

Cash for Health in Humanitarian Settings:

Household Health Needs, Spending, and the Burden of Health Care Costs

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Objectives

This was a descriptive study that aimed to...



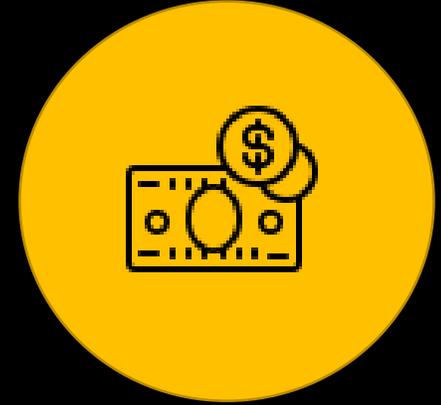
(1)

Understand how households prioritize health needs **and what types of health needs**



(2)

Document how these needs are currently met and related expenditure



(3)

Map how household spending on health needs changes **with the introduction of a humanitarian cash assistance program** and explore the role that cash is playing **in any change that we observe**

Cash Assistance Programs

Pakistan

Program: Cash-for-Work

of households: 500 (200 Peshawar, 300 Bannu)

of transfers: 3

Amount per transfer: Rs. 8000/tranche (~\$72)

Identification criteria include:

- # of disabled or chronically ill household members
- Income and asset ownership
- Recent history of assistance received through other sources

Cameroon

Program: Unconditional cash

of households: 250

of transfers: 6

Amount per transfer: CFA 39,900/tranche (~\$70)

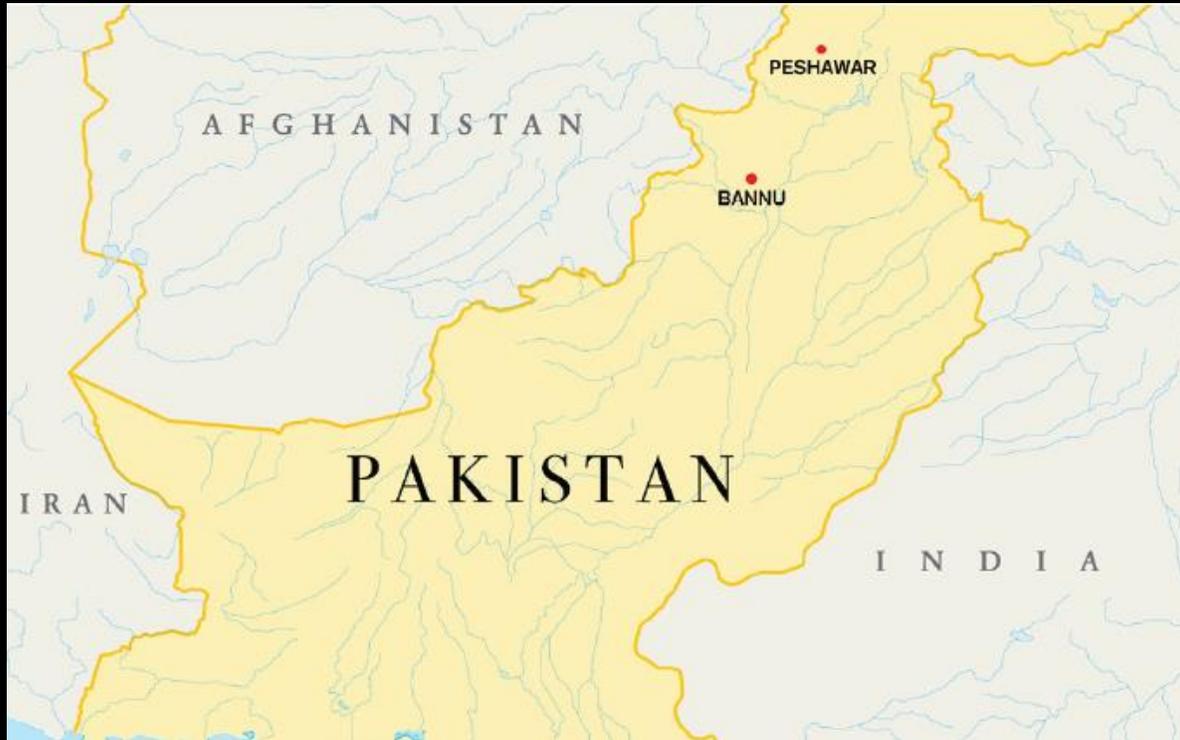
Identification criteria include:

