affairs* 12(1):1–7.
- . 2014b. Increased funding for AIDS-engaged faith-based organizations in Africa? *Review of Faith & International Affairs* 12(1):53–71.
- . 2014c. Faith-inspired education in Ghana: A historical case example. *Review of Faith & International Affairs* 12(2):27–37.
- Oppong, J. R. 1998. A vulnerability interpretation of the geography of HIV/AIDS in Ghana, 1986–1995. *The Professional Geographer* 50(4):437–48.
- Oppong, J. R., and S. Agyei-Mensah. 2004. HIV/AIDS in West Africa: The case of Senegal, Ghana, and Nigeria. In *HIV and AIDS in Africa: Beyond Epidemiology*, edited by E. Kalipeni, S. Craddock, J. R. Oppong, and J. Ghosh. Oxford: Blackwell.
- Ouedraogo, A. 2008. L'Enseignement de la culture Arabe et Islamique dans le Département de Soaw, Province de Bulkiemde, Burkina Faso. *Revue de Mondes Musulmans et de la Méditerranée*.
- Ouedraogo, P. 2010. The legacy of Christianity in West Africa, with special reference to Burkina Faso. *Comparative Education* 46(3):391–405.
- Parra-Osorio, J. C., G. Joseph, and Q. Wodon. 2012. The effects of religion on social cooperation: Results from a field experiment in Ghana. Mimeo. Washington, DC: The World Bank.
- Parra-Osorio, J. C., and Q. Wodon. 2011. *Escuelas religiosas en América Latina: Estudios de caso sobre Fe y Alegría, Estudios del Banco Mundial*. Washington, DC: The World Bank.
- Parry, S. 2003. Responses of the faith-based organisations to HIV/AIDS in sub-Saharan Africa. Geneva: World Council of Churches and Ecumenical HIV/AIDS Initiative in Africa.
- Pearl, E., S. Chand, and C. Hafner. 2009. Training health workers in Africa: Documenting faith-based organizations' contributions. In *The Capacity Project—Technical Brief 17*.
- Peeters, R. 1999. Islamic law and human rights: A contribution to an ongoing debate. *Islam and Christian-Muslim Relations* 10(1):5–14.
- PEPFAR. 2009. Working with community-based and faith-based organizations. Washington, DC: The President's Emergency Plan for AIDS Relief.
- Pichon, I., G. Boccato, and V. Saroglou. 2007. Nonconscious influences of religion on prosociality: A priming study. *European Journal of Social Psychology* 37:1032–45.
- Pisani, E. 1999. Acting early to prevent AIDS: The case of Senegal. In *Best Practice Collection*, edited by UNAIDS. Geneva: Joint United Nations Programme for HIV/AIDS.

- Plummer, K. 1988. Organizing AIDS. In *Social aspects of AIDS*, edited by P. Aggleton and H. Homans. London: The Falmer Press.
- Pokhrel, S., M. De Allegri, A. Gbangou, and R. Sauerborn. 2010. Illness reporting and demand for medical care. *Social Science & Medicine* 70:1693–700.
- Primature. 2009. Communiqué du Conseil des Ministres du mercredi 13 mai 2009. Bamako: Secrétariat General du Gouvernement du Burkina Faso.
- Randolph-Seng, B., and M. Nielsen. 2007. Honesty: One effect of primed religious representations. *The International Journal for the Psychology of Religion* 17:303–15.
- Rasheed, F. 2009. Collaborations between Public Health Systems and Faith-based Organizations: Memorandum of Understanding between the Ministry of Health and the Christian Health Association of Ghana. Geneva: World Health Organization.
- Ravallion, M., and Q. Wodon. 2000. Does child labor displace schooling? Evidence on behavioral responses to an enrollment subsidy. *The Economic Journal* 110:C158–75.
- Reinikka, R., and J. Svensson. 2010. Working for God? Evidence from a change in financing of not-for-profit healthcare providers in Uganda. *Journal of the European Economic Association* 8:1159–78.
- Republic of Uganda. 2001. *Facility-Based Private Not-for-Profit Health Providers: A Quantitative Survey*. Kampala: Ministry of Health in collaboration with Uganda Catholic, Muslim, and Protestant Medical Bureaux, National Health Consumers Organization and Tropical Business Research.
- Ridde, V. 2007. *Enquête et mise en oeuvre des politiques de santé au Burkina Faso*. Paris: Editions l'Harmattan.
