Multi-purpose Cash Transfers and Health Among Vulnerable Syrian Refugees in Lebanon

Study Objectives and Overview

Objective: To examine how multi-purpose cash (MPC) for non-camp Syrian refugees affect:

- Health expenditures (quantity, debt)
- Health-seeking behavior and health service utilization (frequency of care seeking, private vs. public)

- Parallel study conducted in Jordan with same objectives and methodology
- Funded by Research for Health in Humanitarian Crisis (R2HC) for 2018-2020

Rationale

- Cash transfers are used on a relatively widespread basis in the Syrian refugee response in Lebanon
- There have been many claims to cash transfers, particularly that MPCs are more efficient and effective than in-kind assistance, improve local economies, and provide more choice and dignity for affected persons
- The effect of MPCs on health remains to be sufficiently and rigorously studied in humanitarian settings
  - No single well-designed comparative study that assesses the effectiveness of cash transfers on health service utilization, control of disease, or health outcomes in humanitarian settings

Study Design

- **Prospective cohort study** of two groups of systematically sampled households:
  - "MPC" – US$175 MPC from UNHCR monthly
  - "Control" – similarly vulnerable; not receiving UNHCR MPC
- One-year follow-up (spring 2018 – spring 2019)
- Baseline and endline data used to compare changes in health-seeking behavior, health services utilization, and expenditures between MPC recipients and controls
  - Analysis using difference-in-difference (DiD) approach to account for non-randomized design
  - Adjusted models used to compare magnitude of change over time accounting for baseline differences between groups
- Random sample of households with projected expenditure between US$60-70/person/month from UNHCR lists
- All households also receive WFP assistance
- Enrolled a nationally representative sample of 1,005 HHs (497 MPC & 508 Controls)
- November 2018 recalibration altered beneficiary status for many participants
- To maximize power, HHs receiving MPCs from UNHCR at endline were analyzed as MPC beneficiary households; the control group included only those not receiving MPCs through the entire study period
- Final analyzed sample included 173 MPC HHs and 444 control HHs

Limitations

- Recalibration of UNHCR beneficiary targeting changed MPC status for half of enrolled sample in Nov 2018, substantially decreasing our MPC recipient sample size
- Scale-up of MPCs by WFP
- Changes to the UNHCR/patient cost-sharing ratio for hospital care following baseline data collection may have influenced hospital utilization and associated costs
- Quality concerns about self-reported expenditures

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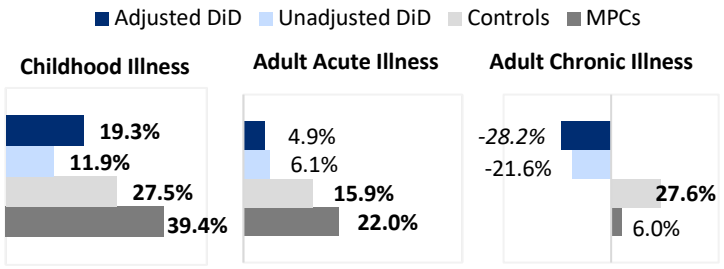
Health Care-Seeking

- Care seeking for all illness types was consistently high (>85%) in both MPC and non-MPC HHs with no significant difference in change between groups
- An increasing proportion of HHs did not receive all recommended care due to cost
  - Child illness: 19.3% greater increase among MPCs
  - Adult acute illness: no significant difference in change between groups
  - Adult chronic illness: -28.2% adjusted difference in change

Change in Not Receiving All Needed Care Due to Cost



Bold indicates statistical significance (confidence internal not overlapping 0 / DiD P<0.05)

Health Care Utilization

- Increases in child hospitalizations were significantly less (-6.1%) among MPC recipients than controls
- No significant changes or difference in change between groups for adult acute illness

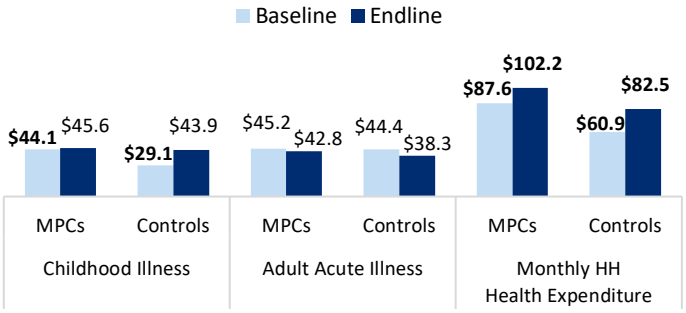
Access to Medication

- Access to medication for childhood and adult acute illness were consistently high with no significant changes
- Households facing difficulties obtaining medication for chronic illness marginally improved for MPC households relative to controls (DiD = 24.8%)

Health Expenditures

- The proportion of MPC recipients reporting out of pocket expenses for the most recent child illness increased significantly over the study period, as did [log transformed] total payment amounts
- Payments for adult acute illness care decreased among MPCs and controls; facility payments decreased 13.4% more among MPCs vs. controls
- At endline, total expenditures for most recent child and adult acute illness were similar in both groups (US$38-46, well beyond costs expected for subsidized services in the essential care package)
- Costs associated with adult chronic illness were less common than for child and adult acute illnesses, but similar between groups and did not significantly change
- Change in expenditures for child illness and adult chronic illness did not significantly differ between groups in adjusted models
- Both MPC and control HHs reported significant increases (38% and 33%, respectively) in borrowing to pay for health expenses over the year study period
- Differences in change in borrowing or asset sales were not significant, indicating that MPC was not protective against for household financial risks associated with health

Baseline and Endline Mean Health Expenditures



*** Bold** indicates statistically significant difference between MPC/controls at time point

Conclusions

- Findings, while mixed, suggest unconditional cash transfers may improve access to health services and medication for chronic diseases, in addition to reducing hospitalizations among children.
- While MPC may have shown some positive effects, it appears insufficient on its own to address health utilization and expenditures.
- A broader strategy addressing Syrian refugee health in Lebanon is needed, of which MPC should be incorporated in conjunction with additional targeted conditional cash transfers for health and other health sector interventions such as health education and subsidized care costs.