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# GOOD PRACTICES ON **CASH BASED INTERVENTIONS**



## **AND HEALTH**

***This document provides an overview of  
UNHCR's implementation of Cash-Based Interventions (CBI)  
to contribute to achieving health outcomes.***

*The document outlines current practices, presents existing corporate guidance, and highlights noteworthy and inspiring learning from a diversity of country operations including:*



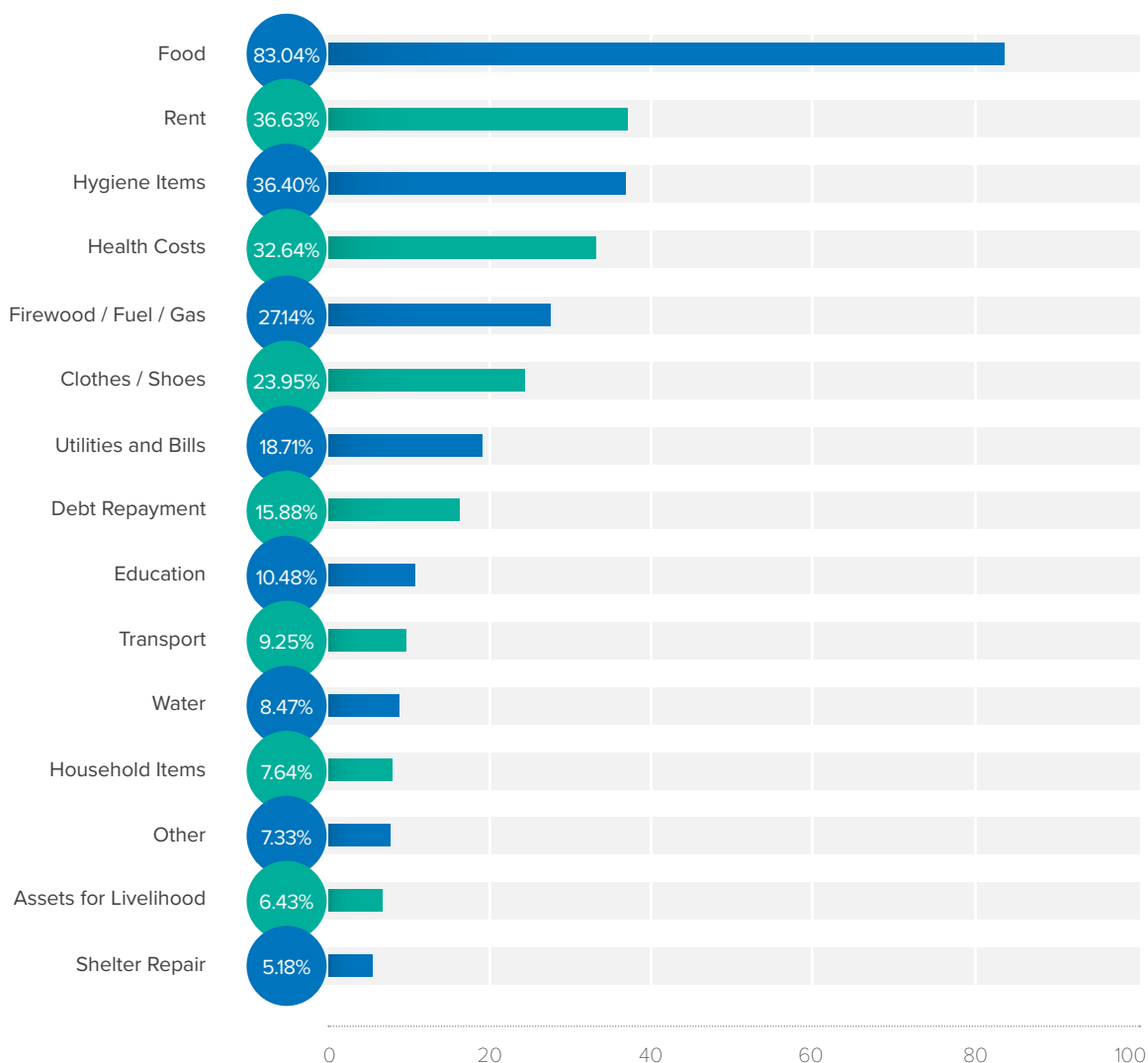
## 1. THE USE OF CASH FOR HEALTH

UNHCR is working towards the target of universal health coverage and facilitates access to health services through a range of interventions and mechanisms. CBI, including multi-purpose cash assistance (MPCA)<sup>1</sup> and targeted sectoral assistance, is one modality which may contribute to achieving health outcomes.<sup>2</sup> The minimum expenditure basket (MEB) is used to calculate the amount of the MPCA, which considers needs for health expenses such as basic primary health care or over-the-counter medicine. During 2021, UNHCR disbursed approximately \$670 million in cash assistance globally, of 81% was directed to MPCA (Expenditures are summarized in Table 1).

<sup>1</sup> Multipurpose cash assistance grants are regular or one-off cash transfers to a household that fully or partially cover a set of basic or recovery needs in different sectors (for instance, for shelter, food, education, and livelihood) and support protection and solutions outcomes. By definition, MPCA grants are unrestricted cash transfers that put recipient choice (the prioritisation by recipients of their own needs) at the centre of programming.

<sup>2</sup> UNHCR, The Role of Cash Assistance in Financing Access to Health Care in Refugee Settings and for other People of Concern to UNHCR, November 2020, <https://www.unhcr.org/en-us/protection/health/5fc0b3fb4/role-cash-assistance-financing-access-health-care-refugee-settings-other.html>

**Table 1 - CBI PDM - Top 15 Expenditures in 2021**



Recipients of MPCA are empowered to choose how to meet their basic needs.<sup>3</sup> Global data on how cash recipients used MPCA for basic needs<sup>4</sup> suggests that 33% of households spent a portion of their cash assistance on health, which is the fourth highest expenditure, after food (83%), rent (37%), which were elevated due to expenditures on COVID-19 response, and hygiene items (36%). This breakdown reflects how people tend to spend according to a hierarchy of needs but also associated costs. Overall, 71% of cash recipient households reported they meet only half or less of their total basic needs.