- Ridde, V., M. Yaogo, Y. Kafando, O. Sanfo, N. Coulibaly, A. Nitiema, and A. Bicaba. 2009. A community-based targeting approach to exempt the worst-off from user fees in Burkina Faso. *Journal of Epidemiology and Community Health* 64(1):10–15.
- Robinson, M., and G. White. 1998. The role of civic organisations in the provision of social services: Towards synergy. In *New Patterns of Social Provision in Low Income Countries*, edited by G. Mwabu, C. Ugaz, and G. White. Oxford: Oxford University Press.
- Rodriguez-Garcia, R., R. Bonnel, N. N'Jie, J. Olivier, F. Pascual, and Q. Wodon. 2011. Analyzing community responses to HIV and AIDS: Operational framework and typology. Washington, DC: The World Bank.
- Rookes, P. 2009. Commitment, conscience or compromise: The changing financial basis and evolving role of Christian Health Services in developing countries. University of Birmingham.
- Rose, P. 2009. NGO provision of basic education: Alternative or complementary service delivery to support access to the excluded? *Compare: A Journal of Comparative and International Education* 39:219–33.

- Rosenberg, C. E. 1992. *Explaining Epidemics and Other Studies in the History of Medicine*. Cambridge: Cambridge University Press.
- Ruffle, B., and R. Sosis. 2007. Does it pay to pray? Costly ritual and cooperation. *The B.E. Journal of Economic Analysis and Policy* (Article 18).
- Sackey, B. M. 2001. Charismatics, independents, and missions: Church proliferation in Ghana. *Culture and Religion* 21:41–59.
- Salisu, A., and V. Prinz. 2009. Healthcare in Ghana. Wien: Austrian Centre for Country of Origin and Asylum Research and Documentation, and Austrian Red Cross.
- Samoff, J. 2004. From funding projects to supporting sectors? Observation on the aid relationship in Burkina Faso. *International Journal of Educational Development* 24(397–427).
- Samuels, F., R. Geibel, and F. Perry. 2010. Collaboration between faith-based communities and humanitarian actors when responding to HIV in emergencies. In *Project Briefing 41*. London: Overseas Development Institute.
- Samwini, N. 2006. *The Muslim Resurgence in Ghana since 1950: Its Effects upon Muslims and Muslim-Christian Relations*. Piscataway: Transaction Publishers.
- Saroglou, V., O. Corneille, and P. Van Cappellen. 2009. Speak, Lord, your servant is listening: Religious priming activates submissive thoughts and behaviors. *The International Journal for the Psychology of Religion* 19:143–54.
- Saul, M. 1984. The Quranic school farm and child labour in Upper Volta. *Africa: Journal of the International African Institute* 54(2):71–87.
- Savas, E. S. 2000. *Privatization and Public-Private Partnerships*. New York: Chatham House Publishers.
- Schmid, B., E. Thomas, J. Olivier, and J. R. Cochrane. 2008. The Contribution of Religious Entities to Health in sub-Saharan Africa. Cape Town: African Religious Health Assets Programme.
- Schoeps, A., S. Gabrysch, L. Niamba, A. Sié, and H. Becher. 2011. The effect of distance to health-care facilities on childhood mortality in rural Burkina Faso. *American Journal of Epidemiology* 173(5):492–98.
- Schulz, D. E. 2003. Political factions, ideological fictions: The controversy over family law reform in democratic Mali. *Islamic Law and Society* 101:132–64.
- Seidel, G. 1993. The competing discourses of HIV/AIDS in sub-Saharan Africa: Discourses of rights and empowerment vs. discourses of control and exclusion. *Social Science & Medicine* 36:175–94.
- Serneels, P., J. G. Montalvo, G. Pettersson, T. Lievens, J. D. Buterae, and A. Kidanu. 2010. Who wants to work in a rural health post? The role of intrinsic motivation, rural background and faith-based institutions in Rwanda and Ethiopia. Bonn: Discussion Paper No 4831, Institute for the Study of Labor.
- Shariff, A., and A. Norenzayan. 2009. God is watching you: Priming God concepts increases prosocial behavior in an anonymous economic game. *Psychological Science* 18:803–09.

- Shojo, M., C. Tsimpo, and Q. Wodon. 2012. Satisfaction with and reasons for choosing faith-inspired health care provision in Ghana. In *The Comparative Nature of Faith-inspired Health Care Providers in sub-Saharan Africa*, edited by J. Olivier and Q. Wodon. HNP Discussion Papers. Washington, DC: The World Bank.
