

# Conditional Cash Transfers for Syrian Refugees with Diabetes in Jordan

The Johns Hopkins School of Public Health (JHSPH) and the Center for Humanitarian Health, in partnership with has planned a research project to evaluate the effectiveness of cash transfers in increasing health-seeking behavior and improving disease control among vulnerable Syrian refugees with type II diabetes. In the absence of a well-designed research that assesses the effectiveness of cash transfers on health in humanitarian settings, this study will provide vital evidence of the effects of conditional cash transfers (CCTs) on health-seeking behavior and service utilization to inform cash transfer program design for the health sector in both current and future humanitarian responses.

**Purpose:** With the growing trend of refugees settling in urban areas outside of formal refugee camps, providing assistance is a challenge requiring more cost efficient and effective interventions than those previously employed. Cash transfers have the potential to fill this gap. While cash transfers are purported to be more effective and efficient than in-kind assistance to improve local economies and provide more choice and dignity for beneficiaries, little evidence as to how they affect health in humanitarian crises is available. Though cash transfers have been used extensively by many organizations in the Syrian refugee response, there has been insufficient rigorous study of these efforts, notably with respect to health. With respect to non-communicable diseases (NCDs), hypertension and diabetes are the two most prevalent NCDs among Syrian refugees in Jordan. Health service utilization for NCDs declined after the 2014 policy changes that increased user fees, suggesting the cost of NCD care is a widespread challenge. Studying how CCTs affect health-seeking behavior, health service utilization and expenditures, and health outcomes such as disease control has never been rigorously undertaken in humanitarian settings, and thus will provide invaluable evidence for the Syrian refugee crisis and future humanitarian responses.

**Research Questions:** This research will assess whether CCTs for Syrian refugees outside of camps in Jordan with type II diabetes are effective in increasing health-seeking behavior and improving disease control by comparing individuals with type II diabetes that receive: 1) a community health volunteer (CHV) health education intervention; 2) the CHV intervention and a CCT of 100 JD every three months intended to cover the costs of care seeking and medications; and 3) multi-purposes cash (MPC) transfers, valued at 80-175 JD per month, depending on household size, intended to assist vulnerable households in meeting basic needs. The specific research objectives are to examine how CCTs for Syrian refugees residing outside of camps affect: 1) health expenditures; 2) health-seeking behavior and health service utilization; and 3) health outcomes including medication adherence and control of diabetes/hypertension.

**Study Design and Methods:** A prospective cohort design will be used to compare the three interventions. UNHCR's lists of vulnerable households residing in Amman and Zarqa reporting member(s) with a prior diagnosis of type II diabetes will be used to identify prospective participants. In the two CHV intervention groups, Medair CHVs will visit participants quarterly to provide awareness sessions focusing on lifestyle behaviors, health-seeking behavior/service utilization, medication adherence, and affordable nearby health services for NCDs; quarterly health education meetings will also be conducted. MPC participants will be sampled from existing lists of UNHCR beneficiaries and will not receive any additional intervention. Study participants will be followed for one year and will participate in: 1) quantitative baseline and endline surveys focusing on demographic and health characteristics and aforementioned outcome measures, including disease control (measured via HbA1C testing); 2) quarterly monitoring at CHV home visits; and 3) quarterly disease control assessment (blood sugar, blood pressure, and body mass index). A subset of participants and CHVs will be purposively selected for focus group discussions at the end of the data collection period. Qualitative data will be used to deepen understanding of refugees' experiences, as well as to contextualize and interpret quantitative findings.