<sup>3</sup> UNHCR, Multi-Purpose Cash and Sectoral Outcomes: A Review of Evidence and Learning, May 2018, <https://www.unhcr.org/5b28c4157.pdf>

<sup>4</sup> MPCA used for livelihoods is based on post-distribution monitoring reports across 64 countries as of February 2022.

## UNHCR and Cash Assistance

*UNHCR continues to increase the use of CBI to achieve protection outcomes for refugees, asylum-seekers, returnees, internally displaced, stateless people, and hosts. UNHCR's policy<sup>5</sup> aims to expand and systematize the use of CBI as an important modality of assistance, service delivery, and protection to enable inclusion and access to local, sustainable services. UNHCR promotes a holistic approach that includes unrestricted CBI coupled with services to meet basic needs of refugees and others of concern across protection, shelter, and sectoral*

*outcomes in education, health, livelihoods, and WASH (water, sanitation, hygiene). UNHCR generally advocates the use of unconditional and unrestricted CBI across sectors.<sup>6</sup>*

**Since the beginning of its cash institutionalization in 2016 through 2021, UNHCR has delivered approximately USD 4 billion in cash assistance to 33 million recipients in 100 countries with 95% disbursed without restrictions.**

## 2. CASH CONTRIBUTION TO HEALTH OUTCOMES

UNHCR's goal is that refugees and others of concern to UNHCR have access to health services. In line with the global compact on refugees, UNHCR maximizes opportunities to integrate refugees into the national public health system.<sup>7</sup> Sectoral CBI can play an important role in achieving this goal. CBIs can increase access to, and utilization of health services by reducing financial barriers and/or incentivising use of preventative services. However, CBI has some limitations; it cannot remedy the lack of, or poorly functioning health services, or tackle systemic issues. It can be an appropriate tool to complement efforts to strengthen national health systems and enable integration of refugees into the national health system. Expanding access to health services for refugees often requires a combination of complementary interventions, and there are different supply-side and demand-side response options where CBI can contribute to health outcomes.

**CBI may be used in many ways to achieve health outcomes, for example:**

- Payment of insurance premiums or user fees through restricted or unrestricted cash.
- Payment of planned secondary and tertiary health care interventions (e.g., surgery) through unrestricted cash assistance.
- Reimbursement of emergency health care related costs.