- Sider, R., and H. R. Unruh. 2004. Typology of religious characteristics of social service and educational organizations and programs. *Nonprofit and Voluntary Sector Quarterly* 33:109–34.
- Sikand, Y. 2005. *Bastions of the Believers. Madrasas and Islamic Education in India*. New Delhi: Penguin.
- . 2008a. *Madrasa Reforms: Indian Muslim Voices*. Bombay: Vikas Adhyayan Kendra.
- . 2008b. *Muslim Education in Contemporary India: A Classified and Annotated Bibliography*. Delhi: Hope India Publications.
- . 2009. Voices of reform in the Indian madrasa. In *The Madrasa in India: Political Activism and Transnational Linkages*, edited by F. A. Noor, Y. Sikand, and M. van Bruinessen. Amsterdam: Amsterdam University Press.
- Simmons, J., and D. Prentice. 2006. Pay attention! Attention to the primes increases attitude assessment accuracy. *Journal of Experimental Social Psychology* 42:784–91.
- Somé, M., and C. Bennett. 2001. Christian base communities in Burkina Faso: Between church and politics. *Journal of Religion in Africa* 31(3):275–304.
- Stark, R. 1999. Secularization: RIP. *Sociology of Religion* 60(3):249–73.
- Stark, R., and W. S. Bainbridge. 1985. *The Future of Religion: Secularization, Revival and Cult Formation*. University of California Press.
- . 1987. *A Theory of Religion*. Piscataway: Rutgers University Press.
- Stark, R., and R. Finke. 2000. *Acts of Faith: Explaining the Human Side of Religion*. Berkeley: University of California Press.
- Tabi, M. M., M. Powell, and D. Hodnicki. 2006. Use of traditional healers and modern medicine in Ghana. *International Nursing Review* 52:52–58.
- Takyi, B. K. 2003. Religion and women's health in Ghana: Insights into HIV/AIDS preventive and protective behavior. *Social Science & Medicine* 56:1221–34.
- Tawiah, E. O. 1997. Factors affecting contraceptive use in Ghana. *Journal of Biosocial Science* 24:141–49.
- Taylor, C. 2007. *A Secular Age*. Cambridge: Harvard University Press.
- Taylor, N. 2005a. Many clouds, little rain? The Global Fund and local faith-based responses to HIV and AIDS. Teddington: Tearfund.
- . 2005b. The warriors and the faithful: The World Bank MAP and local faith-based initiatives in the fight against HIV and AIDS. Teddington: Tearfund.
- . 2006. Working together? Challenges and opportunities for international development agencies and the church in the response to AIDS in Africa. Teddington: Tearfund.

- Taylor, N. 2007. DFID, faith and AIDS: A review for the update of taking action. London: UK Consortium on AIDS and International Development.
- Tearfund. 2006. Faith untapped: Why churches can play a crucial role in tackling HIV and AIDS in Africa. Teddington: Tearfund.
- Thomas, E., B. Schmid, M. Gwele, R. Ngubo, and J. R. Cochrane. 2006. Let us embrace: The role and significance of an integrated faith-based initiative for HIV and AIDS. Cape Town: African Religious Health Assets Programme.
- Todd, S., G. Brubaker, S. Chand, C. Franzén, C. Hafner, A. Kimambo, and P. Pamba. 2009. Human resources-geographical information systems data development and systems implementation for the Christian Social Services Commission of Tanzania: Final report. Washington, DC: USAID and The Capacity Project.
- Treichler, P. 1992. AIDS and HIV infection in the third world: A first world chronicle. In *AIDS: The Making of a Chronic Disease*, edited by E. Fee and D. M. Fox. Berkeley: University of California Press.
- Tsimpo, C., and Q. Wodon. 2012a. *Assessing the Role of Faith-inspired Providers of Education in Africa Using Multi-purpose Surveys*. Washington, DC: The World Bank.
- . 2012b. Private cost for households of alternative healthcare providers in Ghana. Mimeo. Washington, DC: The World Bank.
- . 2012c. Private costs for households of alternative health care providers. In *Mapping, Cost, and Reach to the Poor of Faith-Inspired Health Care Providers in Sub-Saharan Africa*, edited by J. Olivier and Q. Wodon. HNP Discussion Papers. Washington, DC: The World Bank.
