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A D N
DIGNIDAD

Impact Evaluation of Colombia's ADN Dignidad program
Understanding the impact of a Humanitarian Cash Transfer (HCT) program in Colombia

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Social Protection

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Cover photo: ADN Dignidad

Impact Evaluation of the ADN Dignidad Program: Understanding the impact of a Humanitarian Cash Transfer (HCT) program in Colombia

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Resumen Ejecutivo

La crisis humanitaria venezolana representa una de las crisis de desplazamiento más grandes del mundo, del orden de 6,1 millones de personas (UNHCR (2022a)). Colombia alberga actualmente a más de 1,82 millones de venezolanos, el 60% de los cuales se encuentran en situaciones irregulares que les impiden acceder a los servicios públicos, poniendo a prueba la capacidad del Gobierno de Colombia (GOC) para brindar asistencia social y legal esencial (UNHCR (2022a)). Los migrantes venezolanos y los retornados colombianos que llegan a Colombia son tienden a ser pobres y con pocas estrategias de supervivencia a su disposición para apoyar su integración. Este es particularmente el caso en los barrios pobres que albergan a migrantes mixtos, con una competencia cada vez mayor por los escasos recursos y oportunidades dentro de las comunidades receptoras.

Conocer como apoyar eficazmente a estas poblaciones desplazadas se ha vuelto imperativo. En este sentido, las transferencias monetarias están bien establecidas como una herramienta de desarrollo eficaz. Sin embargo, poco se sabe sobre su efectividad para ayudar a la población desplazada en el contexto de la crisis venezolana. Este estudio contribuye a llenar este vacío, respondiendo preguntas críticas sobre la efectividad de las transferencias monetarias no condicionadas para mejorar las vidas de las personas desplazadas y sus hogares.

Este informe presenta los resultados de la evaluación de impacto del Programa ADN Dignidad que implementa el Consorcio Cash for Urban Assistance (CUA), liderado por Acción Contra el Hambre en asociación con el Consejo Danés para Refugiados (DRC) y el Consejo Noruego para Refugiados (NRC), con financiación del Bureau for Humanitarian Assistance (BHA) de USAID. El programa tiene como objetivo mejorar el acceso a alimentos básicos, artículos no alimentarios y vivienda a través de la provisión de hasta seis meses de transferencias incondicionales de asistencia monetaria multipropósito (MPCA, por sus siglas en ingles) de aproximadamente $100 USD por hogar receptor por mes ($34 USD / por persona por mes, o $206 USD por persona durante 6 meses) a aproximadamente 220,000 personas afectadas por la crisis. Para maximizar el impacto de MPCA, el proyecto integra mensajes dirigidos a maximizar el impacto nutricional de las transferencias. El programa también tiene como objetivo mejorar el entorno de protección general para los grupos focalizados aumentando su conocimiento de la protección social disponible local y legalmente accesible (educación, salud, protección, etc.) y los servicios legales.

Para estimar el impacto de ADN Dignidad, implementamos un Diseño de Regresión Discontinua (RDD). En este contexto, explotamos la regla de elegibilidad del programa que asigna puntajes a cada solicitante en función de las características del hogar en el momento de la solicitud. La vulnerabilidad de cada hogar se evalúa a través de una encuesta de características sociodemográficas y económicas, y se asignan dos puntajes a cada postulación. Se define un umbral y los hogares que están por encima de un umbral de vulnerabilidad en cualquiera de los puntajes son elegibles para recibir la asistencia. El RDD establece el impacto del programa al comparar los resultados de los solicitantes que están justo por encima y por debajo del umbral de elegibilidad de ambos puntajes. En este sentido, los impactos estimados en este informe aplican al grupo de solicitantes con puntajes de elegibilidad en el límite, es decir, solicitantes con los

puntajes de vulnerabilidad más bajos entre los solicitantes elegibles. Analizamos los impactos de corto plazo utilizando datos de 3190 postulantes recolectados entre 1 a 3 meses después de la graduación del programa (7 a 9 meses después de la solicitud para los no participantes) en las áreas de Barranquilla, Bogotá y Nariño.