<sup>5</sup> UNHCR Policy on Cash-Based Interventions. 2022-2026. <https://www.unhcr.org/61fbc91a4>

<sup>6</sup> Conditionality refers to prerequisite activities or obligations that a recipient must fulfill in order to receive assistance. Unrestricted CBI are CBI that can be used as the recipient chooses – i.e., no effective limitations are imposed by the implementing agency on how the cash transfer is spent.

<sup>7</sup> UNHCR Global Public Health Strategy 2021 – 2025, <https://www.unhcr.org/publications/brochures/612643544/unhcr-global-public-health-strategy-2021-2025.htm>





Photo Credit: © UNHCR/Mohammad Hawari

- Payment for well-defined, costed, predictable services (e.g., obstetric care for pregnant women, clinical monitoring, follow-up, and medications for non-communicable diseases).
- Coverage of some primary health care related costs with MPCA, allowing recipients to prioritize health expenditures.
- Coverage of transport and other costs in accessing health services.

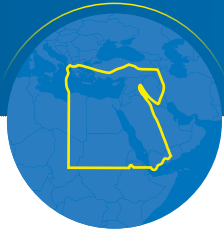
UNHCR generally advocates use of unconditional and unrestricted CBI across sectors. However, conditional or restricted cash assistance to achieve health sector outcomes may be appropriate in certain circumstances, such as fostering behaviour change, and may be paired with complementary activities like behaviour change communication strategies (BCCS).

### 3. COUNTRY SNAPSHOTS

As of 2022, UNHCR delivers cash assistance in 100 countries worldwide and supported access to comprehensive primary health care services, and referral to secondary and tertiary care for refugees in 50 countries hosting 16.5 million refugees as of 2020.<sup>8</sup> UNHCR implements a variety of health and CBIs based on a market-based approach and each country's unique context. The following country snapshots showcase how UNHCR uses CBI to promote health outcomes.

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<sup>8</sup> UNHCR, 2020 Annual Public Health Global Review, <https://www.unhcr.org/publications/brochures/60dc89e24/2020-annual-public-health-global-review.html>



## Pregnant women benefit from targeted cash grants in Egypt

### Key Takeaway from Egypt

UNHCR may not have anticipated certain demand-side factors when delivering cash grants to achieve health outcomes. Women's perceptions of the quality of healthcare influenced increase in use of private facilities for ANC and C-sections. In Egypt, the population of refugees and asylum seekers are diverse coming from 65 different countries, which manifested in a range of health seeking behaviors (e.g., based on socio and gender dynamics), expectations (e.g., based on previous experience with health services in home countries), and specific needs (e.g., based on language). Some refugees who experienced a certain level of health infrastructure in their country of origin (e.g., Syria) were reluctant to deliver at a public facility which they perceived as providing lower quality care.

### UNHCR Global Guidance and Best Practice

A health-specific assessment, involving relevant public health expertise, is necessary, to identify dominant barriers to health care including availability and quality of services; access to services; and costs. There are supply side and demand side factors that contribute to health care utilization and common barriers. Supply side factors include acceptability, availability, affordability, and appropriateness of care.

**Context:** As of December 2021, Egypt hosts 271,102 refugees and asylum seekers from 65 countries (the majority from Syria and seven other countries). In 2021, UNHCR provided multi-purpose cash assistance (MPCA) to just over 11,000 families with monthly disbursements to cover basic needs. According to the post-distribution monitoring (PDM) conducted in the third quarter of 2021, 34% of recipients spent part of their cash assistance to access healthcare, just behind rent (68%) and food (66%). UNHCR also provided a one-time MPC grant under the COVID-19 response to 7,895 individuals in 2021.

To realize health outcomes, UNHCR has a Memorandum of Understanding with the Ministry of Health to integrate refugees and asylum seekers into the national healthcare system to attain equal access to public health care on par with Egyptian nationals. Public facilities often experience stock-outs of supplies and medicines and have few specialists, leading to additional expenses for those using public health care and common use of private sector providers with higher out-of-pocket costs.

