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

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 Lebanon 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 Jordan
- 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$112-219 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 60-70 JOD/person/month from UNHCR lists
- Enrolled a nationally representative sample of 998 HHs (499 MPC & 499 Controls)
- Revision of targeting criteria during the study 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 429 MPC HHs and 448 control HHs

Limitations

- Expansion of WFP's Choice program during the study period resulted in approximately half of participants in both study groups switching to WFP Choice
- Changes to the Government of Jordan health policy near our study's end may have influenced endline care utilization and health expenditures at public sector facilities
- Quality concerns about self-reported expenditures

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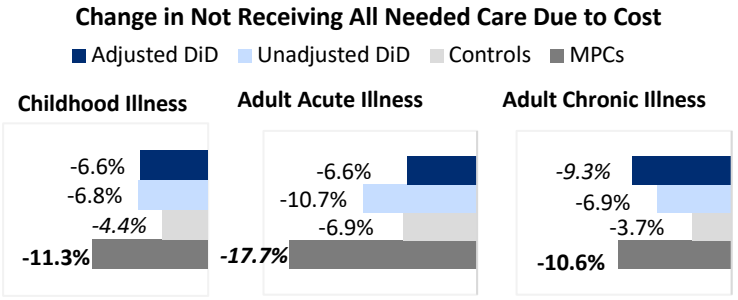
Health Care-Seeking

- Care-seeking for all illness types was consistently high (>85%) in both groups
- Care-seeking for child illness increased among MPCs but decreased in controls (significant adjusted DiD=11.1%)
- Decreasing proportions of HHs did not receive all recommended care due to cost , but adjusted differences in change between groups were not significant



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

Health Care Utilization

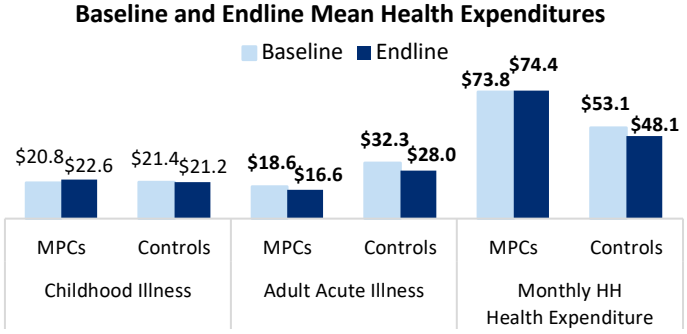
- Childhood and adult acute illness: outpatient visits increased while emergency room visits decreased and hospital admissions remained stable
  - In adjusted models for child illness, OPD and ER visit changes were statistically significant, but difference in change between groups was not
  - In adjusted models for adult acute illness, hospital admissions among MPCs significantly decreased by 8.2%, statistically significantly different from 0.1% increase among controls. OPD visits increased in both study groups, but significantly more for MPCs (DiD=15.8%)
- No significant differences in change between groups was observed for chronic illness care utilization

Access to Medication

- Access to medication for childhood and adult acute illness were consistently high with no significant changes in either study group
- Access to medication for adult chronic illness improved in both groups with declining proportions of households reporting difficulties obtaining and inability to afford medication
- Changes in access to medication for all illness types were similar between groups

Health Expenditures

- Childhood illness expenditures were similar between groups both at baseline and endline
- Adult acute illness expenditures were significantly higher among controls than MPC households at both time points
- Conversely, monthly HH health expenditures were significantly higher among MPC HHs than controls both at baseline and endline
- The proportion of HHs borrowing money to pay for health costs decreased among MPCs, yet increased in controls with an adjusted difference in change of -10.3%
- Adjusted change in all other health expenditure outcomes were not significantly different between groups



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

Conclusions

- The impacts of MPC on health were varied and significant differences were observed for few outcomes.
- MPC significantly improved care-seeking for child illness, reduced hospitalizations for adult acute illness, and resulted in lower rates of borrowing to pay for health expenditures.
- No significant improvements in chronic condition indicators or shifts in care-seeking sector were associated with MPC.
- While MPC should not be considered as a stand-alone health intervention, findings may be positive for humanitarian response financing given the potential for investment in MPC to translate to savings in the health sector response.