Los resultados muestran que la aceptación del programa ADN Dignidad es casi universal, y la mayoría de los participantes no podrían sustituir esta fuente de apoyo por MPCA de otros programas. Como resultado del programa, los participantes tienen mayores ahorros, menor probabilidad de reportar deudas y es más probable que inviertan en herramientas de trabajo. El programa resulta en un incremento de 3,7 horas semanales de trabajo, un 13,8% más que el control.   Uno a tres meses después de concluir el programa, los participantes reportan un aumento sostenido en los ingresos de aproximadamente 15% por encima del grupo de comparación. Encontramos efectos grandes y significativos de la intervención en la reducción tanto de la severidad como de la prevalencia de las estrategias de mitigación de la inseguridad alimentaria, así como de las prácticas de consumo de alimentos que adoptan en caso de contingencias. Finalmente, ADN Dignidad aumenta el bienestar subjetivo de los participantes al reducir la inseguridad y mejorar la satisfacción con la vida.

En su totalidad, la evidencia apunta a impactos de ADN Dignidad que son económicamente importantes y estadísticamente significativos sobre la mejora de la calidad de vida de los migrantes venezolanos y los retornados colombianos. Suponiendo que los impactos se mantienen a lo largo del tiempo, una simple comparación de los beneficios económicos en relación con los costos del programa sugiere un retorno positivo de la inversión dentro de los tres años, contando solo los beneficios provenientes del aumento de las horas de trabajo. Estos resultados son particularmente notables dada la naturaleza de las estimaciones de impacto de RDD entre los "menos vulnerables" de una población altamente vulnerable a la que se dirige el programa. Si bien no podemos evaluar los impactos en los participantes con puntajes de vulnerabilidad más altos, los resultados encontrados en este estudio bien podrían ser estimaciones de límite inferior, es decir, que los impactos positivos se den, en diferente medida, también en población aún más vulnerable. Los resultados también sugieren que expandir los criterios de elegibilidad del programa a los aplicantes con puntajes de vulnerabilidad más bajos promete ser una estrategia efectiva para mejorar el bienestar de aquellos que actualmente no son elegibles para el programa.

Executive summary

The Venezuelan humanitarian crisis represents one of the largest displacement crises in the world, on the order of 6.1 million people (UNHCR 2022a). Colombia currently hosts more than 1.82 million Venezuelans, 60 percent of whom are in irregular situations that prevent them from accessing public services, putting a strain on the Government of Colombia's (GOC's) capacity to deliver essential social and legal assistance (UNHCR 2022a). Venezuelan migrants and Colombian returnees arriving in Colombia are generally poor and have few coping strategies at their disposal to support their integration. This is particularly the case in the poor neighborhoods that host mixed migrants, with increasingly greater competition for scarce resources and opportunities within receptor communities.

Understanding how to effectively support these displaced populations has become imperative. To this effect, cash transfers are well established as an effective development tool. However, little is known about their effectiveness in aiding the displaced population in the context of the Venezuelan crisis. This study contributes to filling this gap, answering critical questions about the effectiveness of unconditional cash transfers for improving the lives of displaced individuals and their households.

This report presents the results of the impact evaluation of ADN Dignidad. The ADN Dignidad Program is implemented by the Cash for Urban Assistance (CUA) Consortium, led by Acción Contra el Hambre in partnership with the Danish Refugee Council (DRC) and the Norwegian Refugee Council (NRC), with funding from USAID's Bureau for Humanitarian Assistance (BHA). The program aims to improve access to basic food, non-food items, and shelter through the provision of up to 6 months of unconditional multipurpose cash assistance (MPCA) transfers of approximately $100 USD per recipient household per month ($34 USD/person per month, or $206 USD/person over 6 months) to approximately 220,000 crisis-affected individuals. To leverage the impact of the MPCA, the project integrates targeted messaging aimed at maximizing the nutritional impact of the MPCA transfers. The program also strives to improve the overall protective environment for target groups by increasing their awareness of locally available and legally accessible social protection (education, health, social protection, etc.) and legal services.

