

## Multi-purpose cash and health among Syrian refugees in Jordan and Lebanon

In recent years, cash assistance has rapidly expanded in the Syrian refugee response in Jordan and Lebanon, as well as in global humanitarian programming. Multi-purpose cash (MPC) is a promising mechanism for addressing needs across sectors when implemented with traditional assistance types and may translate to savings in the health sector response.

### Though insufficient alone for improving health, MPC may translate to savings in health sector response

This study examined the effects of MPC on health-seeking behavior, health service utilization, and health expenditures among vulnerable Syrian refugees in Jordan and Lebanon.

While MPC may have shown some positive effects, findings were mixed and MPC appears insufficient on its own to address health utilization and expenditures. Though MPC should not be considered as a stand-alone health intervention, some findings may be positive for humanitarian response financing given the potential for investment in MPC to translate to savings in the health sector response.



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## Background

Cash transfers are used on a widespread basis in the Syrian refugee response in Jordan and Lebanon. MPC, or unrestricted cash transfers designed to address a variety of needs, is believed to be more efficient and effective than in-kind assistance and improves local economies, choice, and dignity for recipients. Nevertheless, the effect of MPC on health remains to be sufficiently studied in humanitarian settings.

This study examined the effects of MPC on health-seeking behavior, health service utilization, and health expenditures to provide much-needed evidence to inform use of cash transfer programs in current and future humanitarian responses.

## How the research was conducted

A prospective cohort study was conducted from May 2018 through July 2019 comparing households receiving monthly MPC from UNHCR (US\$112-219 per household in Jordan and US\$175 in Lebanon) to similarly vulnerable control households not receiving UNHCR MPC.

Differences in changes from baseline to endline were compared between MPC recipients and controls. Results are based on 877 households (429 MPC and 448 control) followed in Jordan and 617 households (173 MPC and 444 control) in Lebanon.

## Key findings

- Relatively few changes during the study period significantly differed between MPC recipients and controls.

### Health Care Utilization

- Care-seeking for child illness improved among MPCs but declined among controls in Jordan. In both countries, changes in care-seeking and medication access for adult illness were similar between groups.
- A decreasing proportion of MPC recipients were unable to receive all recommended care (such as tests, treatments, or medicines) because of cost in Jordan. In Lebanon, this increased in both groups.

- Fewer MPC households in Lebanon faced difficulties obtaining medication for chronic illness.
- Hospital admissions for adult acute illness decreased among MPCs yet increased among controls in Jordan, whereas in Lebanon, child hospitalizations increased in both groups, though less so among MPC recipients.

### Health Expenditures

- Health expenditures were higher among MPC recipients at both baseline and endline.
- The only significant difference in change for health expenditure measures between groups in Jordan was in borrowing money to pay for health costs, which decreased among MPCs and increased among controls. In Lebanon, such borrowing increased similarly in both groups.
- In Lebanon, costs for the most recent child illness increased for MPC recipients, but adult acute illness care costs decreased.

## Implications for humanitarian actors and policymakers

- In Lebanon, findings suggest potentially deteriorating access to services outside the subsidized care package. More attention to broader healthcare provision for refugees in Lebanon may be needed.
- In Jordan, cash transfers were not associated with a shift to private sector care-seeking. In both countries, they appear to yield benefits in reduced hospitalizations. These findings indicate that investment in unrestricted cash transfers may translate to savings in the health sector response. Health financing actors could consider evaluating programs to examine this finding's validity and explore where savings could be identified and resources reallocated.
- While MPC increased spending on health and affordability of care in this study, it appears insufficient on its own to improve health care utilization and expenditures. MPCs should be implemented as part of a broader package of strategically planned interventions for refugee healthcare, rather than as a standalone intervention. Cash transfers should not be considered a replacement for strengthening country health systems and services.

## Recommendations for future research

- Evidence is needed on the effect of MPC when implemented with additional targeted conditional cash transfers for health.
- Additional research is needed on the effect of health sector 'top ups,' where MPC amounts are increased for those with conditions necessitating higher routine health expenditures.
- Future research should explore the impact of varying transfer amounts relative to total spending, indebtedness, and the minimum expenditure basket for improving health outcomes

## About the study team

This research study was conducted in collaboration between the Johns Hopkins Center for Humanitarian Health, Medair, Lebanese American University, and the United Nations High Commissioner for Refugees. The Principal Investigator was Shannon Doocy of the Johns Hopkins Bloomberg School of Public Health.

## Keywords

Cash transfers; multi-purpose cash; humanitarian assistance; health; Syrian refugees; Jordan; Lebanon

## Articles and further reading

- Peer reviewed articles on main study outcomes in each country are forthcoming from the study team.
- Outputs and further links can be found on Elrha's site: <https://www.elrha.org/project/multi-purpose-conditional-cash-based-transfers-cbts-public-health-among-syrian-refugees/>



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