- . 2012d. Primary and Secondary Education in Africa: Comparing Public, Private Secular, and Faith-inspired Schools. *Smart Lessons*. Washington, DC: International Finance Corporation.
- . 2014. Assessing the role of faith-inspired primary and secondary schools in Africa: Evidence from multi-purpose surveys. *Review of Faith & International Affairs* 12(2): 5–15.
- Turshen, M. 1999. *Privatizing Health Services in Africa*. New Brunswick: Rutgers University Press.
- Uganda, Republic of. 2001. Facility-based private not-for-profit health providers: A quantitative survey. Kampala: Ministry of Health in collaboration with Uganda Catholic, Muslim, and Protestant Medical Bureaux, National Health Consumers Organisation and Tropical Business Research.
- UNAIDS. 2009. *Partnership with Faith-Based Organizations: UNAIDS Strategic Framework*. Geneva: Joint United Nations Programme on HIV/AIDS.
- UNESCO. 2011. *Financing Education in Sub-Saharan Africa: Meeting the Challenges of Expansion, Equity, and Quality*. Montreal: UNESCO Institute for Statistics.

- UNFPA. 2004. *Culture Matters: Working with Communities and Faith-Based Organizations: Case Studies from Country Programmes*. New York: United Nations Population Fund.
- . 2009. *Guidelines for Engaging Faith-Based Organizations (FBOs) as Agents of Change*. New York: The United Nations Population Fund.
- USAID. 2009. *Country Health Statistical Report: Burkina Faso*. Washington, DC: USAID.
- Van den Boom, G. J. M., N. N. N. Nsawah-Nuamah, and G. B. Overbosch. 2004. *Healthcare Provision and Self-Medication in Ghana*. Amsterdam: Working Paper Series, Centre for World Food Studies.
- Van Reken, D. E. 1990. Medical missions and development of health. In *A New Agenda for Medical Missions*, edited by D. M. Ewert and A. Merrill. Brunswick: MAP International.
- Vitillo, R. J. 2005. Role of faith in the global response to HIV and AIDS. In *Panel Discussion on Spirituality, Religion and Social Health*. Geneva: World Health Assembly.
- . 2010. Called to care: The role of faith communities in healthcare, promotion, and access. In *Inter-Faith Pre-Conference: 2010 International AIDS Conference*. Vienna.
- Voas, D., D. Olson, and A. Crockett. 2002. Religious pluralism and participation: Why previous research is wrong. *American Sociological Review* 67(2):212–30.
- Ward, N., J. Kaybryn, and K. Akinola. 2010. Faith in the system: The impact of local HIV responses on strengthening health systems in Malawi and Chad. Teddington, UK: Tearfund.
- Weber, J. M., S. Kopelman, and D. M. Messick. 2004. A conceptual review of decision making in social dilemmas: Applying a logic of appropriateness. *Personality and Social Psychology Review* 8(3): 281–307.
- Weeks, J. 1989. AIDS: The intellectual agenda. In *AIDS: Social Representations, Social Practices*, edited by P. Aggleton, G. Hart, and P. Davies. New York: The Falmer Press.
- Weil, O., M. Munz, and L. Tapsoba. 2003. Assessing the reproductive health needs and rights of young people since ICPD: The contribution of UNFPA and IPPF. Options/Euro Health Group/University of Heidelberg.
- Weimann, J. 1994. Individual behavior in a free riding experiment. *Journal of Public Economics* 54:185–200.
- Weiss, H. 2005. Contested historical and geographical narratives: Succession disputes, contested land ownership and religious conflicts in northern Ghana. WOPAG—Working Papers on Ghana : Historical and Contemporary Studies Number 6. Åbo Akademi University and University of Helsinki, Finland.
- Weiss, H. 2007. *Begging and Almsgiving in Ghana: Muslim Positions towards Poverty and Distress*. Uppsala: Nordic Africa Institute.
- Welchman, L. 2003. In the interim: Civil society, the Shar judiciary and Palestinian personal status law in the transition period. *Islamic Law and Society* 10(1):34–69.

- Wheeler, S., and R. Petty. 2001. The effects of stereotype activation on behavior: A review of possible mechanisms. *Psychological Bulletin* 127:797–826.
- WHO. 2004. Faith-based groups: Vital partners in the battle against AIDS. *The “3 by 5” Target Newsletter* 3.