To estimate the impact of ADN Dignidad, we implement a Regression Discontinuity Design (RDD). In this setting, we exploit the eligibility rule of the program that assigns scores to each applicant based on household characteristics at the time of application. We assess the vulnerability of each household through a sociodemographic and economic characteristics survey, and assign two scores to each application. We define a threshold and households that are above a threshold of vulnerability on either score are eligible to receive the assistance. The RDD establishes the program's impact by comparing outcomes of applicants who are just above and below an eligibility threshold of both scores. As such, the impacts estimated in this report apply to the pool of applicants with boarder line eligibility scores—those with the lowest vulnerability scores among eligible applicants. We analyze short-term impacts using cross-sectional data on 3,190 applicants collected between 1 to 3 months after program graduation (7 to 9 months after application for non-participants) in the areas of Barranquilla, Bogota, and Nariño.

Results show that uptake of the ADN Dignidad program is near universal, and most participants would be unable to substitute this source of support for MPCA from other programs. As a result of the program, participants have increased savings, are less likely to hold debt, and are more likely to invest in business tools. The program led to increases of 3.7 hours of work per week and 13.8 percent over the control group. One to three months after the program ended, participants report a sustained increase in income, roughly 15 percent higher than the comparison group. We find large and significant effects of the intervention on reducing both the severity and prevalence of food insecurity coping strategies and food consumption practices participants adopted in emergency situations. Finally, ADN Dignidad increased participants' subjective well-being by reducing insecurity and improving life satisfaction.

Taken together, the evidence points to economically large and statistically significant impacts of ADN Dignidad on improved quality of life for Venezuelan migrants and Colombian returnees. Assuming impacts are sustained over time, a simple comparison of the economic benefits relative to program costs suggests a positive return on investment within 3 years from increased working hours alone. These results are particularly notable when accounting for the nature of the RDD impact estimates among the "least vulnerable" of a highly vulnerable population the program targets. While we are unable to assess impacts on participants with higher vulnerability scores, the results found in this study are arguably lower-bound estimates—positive impacts are sustained to various degrees among more vulnerable populations. The results also suggest that expanding the program's eligibility criteria to applicants with lower vulnerability scores is a promising effective strategy for improving the well-being of those currently ineligible for the program.

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1. Introduction

In 2022, a historically high 101.1 million people were forcibly displaced due to humanitarian crises arising from persecution, conflict, violence, and human rights violations (UNHCR 2022b). The prevalence of displacement has been consistently increasing over the past decade along with rises in the number of conflicts recorded globally (David Malpass 2022).

Refugees and forcibly displaced persons experience multiple intersecting vulnerabilities arising from physical risks during transit across borders, loss of livelihoods, and labor exploitation, resulting in an increased risk of poverty and poorer human capital development outcomes (Klugman 2022; Corral et al. 2020). An estimated 74 percent of all refugees live in protracted situations, where displacement spans 5 or more years (UNHCR 2022a). For children—the largest demographic group among the forcibly displaced—deleterious effects may be longer lasting and/or intergenerational (UNHCR 2022a). Several studies find linkages between effects of conflict and low nutritional outcomes, sometimes beginning in utero (Minoiu and Shemyakina 2014; Akresh et al. 2017; Bundervoet et al. 2009; Bundervoet et al. 2005; Akresh et al. 2012; Ekhator-Mobayode and Abebe Asfaw 2019; Corral et al. 2020). The gendered dimensions of displacement and increased vulnerability are widely documented. Internally displaced women are at an increased risk of intimate partner violence, receive fewer employment opportunities than displaced men, and may fare worse economic outcomes as heads of households than other displaced households (Klugman 2022; Hanmer et al. 2020).