**Actions:** Within this context, UNHCR targets support to pregnant refugees and asylum seekers registered with UNHCR to access safe deliveries with a skilled provider in a public or a pre-identified health facility. Eligibility criteria include having at least one antenatal care (ANC) visit in the last trimester and delivering at a public facility or at one of the non-profit hospitals previously identified by health partners. UNHCR disburses the cash grant in two installments – the first one 30 days before delivery and a second post-delivery upon proof that their delivery was at a public or identified non-profit hospital.

The cash assistance aims to improve health outcomes through increasing utilization of ANC, providing access to skilled delivery, and reducing the C-section rate. The cash grant is conditional for the use of public facilities to discourage overutilization of C-section deliveries.

In 2021, UNHCR supported 858 women with this targeted cash grant for obstetric services: 858 mothers received the first installment, and 545 mothers received the second installment. Though UNHCR explains to refugees that the second installment of the cash grant is contingent upon using public or identified non-profit facilities, many women still choose to deliver at private facilities.

Demand side factors include decisions to seek care, reaching care, receiving care, and ability to engage. For more guidance on health service utilization and common barriers, see [The Role of Cash Assistance in Financing Access to Health Care in Refugee Settings and for other People of Concern to UNHCR](#).



#### Top Tip from the Field

- Assess the context and infrastructure of the health system, quality of care, and patient health seeking behavior.
- Analyze the barriers and opportunities. Providing cash alone does not ensure that people will have access to the health care they need and may not influence health seeking behaviour.
- It is critical to assess the health care system and identify other steps that may be necessary to ensure refugees have meaningful access to health services. For example, not all refugees and others of concern face the same barriers in terms of language or perceptions on quality of care based on their previous experiences in their countries of origin.

PDM reveals that this decision is mainly due to a perception of low quality of care in public facilities and lists specific reasons: perceived low quality of services in public hospitals (40%), desire to deliver with the private doctor who provided the ANC (15%), transportation issues and unavailability of a nearby public hospital (13%), and not being aware of the public hospitals they can access (8%).<sup>9</sup>

**Lessons learned:** The PDM report found that health seeking behavior regarding maternal health varies significantly between Syrian and African women. Private sector facilities are highly utilized by Syrian women for both ANC and delivery whereas African women rely mainly on UNHCR health implementing partners for receiving ANC, and more than half of them delivered in public hospitals. This finding and the reasons for choosing private over public facilities, demonstrate that provision of cash assistance alone may not change health seeking behaviour. UNHCR needs to consider the context of supply-side and demand-side factors and additional measures to strengthen both sides when delivering cash grants to achieve health outcomes.

➤ [UNHCR Egypt Documents & Reports](#)

➤ [UNHCR Egypt Latest Updates](#)



## Emergency Medical Cash Assistance is a lifesaver for the most vulnerable in Iraq

**Context:** As of November 2021, Iraq was hosting almost 6.5 million\* Internally displaced persons (IDPs), IDP returnees (the largest proportion of the populations of concern), refugees, and stateless persons, of which UNHCR supports 1.6 million. In 2021, UNHCR provided multi-purpose cash assistance (MPCA) to 16,500 refugee, IDP, and returnee families<sup>10</sup> to cover basic needs for some of the most vulnerable families.

<sup>9</sup> UNHCR, Post Distribution Monitoring Survey for Syrian and African Refugees in Egypt Cash Assistance Delivery, August 2017

<sup>10</sup> UNHCR Iraq Fact Sheet, November 2021, <https://reliefweb.int/sites/reliefweb.int/files/resources/UNHCR%20Iraq%20Factsheet%20-%20November%202021.pdf>

### Key Takeaway from Iraq

When refugees have access to a national health system through public hospitals at minimal costs, a referral programme with cash assistance may still be needed for life-threatening cases or emergency medical needs that may not be available through the national health system because of unavailability of specific medicines, supplies, or specialist procedures that are only provided through private or semi-public facilities. The provision of cash is one method of financing access to referral care.