- IRC's vulnerability criteria finalized in collaboration with community representatives
- Door-to-door and community-based approach

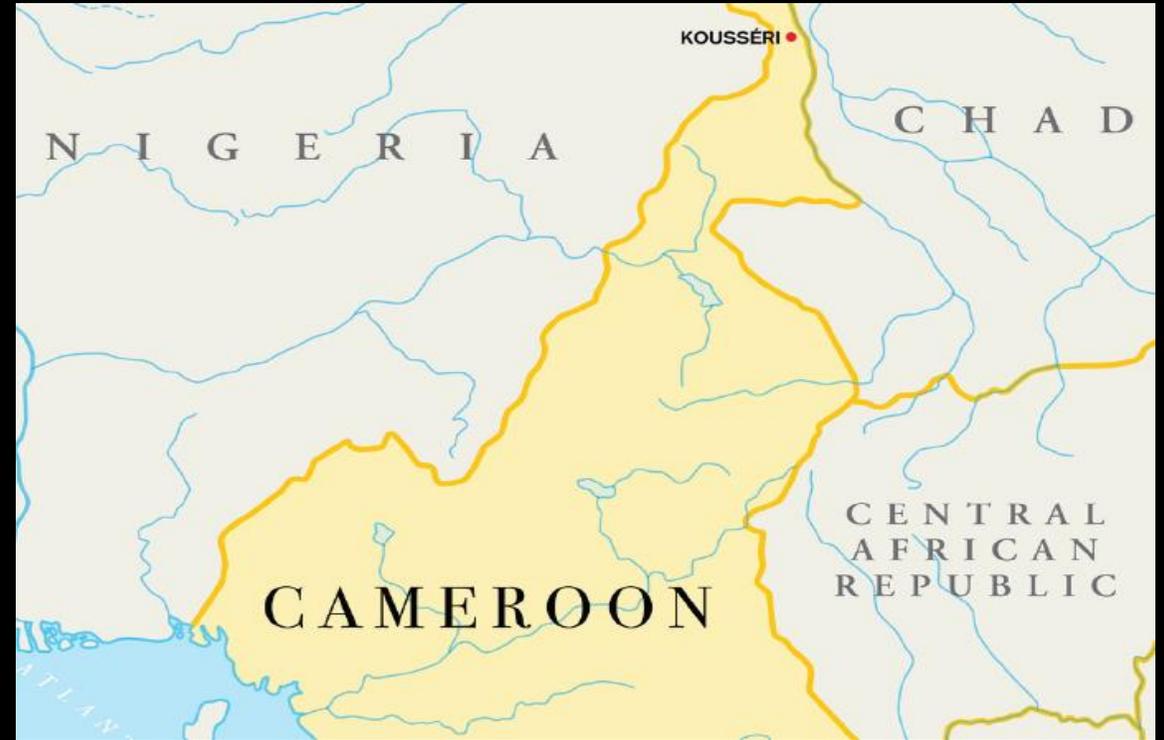
Research Design

- **Mixed-methods study**
 - **Supply side:** rapid health facility assessments
 - Two of each kind of facility within a 25km radius of intervention area
 - **Quantitative household surveys**
 - High frequency bi-weekly (every 2 weeks) surveys
 - **Qualitative semi-structured interviews at specific points in time**
- **Recall period: 2 weeks**
- **Study not intended to measure impact, instead it aimed to understand whether there is health expenditure, what type of health expenditure and how cash is used**

Context and Sample



- 11 rounds of data collection (March-August)
- **Two districts:** Peshawar (urban), Bannu (peri-urban)
- **Peshawar:** 97 households (723 individuals)
- **Bannu:** 100 households (649 individuals)



- 9 rounds of data collection (January-June)
- **One district:** Logone-et-Chari in Makaray (rural)
- **Logone-et-Chari:** 128 households (927 individuals)

Economic Profile and Spending in the Household

Income

	Median income range	
Peshawar	\$26.32-49.03	Rs 3,113-5,800
Bannu	\$20.29-33.82	Rs 2,400-4,000
Logone-et-Chari	\$1.70-11.60	XAF 1,001-6,825