The Venezuelan humanitarian crisis represents one of the largest displacement crises in the world, on the order of 6.1 million people (UNHCR 2022a). Venezuela's economic, social, and political collapse, coupled with the COVID-19 pandemic, poses challenges for neighboring countries such as Colombia. The country currently hosts more than 1.82 million Venezuelans, 60 percent of whom are in irregular situations that prevent them from accessing public services. However, the outpouring of Venezuelans and Colombian returnees (henceforth referred to as mixed migrants) from Venezuela puts significant strain on the Government of Colombia's (GOC's) capacity to deliver essential social and legal assistance (UNHCR 2022a).

Mixed migrants arriving in Colombia over the last year are generally poor and have few coping strategies at their disposal to support their integration. The mass influx of mixed migrants in border regions of Colombia and other, largely poor urban and peri-urban zones across the country leads to increasing levels of xenophobia and social tension with resident Colombians. This is particularly the case in the poor neighborhoods that host mixed migrants, because there is an increasingly greater competition for scarce resources and opportunities within these communities.

The situation in Colombia and rising global trends create an urgent imperative for understanding how to effectively support the displaced population of mixed migrants in Colombia. Cash transfers, conditional and unconditional, are well established as an effective development tool that, when lump sums are sufficiently sized, can improve human capital outcomes among poor and vulnerable households (Asfaw and Davis 2018; Attanasio and Mesnard 2006; Attanasio et al. 2010; Baez and Camacho 2011;

Baird et al. 2014; Daidone et al. 2019; Fisher et al. 2017; Hoddinott and Skoufias 2004;

Kabeer and Waddington 2015; Lagarde et al. 2007; Schultz 2004). Findings from existing evidence are promising, but geographically sparse. Cash transfers have been found to increase access to basic necessities, such as housing (Hagen-Zanker et al. 2018; Aker 2017), and improve the economic well-being and inequality (Özler et al. 2021; Doocy and Tappis 2017; Aygün et al. 2021; Salti et al. 2022). For human capital outcomes, such as nutrition (food security, dietary diversity, and caloric consumption), there have been mostly positive results (Özler et al. 2021; Doocy and Tappis 2017; van Daalen et al. 2022; Ecker et al. 2019; Salti et al. 2022). Similar positive findings were observed for education outcomes (Moussa et al. 2022; Aygün et al. 2021; Salti et al. 2022) and child labor-related outcomes (Moussa et al. 2022; Aygün et al. 2021; Salti et al. 2022). However, fewer impact evaluations have examined their performance in fragile contexts and for displaced populations and to our knowledge, there is no evidence from quantitative impact evaluations in the particular context of Venezuelan migration crisis.

This impact evaluation contributes to filling this important knowledge gap and complements an emerging body of evidence by answering questions about the effectiveness of unconditional cash transfers in improving the lives of displaced individuals and their households. While previous studies on emergency cash examined Colombia's *Familias en Accion* impacts on pandemic relief (Londoño-Vélez and Querubin 2022; Gallego et al. 2021), to date, no studies have evaluated ADN Dignidad's impacts on Colombian and Venezuelan migrants.

2. Intervention

The ADN Dignidad Program is implemented by the Cash for Urban Assistance (CUA) Consortium, led by Acción Contra el Hambre in partnership with the Danish Refugee Council (DRC) and the Norwegian Refugee Council (NRC), with funding from USAID's Bureau for Humanitarian Assistance (BHA). The program aims to improve access to basic food, non-food items, and shelter through the provision of up to 6 months of unconditional multipurpose cash assistance (MPCA) transfers. Transfers of approximately $100 USD per participating household are paid monthly. This amounts to $34 USD/per person per month ($206 USD/6 months) to approximately 220,000 crisis-affected individuals since the program's inception. To leverage the impact of the MPCA, the project integrates targeted messaging aimed at maximizing the nutritional impact of the MPCA transfers. The program also aims to improve the overall protective environment for target groups by increasing their awareness of locally available and legally accessible social protection (education, health, protection, etc.) and legal services.