### UNHCR Global Guidance and Best Practice

For successful implementation, CBIs for health should be based on referral standard operating procedures (SOPs) and CBI SOPs. Referral SOPs outline objectives, guiding principles, eligible/ineligible medical conditions, referral facilities, reporting and monitoring. CBI SOPs outline clear objectives, eligible target populations, operational steps for the cash transfer, protection considerations, reconciliation processes, monitoring, and evaluation procedures. SOPs should be updated regularly. For more global guidance, see [Cash-based Interventions for Health Programmes in Refugee Settings](#).

### Top Tip from the Field

Create and maintain an updated list of health services and medications that are not available in the public health system and which refugees and others of concern cannot access without considerable costs.

IDPs receive a one-time cash grant, while refugees receive monthly MPCA for twelve months.

In Iraq, health care (primary, secondary, tertiary) is nearly free at a very nominal fee (~ \$US 0.30) which covers consultation, medicine, laboratory services, and most surgeries. Refugees have the same access to the health system as nationals.

**Actions:** UNHCR is working to improve access to quality public health services by working in partnership with the government to strengthen the health system and allow for continuous integration of refugees into the national health system. However, specific secondary and tertiary health care interventions are not available at public health facilities free of charge, and while these may be offered at private or semi-public facilities, the cost is prohibitive for most refugees. Therefore, UNHCR implements an emergency medical cash assistance (EMCA) programme to ensure the most vulnerable can access those treatments, including and procuring related medicines and supplies that are not available in the public health facilities. To be eligible for this cash grant, refugees need to meet five criteria: be registered with UNHCR, be considered vulnerable, have a life-threatening medical need verified by a medical report, have a good prognosis, and have the necessary treatment in the available semi-public or private healthcare facilities.

Since the EMCA programme was launched, case numbers have been limited as most services are available at nearly no cost to refugees, with only 23 cases being funded at a total budget of \$32,000 from October 2020 to December 2021. However, these unrestricted cash grants provide significant support when a family member has a severe condition that cannot be treated at the free public health facilities, and without treatment it can be life threatening for the individual and negatively impact an entire household.

In addition to the EMCA programme, UNHCR incorporated primary health care costs into the MPCA. Based on PDM, refugees and others of concern are also meeting some of their basic healthcare needs with this cash assistance. PDM from May 2021 with out-of-camp IDPs and returnees in the Kurdistan Region shows that 51% of recipient households spent part of their cash assistance on healthcare, just behind food (78%) and debt repayment (73%) (noting 88% of households bought food on store credit or with borrowed money). UNHCR's end line assessment of MPCA distribution to out-of-camp refugees in July 2021 showed that the only 8% of households spent a portion of their MPCA on healthcare expenditures and 5% on medicine.



A comprehensive list facilitates case management to easily identify which services are available, where, and at what cost (free or otherwise). This exercise requires consultation with the Ministry of Health to confirm the availability of public services and medicines. Likewise, it is important that all partners and staff in the health facilities are aware of the EMCA programme terms and referral procedures.

**Lessons learned:** Based on the experience of UNHCR using cash for health outcomes in Iraq, when medical care cannot be accessed by vulnerable populations due to financial barriers, providing CBI can be a suitable modality to cover specific medical needs. It can have a life-saving impact and prevent catastrophic health expenditures.

➤ [UNHCR Iraq Latest Updates](#)



## Providing health top-ups through the lens of a protection programme in Mexico

### Key Takeaway from Mexico

CBI is an appropriate tool to complement health system integration with targeted cash grants for protection and health outcomes to overcome financial barriers. However, when UNHCR provides cash grants for health to refugees and asylum seekers in locations where local community members also lack reasonable access to health care, there can be risks such as provoking xenophobia, exacerbating inequalities, or other unintended consequences. In such contexts, UNHCR may decide to implement additional complementary interventions that strengthen the capacities of health facilities to expand the health services available in the public health system (e.g., capacity building measures or provision of equipment), and enhance understanding of the right to health services for refugees and asylum seekers, while at the same time reducing tensions with the host community.

**Context:** As of June 2021, Mexico hosted 58,065 refugees, 114,561 asylum seekers, 59,942 Venezuelans Displaced Abroad, and 78,547 others of concern. In addition, COMAR (Mexico's Refugee Commission) confirmed that there were 131,448 asylum applications filed in 2021. At the end of December 2021, 6,440 refugees and others of concern in UNHCR's registration database were having a serious medical condition. UNHCR in Mexico uses cash assistance in livelihoods and education programmes and during 2020 provided MPCA to 9,871 vulnerable families.