- Households earn below the minimum wage, and often below the poverty line
- Cash transfer was between 138% to 3,896% of median monthly income



Minimum Wage (Per Adult)

Khyber Pakhtunkhwa Province:
Rs 15,000/month in 2018*

Cameroon:
XAF 36,270/month*



Poverty Line (Per Adult)

Pakistan national standard:
Rs 3,030/month per adult*

Cameroon:
XAF 339,715/year per adult* \approx 28,309/month per adult



Poverty Line (Per Household)

Pakistan:
Rs 18,180/month (\$115/month)

Cameroon:
XAF 56,618 to 84,927/month (\$96 - \$144/month)

**based on nationally representative household consumption data*



Quick Facts

During cash assistance, we find....

- ↑ Increase in all types of spending, particularly food spending
- ↑ Increase in loan repayment by households
- ↓ Decrease in borrowing by households

Supply Side: Health Facility Assessments

Supply Side: Health Facilities Assessment

The rapid health facility assessment captured information on the following:



Number of basic drugs and supplies available:

includes insulin, antibiotics, dressing kits, analgesics, iron supplements



Number of basic services available: includes various HIV tests, blood glucose test, hemoglobin tests, X-rays



Number of basic equipment functioning:

includes thermometer, stethoscope, blood pressure apparatus, IV, examination table, delivery table



Access to facility: registration free, consultation fee, time to referral hospital

Facility Type	Bannu	Peshawar	Logone-et-Chari
Public/government	9	4	9
Private	5	2	4
Other*	0	2	7
Total	14	8	20

*In Logone-et-Chari, Cameroon, this includes 3 chokous and 2 other traditional healers

In Bannu, this includes 5 pharmacies/medical stores



Quick Facts

- **Adequate supply for basic drugs and supplies, but weak for basic services**
- **Peshawar had strongest supply: all facilities had at least 50% of basic equipment, most had 50% of drugs/supplies**
- **Bannu had poorer supply: most facilities had less than 50% of basic services, but at least 50% of basic equipment and drugs/supplies**
- **Logone-et-Chari had poorest supply: most facilities had less than 50% of basic services, slim majority had at least 50% of basic equipment and drug/supplies**

Secondary Sources

Pakistan:

- At least 10 organizations providing free services in Peshawar and 5 in Bannu (mostly vaccinations, primary care, children under 5, pregnancy-related care)
- Government has uniform fee structure for IDPs and host community populations (between \$0.25 and \$3 for basic services)

Cameroon:

- Two organizations providing free services in our project area (pregnant women, children under 5)
- Aside from vaccination campaigns, government doesn't provide free services

Aggregate Health Expenditure and Cash Usage

Health Needs and Expenditure

We captured information on:

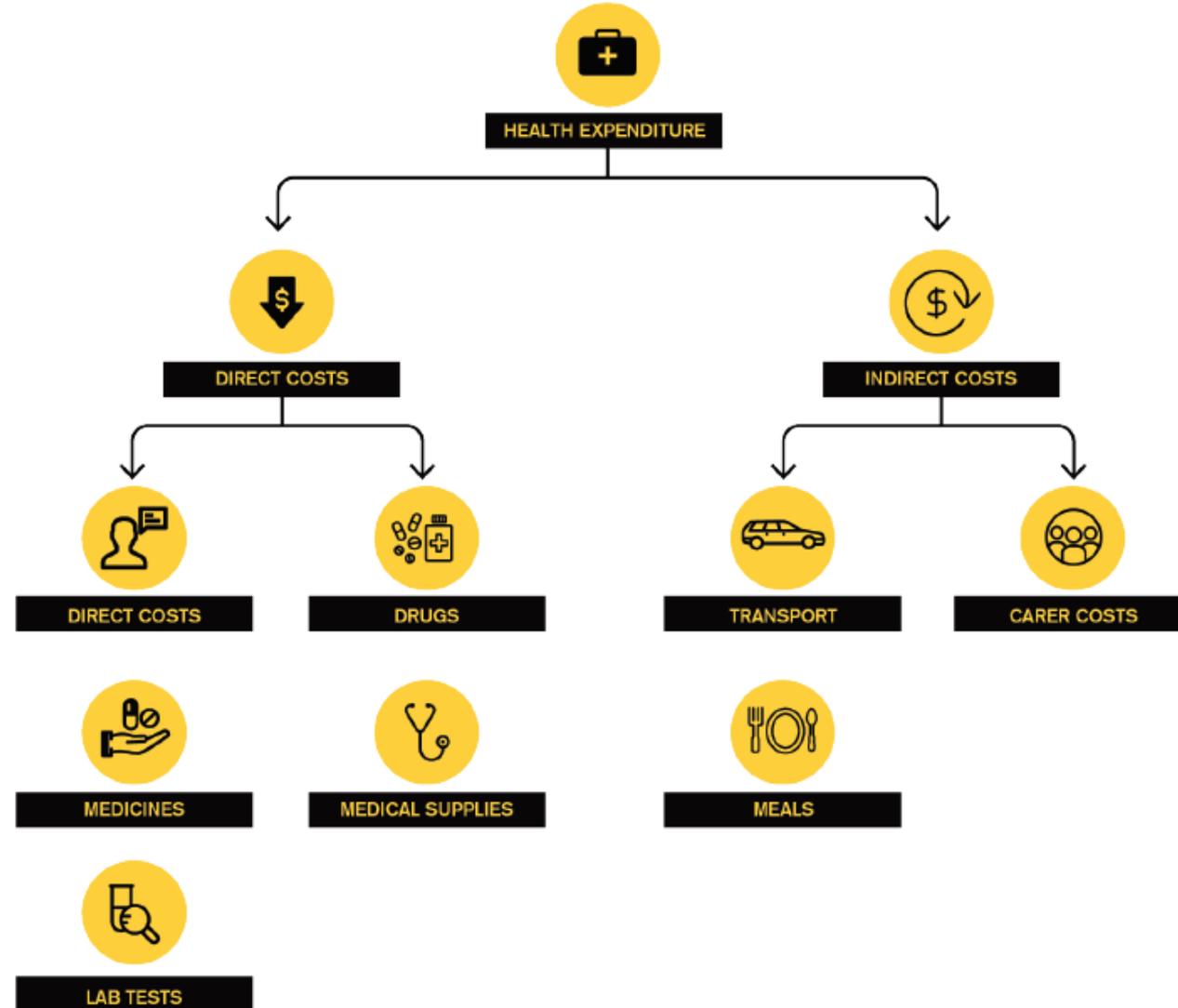
- Preventive health needs (including pregnancy)
- Unpredictable health needs, i.e. illness and injury
- Predictable health needs, i.e. chronic illness

Sample size small for certain categories

- Preventive health care utilization and expenditure in Pakistan
- Pregnancy in both countries
- Chronic illness in Cameroon

so we encourage cautious interpretation of these findings!

For each health need, we collect the following information:



Aggregate Health Expenditure

Across all types of health needs, we see varying levels of need per round of data collection

- **Peshawar:**
 - 32-85% of households required health services across all rounds
 - People tend to seek care and also report incurring a cost
- **Bannu:**
 - 63-89% of households required health services across all rounds
 - People don't always seek care, but when they do, they usually incur a cost
- **Logone-et-Chari:**
 - 45-82% of households required health services across all rounds
 - People tend to seek care, but don't always incur a cost

Aggregate Health Expenditure

Total aggregate spending was...

- **Peshawar:**
 - 35.4% of aggregate reported income for the relevant 3 month period
 - 20.8% of aggregate cash transfer amount
- **Bannu:**
 - 66.4% of aggregate reported income for the relevant 3 month period
 - 30% of aggregate cash transfer amount
- **Logone-et-Chari:**
 - 107.2% of aggregate reported income for the relevant 3.5 month period
 - 10% of aggregate cash transfer amount

Catastrophic Spending

In any given round, between

3.41% – 45% of households in Peshawar

4% – 32.32% of households in Bannu

10.94% – 18.75% of households in Logone-et-Chari

reported incurring health expenses that were 40% or more of their non-food expenditure.