Theory of Change. – The intervention theory of change poses that if highly vulnerable populations are provided with unconditional MPCA transfers, then this will increase their capacity to purchase food and non-food items and eventually, meet their daily survival needs. The theory of change considers that if cash is combined with the provision of information and referrals to available and legally accessible social protection and other essential services, then the affected communities will have more information and if they consider the referrals and the information relevant, then the access to essential services will be increased. If beneficiaries access essential services, then this will decrease their overall vulnerability to violence, exploitation, and the need to apply irreversible negative coping strategies. If the provision of cash is also combined with targeted messages about how to maximize the nutritional outcomes of the cash transfers, then households will have

increased knowledge and information on the benefits. If households have an increased understanding of nutrition benefits, then the probability of them using the cash to purchase food accordingly and achieve a more diverse diet will be higher. In the case of a water, sanitation, and hygiene- (WASH-) related emergency, beneficiaries will be provided with hygiene kits and messages so they can be protected and have their emergency-related needs covered. Ultimately, the desired impact of the project is to save lives, alleviate suffering, and reduce the social and economic impact of the Venezuelan crisis on Venezuelan migrants, Colombian returnees, internally displaced persons (IDPs), and mixed migrant host communities in Colombia.

Figure 1: Theory of change
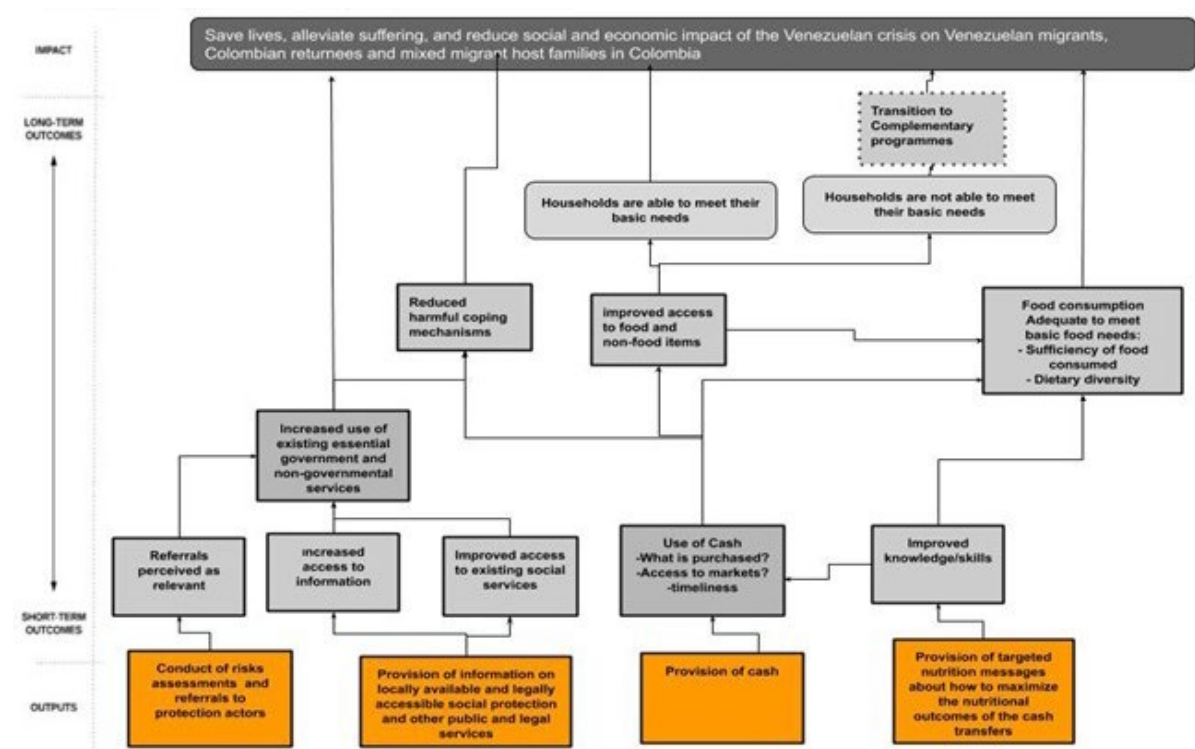
3. Empirical Strategy