Asylum seekers and refugees can access the national health system for essential health services if they hold identity documents (CURP) issued by COMAR and migration authorities. However, some refugees and asylum-seekers had to pay additional costs when they were not eligible for certain treatment not covered by the public system (e.g., cancer and chronic illnesses, specialist care, or certain medications). In addition, the COVID-19 pandemic has overburdened the national health care system, resulting in many health care providers focusing solely on treating COVID-19 patients, thereby reducing the availability of non-COVID related health care.

**Actions:** In this context, UNHCR takes a comprehensive approach as part of its protection intervention to deliver punctual cash grants when there are specific barriers to access the national health system. When refugees and asylum seekers require urgent health care, UNHCR will first advocate with COMAR and with local health authorities to access 'solidarity fees', which are determined by a socio-economic evaluation undertaken by social workers in health facilities to waive fees for refugees and others of concern.

### UNHCR Global Guidance and Best Practice

Effective cash programmes rely on regular assessment and review of the outcomes on health utilization through the use of a structured monitoring plan. Regular review can help identify any unintended consequences of the intervention and the need to initiate a timely response. For example, monitoring can inform decisions to support local health systems and clinics in a manner that benefits host communities as well as refugees and others of concern and can further enhance social cohesion efforts.

When cash is given to access health care based on a list of services and medications from which refugees and others of concern are excluded, it should be supported by referral care SOPs.

For more global guidance, see [The Role of Cash Assistance in Financing Access to Health Care in Refugee Settings and for other People of Concern to UNHCR](#).

### Top Tip from the Field

UNHCR can map health facilities and assess capacities and services, as well as monitor the impact that the refugee population may have on health facilities. This information guides UNHCR to know when complementary support is needed to strengthen local health services.

Cooperation and dialogue with the Ministry of Health, local health facilities, and host communities can reveal the specific needs of refugees and the barriers to accessing care to identify solutions and avoid the perception of special treatment above and beyond the host population.

Additionally, UNHCR approaches civil society and non-profit organizations that provide free specialized health care services for referrals. Should this not be available, UNHCR uses a vulnerability-based case management approach to provide cash grants to cover a partial contribution of the cost of a specific health need, such as a chronic illness, that the national health system cannot cover.

The overall objective is to bolster inclusion in the national health system. However, even when refugees have access, there are certain instances where cash assistance is needed to play a complementary role in supporting health outcomes. In such contexts, UNHCR leverages the Cash for Protection programme to carefully review and manage on a case-by-case basis the specific health care grants for the most vulnerable.

**Lessons learned:** UNHCR's advocacy with key government agencies like the Ministry of Health to integrate refugees, asylum seekers, and others of concern into national health systems required an ongoing effort to ensure that refugees have equitable access to health services, including the necessary legal documentation. UNHCR's approach has also required identification of other pro bono foundations or specialized medical organizations to strengthen the overall assistance.

UNHCR's communication strategy with refugees, asylum seekers, has been important to create awareness of the approach, and to manage expectations of assistance. Communication with host communities has been equally important to prevent raising tensions with local communities who at times perceived refugees as accessing special services unavailable to the local communities.

- [UNHCR Central America Operational Data Portal](#)
- [UNHCR Mexico Latest Updates](#)
- [UNHCR Mexico 2020 Highlights](#)



## Expanding health sector CBI to address COVID-19 disruptions in Peru

### Key Takeaway from Peru

Combining MPCA and sectoral health CBI is a good option to address specific needs of particularly vulnerable groups. Based on PDMs, health is often the third highest expenditure for those who receive MPCA, after food and shelter. The MPCA supports basic needs and can also be helpful for chronic health conditions, especially if adjustments to the MPCA amounts are made. In contrast, sectoral cash for health is critical to cover secondary or tertiary health care where costs are a barrier to access. This should be guided by medical referral SOPs.

### UNHCR Global Guidance and Best Practice

Consider cash assistance as one of many complementary modalities to support access to health services. The selection of a modality must be based on solid analysis, understanding, and assessment of needs, context and operating environment, including a sound understanding of national health policies, the functioning of health services and the health seeking behaviour of the target population.