- . 2006. *The African Regional Health Report*. Geneva: World Health Organization.
- WHO-CIFA. 2009. Report on WHO-CIFA consultation: NGO mapping standards describing religious health assets, November 10–12. Washington, DC: CIFA.
- Widmer, M., A. P. Betran, M. Meriardi, J. Requejo, and T. Karpf. 2011. The role of faith-based organizations in maternal and newborn healthcare in Africa. *International Journal of Gynecology and Obstetrics* 114:218–22.
- Wilson, B. 1966. *Religion in Secular Society: A Sociological Comment*. London: C. A. Watts.
- Winter, E., and S. Zamir. 2005. An experiment on the ultimatum bargaining in a changing environment. *Japanese Economic Review* 56:363–85.
- Wodon, Q. 2000. Low income energy assistance and disconnection in France. *Applied Economics Letters* 7:775–79.
- . 2014a. *Education in Sub-Saharan Africa: Comparing Faith-Inspired, Private Secular, and Public Schools*. World Bank Study, Washington, DC: The World Bank.
- . 2014b. Faith-inspired schools in Sub-Saharan Africa: An introduction to the summer 2014 issue. *Review of Faith & International Affairs* 12(2):1–4.
- Wodon, Q., M. C. Nguyen, and C. Tsimpo. 2012. Market share of private health care providers in Africa: Comparing demographic and health surveys and multi-purpose integrated surveys. In *The Role of Faith-Inspired Health Care Providers in sub-Saharan Africa and Public-Private Partnerships*, edited by J. Olivier and Q. Wodon. HNP Discussion Papers. Washington, DC: The World Bank.
- Wodon, Q., J. Olivier, and C. Tsimpo. 2012. Faith-inspired and other private healthcare providers in Africa: Market share, reach to the poor, cost, and satisfaction. *Smart Lessons*. Washington, DC: International Finance Corporation.
- Wodon, Q., J. Olivier, C. Tsimpo, and M. C. Nguyen. 2014. Market share of faith-inspired health care providers in Africa. *Review of Faith & International Affairs* 12(1):8–20.
- Wodon, Q., and C. Tsimpo. 2012. *Religiosity and Religious Diversity: Results from the World Values Survey*. Washington, DC: The World Bank.
- Wodon, Q., and Y. Ying. 2009. Literacy and numeracy in faith-based and government schools in Sierra Leone. In *Emerging Evidence on Vouchers and Faith-Based Providers in Education: Case Studies from Africa, Latin America, and Asia*, edited by F. Barrera-Osorio, H. A. Patinos, and Q. Wodon. Washington, DC: The World Bank.

- Woldehanna, S., K. Ringheim, C. Murphy, et al. 2005. Faith in action: Examining the role of faith-based organizations in addressing HIV/AIDS—a multi country key informant survey. Washington, DC: Global Health Council.
- World Bank. 1983. *Country Population and Health Sector Reviews (1983–1992)*. Washington, DC: The World Bank.
- . 1986. *Financing Health Services in Developing Countries: An Agenda for Reform*. Washington, DC: The World Bank.
- . 1993. *World Development Report 1993: Investing in Health*. Washington, DC: The World Bank.
- . 2001. *World Development Report 2000/2001: Attacking Poverty*. Washington, DC: The World Bank.
- . 2004. *World Development Report 2004: Making Services Work for Poor People*. Washington, DC: The World Bank.
- . 2005. *Education in the Democratic Republic of Congo: Priorities and Options for Regeneration*. Washington, DC: The World Bank.
- . 2009. *Country Assistance Strategy for Burkina Faso for the period FY 10–12*. Washington, DC: The World Bank.
- Wouters, A. 1994. Quality of healthcare and cost recovery in Africa: Evidence from Niger and Senegal. Bethesda, MD: The Health and Human Resources Research and Analysis for Africa (HHRAA) Project and Agency for International Development.
- Würth, A. 2003. Stalled reform: Family law in post-unification Yemen. *Islamic Law and Society* 10(1):12–33.
- Wyllie, R. W. 1976. Some contradictions in missionizing. *Africa: Journal of the International African Institute* 46:196–204.
- Yaro, Y. 1994. Les strategies scolaires des ménages au Burkina Faso. *Cahiers des Sciences Humaines* 31(3):675–96.
- Young, L. A., ed. 1997. *Rational Choice Theory and Religion*. Oxford: Routledge.

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