On aggregate,

15.8% of households in Peshawar

12.4% of households in Bannu

11.7% of households in Logone-et-Chari

experienced catastrophic spending on health expenses

Cash Usage: Peshawar + Bannu

Across all three sites, we observed that once the cash assistance starts, there is an increase in the use of cash to make health related payments and a decrease in loan usage for health payments

FIGURE 8A - EXPENDITURE METHOD FOR ALL HEALTH SERVICES: PESHAWAR

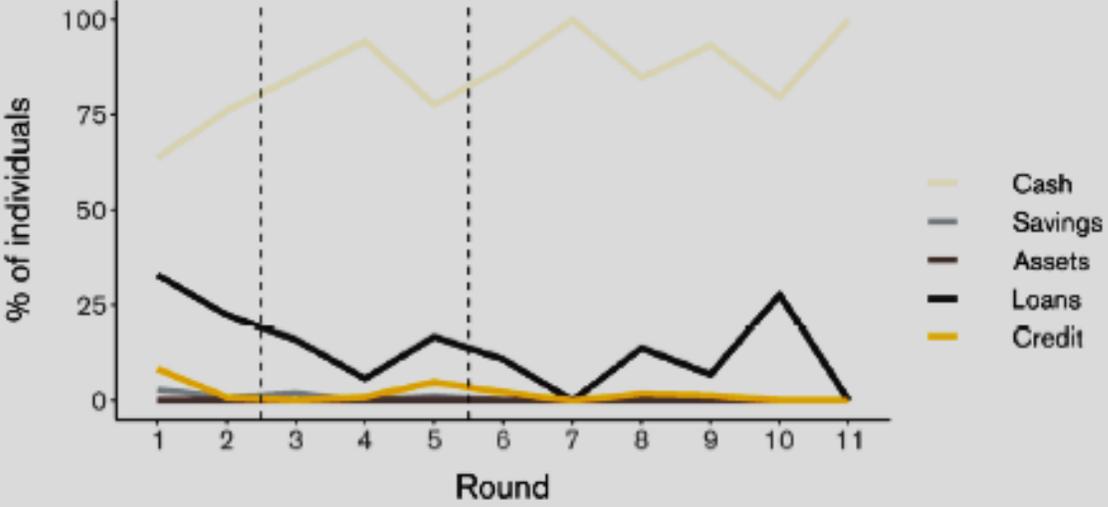
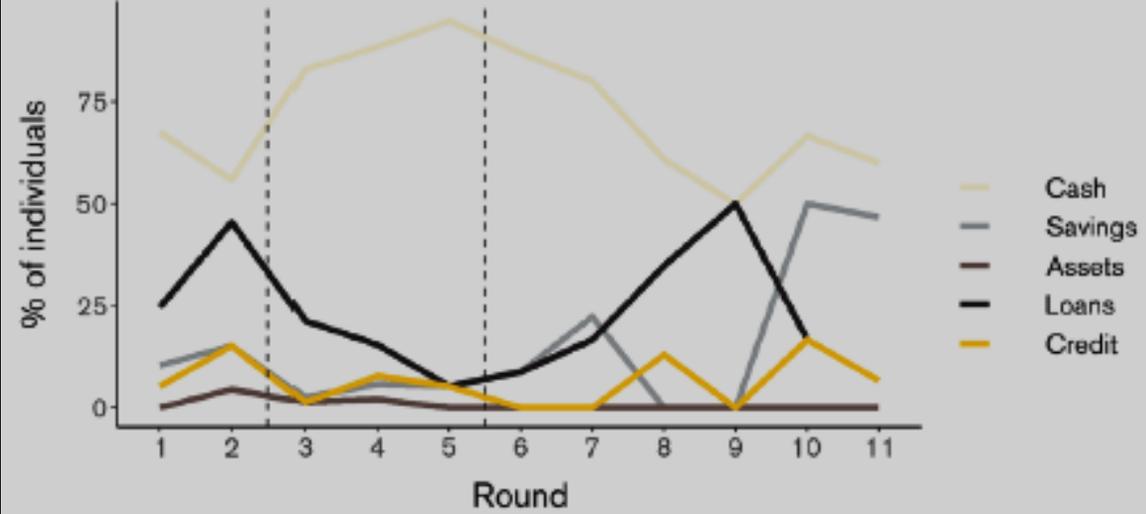
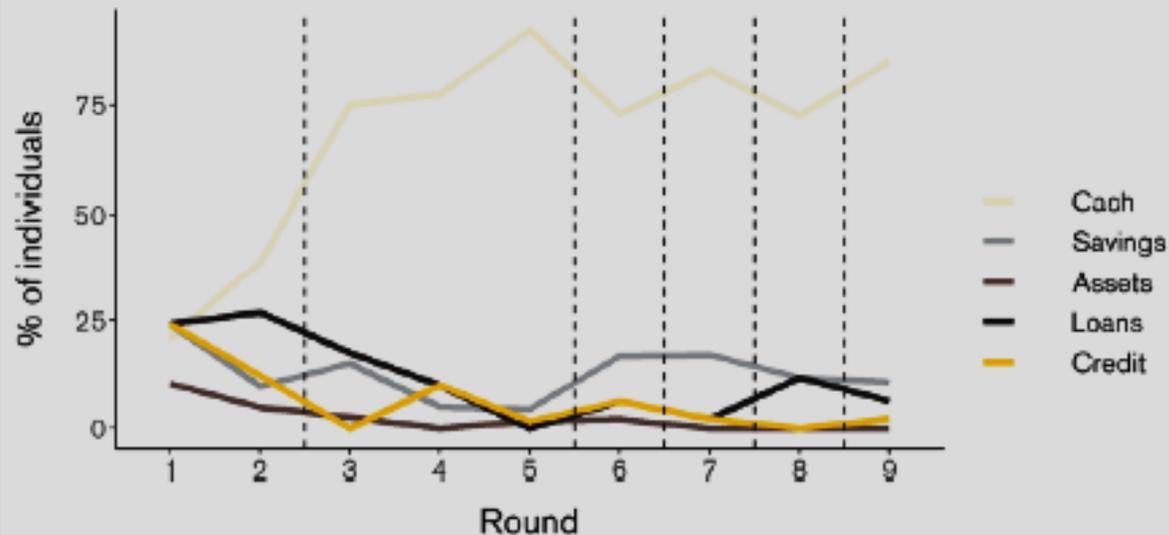