For more global guidance, see [The Role of Cash Assistance in Financing Access to Health Care in Refugee Settings and for other People of Concern to UNHCR](#).

**Context:** Peru hosts around 1.3 million refugees and asylum seekers, mostly from neighboring Venezuela. UNHCR is working with seven implementing partners in Peru that use CBI for different purposes, including MPCA and complementary sectoral cash. In addition, UNHCR plays a vital role in advocating for legal documentation and access to national services, including healthcare services.

According to the Joint Needs Analysis (JNA) for the Refugee and Migrant Response (RMRP), less than ten percent of refugees and migrants from Venezuela have access to the national Comprehensive Health Insurance. Foreigners who have a residency card (approximately 54% of refugees and migrants) can enroll in the health system free of charge, as can pregnant women, children under five, and those who obtain a vulnerability card, which can be issued for different reasons, including serious medical conditions. However, to access the vulnerability card for serious medical conditions, one must obtain a certificate, but many cannot afford to pay for the required medical tests to prove their eligibility.

**Actions:** UNHCR recognizes that the MPCA is insufficient to cover the costs of obtaining this vulnerability card and provides complementary sectoral cash as a health top-up to cover these costs for the most vulnerable. Provision of these cash grants enables UNHCR to direct limited funds to the most severe cases while empowering refugees to prioritize their needs with the MPCA. It can also be used as stand-alone assistance, in cases where refugees and others of concern may not require MPCA to meet their basic needs but do require support to meet other types of health costs as above. However, UNHCR's priority remains supporting refugees to access the required documentation and national services and have supported 12,850 refugees and others of concern to access the National Health System as of November 2021.

MPCA was also provided to approximately 21,000 refugees and others of concern as of November 2021. Based on post-distribution monitoring (PDM), refugees and asylum seekers use cash for health expenditures, which rank as the third most common expense after rent and food. However, the health portion of the MEB is not enough to cover all health care needs, such as surgery or specific medications.

Cash for health was also an important tool during the COVID-19 pandemic when many government clinics were transformed into COVID-19-only treatment centers. This left people with fewer options to treat medical needs, resulting in refugees and asylum seekers finding treatment at private clinics at high costs. From January through October 2021, UNHCR disbursed one-off, unrestricted cash grants to 1,262 households. These were one-time grants aligned with

Top Tip from the Field

Consider how the COVID-19 pandemic may have impacted the health system. In contexts where UNHCR did not previously consider cash for health, it may now be a critical need to enable access to health services during the pandemic. In some contexts, where refugees and others of concern had prior access to health services, they may have lost access to public facilities because the health system may be overwhelmed, or health facilities may be restricted to providing only COVID-19 related care.

the grants provided by the government to Peruvian families in poverty intended to cover basic needs due to the impact of the pandemic.

**Lessons learned:** UNHCR in Peru found that this multi-pronged approach with MPCA and supplemental cash for health is the most cost-effective way to address health needs in this context. Cash grants to obtain a vulnerability card is effective to enable integration of the most vulnerable in the national system.

The COVID-19 pandemic impacted the health care system and many who previously had access, no longer did. It has been necessary to rethink how cash for health may be beneficial in such a context as in Peru when the health system was overwhelmed and access to public services became limited. One-time cash assistance helped overcome constraints in accessing care when the health system was overburdened. UNHCR had previously identified cash-based interventions as a suitable modality to enhance access to health services before the pandemic and having procedures already in place expedited the expansion of coverage.

[UNHCR Peru Latest Updates](#)



Providing cash assistance while advocating for integration into the national health system in Costa Rica

Key Takeaway from Costa Rica

UNHCR tackles more than just financial barriers to health care. Building trusted relationships with government counterparts is key to successful advocacy for refugees and others of concern to access the national health care system.

UNHCR Global Guidance and Best Practice

UNHCR's CBIs can leverage advocacy and access to achieve protection outcomes. In a context where national health services of sufficient quality are available, but refugees and others of concern

**Context:** As of December 2021, Costa Rica hosted 10,242 recognized refugees and 152,616 new registered asylum seekers, primarily from Nicaragua (>70%), with smaller numbers coming from Venezuela, Colombia, Cuba, and El Salvador. UNHCR promotes access to health services for the most vulnerable refugees and asylum seekers, including through integration into national health systems and insurance schemes.