The analysis presented in this report aims to identify the causal effects of the ADN Dignidad program on outcomes of interest. We briefly describe the conceptual framework of the potential outcomes model, which underpins this approach to impact evaluation. We then describe the empirical estimation strategy, using the Regression Discontinuity Design (RDD), which allows us to identify the causal impacts of ADN Dignidad for a particular segment of the participant population.

3.1 Potential outcomes framework

The potential outcomes framework provides a way to measure causal effects. This framework states that each unit or person has two potential outcomes $Y_i(1)$ and $Y_i(0)$. That is, before the intervention starts, one could think that each individual has two possible outcomes depending on whether they receive the intervention ($Y_i(1)$) or not ($Y_i(0)$). Of course, once the intervention occurs, we will only be able to observe one of these two outcomes, but for now, any of the two is possible. For instance, an outcome of interest may

be per capita expenditure of a household *i*. If that particular household takes up an intervention such as an MPCA, then we would observe $Y_i(1)$. In the opposite case, if that household does not take up the program, we would observe $Y_i(0)$.

The causal effect of the program on that particular household is defined as the difference between the household's per capita expenditure when that household participates in the program ($Y_i(1)$) and that same household's per capita expenditure had it not received the intervention ($Y_i(0)$). So, we define a simple conceptual estimate of the causal effect of the program as:

$$\tau_i = Y_i(1) - Y_i(0)$$
(1)

The challenge with estimating τ_i is that both scenarios cannot be observed simultaneously. We only observe one of the outcomes: household *i* receives the treatment $Y_i(1)$ or if *i* does not receive the treatment, $Y_i(0)$ will be observed. We cannot observe both states of nature at the same time for the same unit of observation.

To address this problem, the counterfactual scenario has to be constructed using a control or comparison group. This group has to be the same as the treated group in all ways, except for the fact that they did not receive the treatment. Thus, to estimate a causal effect, impact evaluations attempt to create two groups that are identical in all dimensions except for the fact that one receives the treatment. To achieve this, the treatment has to be assigned randomly (experimental method) or in a way that is as good as random (quasi-experimental methods), such as RDD.

3.2 Basic RDD model

In the RDD, a discontinuous assignment criteria are exploited to estimate a credible counterfactual. In an RDD, "all units have a score, and a treatment is assigned to those units whose value of the score exceeds a known cutoff or threshold, and not assigned to units whose value of the score is below the cutoff" (Cattaneo et al. 2020. RDD takes advantage of the fact that the probability of receiving the treatment changes discontinuously at the threshold, while other covariates, including the score, should change continually at the threshold. In the case where the observational units are not able to precisely control their position around the threshold, the assignment to the treatment will be "as good as random" around the threshold. Because there is a discontinuous assignment of the treatment, this can be used to study the causal effect of the treatment on some outcome around the threshold, using the units "with scores barely below the cutoff (...) as counterfactuals for units with scores barely above it" (Cattaneo et al. 2020).

3.3 Cattaneo approach with two assignment variables

In this study, we follow the RDD approach proposed by Cattaneo (Cattaneo et al. 2018) to estimate the causal effects of ADN Dignidad. More specifically, we have a treatment that is assigned based on two different running variables with two distinct thresholds. "This type of assignment defines a continuum of treatment effects over the boundary of the treatment region, denoted by β" (Cattaneo et al. 2020). In this case, each point b of the boundary β has an effect τ. But as Cattaneo points out (Cattaneo et al. 2020), estimating effects on all the boundaries may not be viable. In this scenario, two options are proposed: (1) measuring

the effect at certain points of interest on the boundary *β* and (2) defining a pooled RD estimate, which defines a measure of distance to the cutoff. Given that our interest is to estimate a weighted-average effect, we opted for the second option and use a normalizing-and-pooling approach discussed in Cattaneo et al. (2018).