FIGURE 8B - EXPENDITURE METHOD FOR ALL HEALTH SERVICES: BANNU



Cash Usage: Logone-et-Chari

FIGURE 8C - EXPENDITURE METHOD FOR ALL HEALTH SERVICES: LOGONE-ET-CHARI



People use cash to meet health needs

“Spent this cash on my daughter’s treatment and bought medicine for myself and the remaining cash was used in household”

– Cash assistance beneficiary, Peshawar

“Spend [first transfer] on daily home expenses. Also repaid loan which was used on son’s health as he had fallen from roof and need thorough treatment”

– Cash assistance beneficiary, Bannu

“I used half of the money to seek health care due to low blood pressure. I used the other half to buy 2 bags of millet for household consumption. I also shared with around 10 of my neighbors”

– Female IDP, Logone-et-Chari

Conclusion + Recommendations

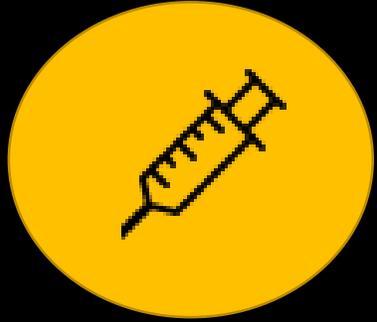
Conclusion

1 The assumption of free services doesn't hold up in our study settings

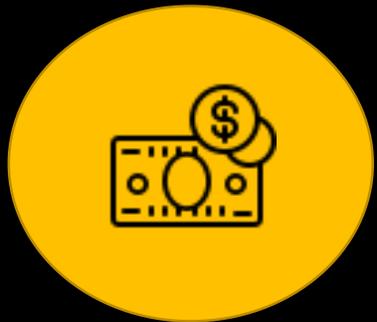
2 Cash is used to pay for health expenditure

3 Cash may be facilitating timely access or influencing care-seeking behavior

Recommendations



Donors, health practitioners, and the health cluster should ensure coordination among humanitarian actors to make sure that there are in fact still free high quality services available and accessible to displaced populations.



Donors, practitioners, and the relevant clusters and coordinating bodies should include health in the ingredient list for the Minimum Expenditure Basket that is typically used to determine the cash transfer value in many humanitarian settings where health is identified as a priority need during needs assessments.

Recommendations



We should explore additional support options, cash or otherwise, to ensure services for pregnant women are free.

For more information, please refer to the following:

[Full report](#)

[Research brief](#)

[Research Annex A](#)

[Research Annex B](#)

[Website](#)