**Actions:** UNHCR has taken a long-term and holistic approach to health focusing on the two core strategic objectives: 1) protection combined with immediate basic needs assistance including healthcare as a basic right, and 2) promotion of mid- to long-term solutions with a critical focus on regularization and inclusion.

In 2021, UNHCR provided cash grants to 7,330 individuals in the form of multi-purpose cash. Surveys conducted reflect that health and hygiene were within the top five expenditures made by all recipients.



cannot access them fully or in part due to legal, administrative, or financial barriers, responses may include:

- Facilitating access to existing national health services through negotiated agreements with the Ministry of Health, and/or subsidised care for relevant refugees and others of concern through various financial mechanisms.
- Advocacy to reduce or waive user fees and/or include refugees and others of concern in national health insurance schemes.

For more global guidance, see [The Role of Cash Assistance in Financing Access to Health Care in Refugee Settings and for other People of Concern to UNHCR](#).



#### Top Tip from the Field

- Look for avenues to work directly with the host government on social protection to strengthen the national platforms and avoid creating parallel systems.
- Use cash interventions to address specific health needs on a case-by-case basis as part of the protection programme while working towards inclusion in the health system.

#### To achieve health objectives, UNHCR:

- Advocates for vulnerable, unemployed asylum seekers to access national health insurance.
- Identifies acutely ill refugees and others of concern needing temporary coverage until they can find employment with access to health insurance.

**Lessons learned:** Cash assistance supports the most vulnerable with health expenditures while advocacy with the government is critical to demonstrate that inclusion of refugees and asylum seekers into the national health insurance plan is a worthy investment to enhance the wellbeing of refugees and nationals alike.

[UNHCR Costa Rica Latest Updates](#)



## 4. KEY GUIDANCE

To learn more about CBI and health programming refer to the recommended resources listed below.

### ➤ Key UNHCR Guidance on CBI and Health

1. UNHCR, The Role of Cash Assistance in Financing Access to Health Care in Refugee Settings and for other People of Concern to UNHCR, November 2020, <https://www.unhcr.org/en-us/protection/health/5fc0b3fb4/role-cash-assistance-financing-access-health-care-refugee-settings-other.html>
2. UNHCR, Cash-based Interventions for Health Programmes in Refugee Settings: A Review, 2015, <https://www.unhcr.org/research/evalreports/568bce619/cash-based-interventions-health-programmes-refugee-settings-review.html>

### ➤ Key UNHCR Guidance on Health

1. UNHCR, Public Health Programming, website accessed February 2022, <https://www.unhcr.org/public-health.html>
2. UNHCR Global Strategy for Public Health 2021-25, <https://www.unhcr.org/publications/brochures/612643544/unhcr-global-public-health-strategy-2021-2025.html>

### ➤ Key UNHCR Guidance on Cash Based Interventions

1. UNHCR, Cash Assistance and Protection: Why, What and How?, September 2021, <https://www.unhcr.org/616fc52e4>
2. UNHCR, Cash-Based Interventions, Accessed January 2022, <https://intranet.unhcr.org/en/protection-programme/cash-based-interventions.html>
3. UNHCR, CBI Repository, Catalogue of UNHCR's tools and Guidance for Cash Assistance, <https://intranet.unhcr.org/content/dam/unhcr/intranet/protection-operations/cash-based-interventions/documents/english/tools-guidance/CBI%20Repository.pdf>
4. UNHCR, CBI Tools & Guidance, Accessed January 2022, <https://intranet.unhcr.org/en/protection-programme/cash-based-interventions/tools---guidance.html>
5. UNHCR, Multi-Purpose Cash and Sectoral Outcomes: A Review of Evidence and Learning, May 2018, <https://www.unhcr.org/5b28c4157.pdf>
6. UNHCR, Online CBI Training Toolkit, Accessed February 2022, <https://unhcr.csod.com/ui/lms-learning-details/app/curriculum/039628b6-2753-41d5-b715-84de737c2f08>