3.4 RDD design setup

Our main identification strategy is an RDD. To obtain a causal estimate of the effect of the cash assistance, we exploit the eligibility rule of the program that assigns scores to each individual based on the characteristics of the families at the time of application. Once we assess each family's vulnerability through a sociodemographic and economic characteristics survey, we assign two scores to each applicant's family. We define a threshold and families that are above a threshold of vulnerability are eligible to receive the assistance. This design compares outcomes of individuals who are just above and below an eligibility threshold of both scores. Families do not know how the scores are computed, so they are not able to manipulate variables to change them. Based on budget constraints, the program gives cash assistance to every family with a vulnerability score of 90 or above for the scorecard model (SM), and with estimated score below 53,168 calculated using a Proxy Means Test (PMT). In *Figure 2*, we plot the treatment assignment for all applicants along both assignment variables.

Figure 2: RD with 2 assignment variables
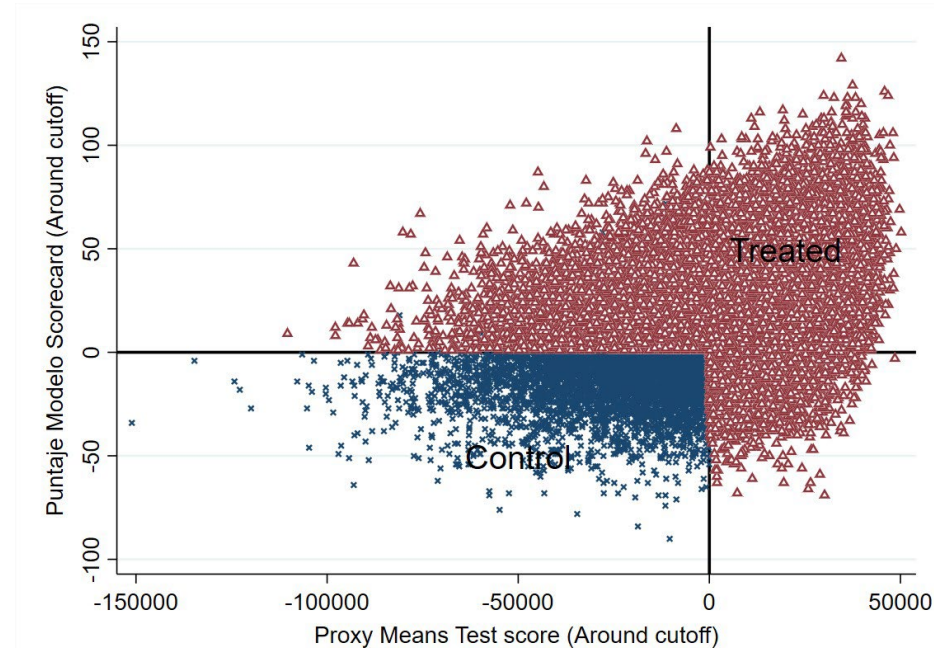
The distribution of the scores across the full support of both assignment variables is shown in section 7. One potential problem of RDD design is that applicants may be able to alter the scores used to assign the program in their favor to become eligible for the benefits. The figures show that at the threshold of 90 points of the SM score and 53,168 in household expenses from the PMT, there are no evident changes in the density of the scores. A formal test of this condition was also conducted, where we plot the density of individuals within bandwidths of the scores, together with confidence intervals. The figures show no significant changes in the number of individuals in close vicinity at the left or right of the 90-points

threshold or at the 53,168 threshold level for the SM score and the PMT, respectively. Taken together, these figures show evidence against the applicants' manipulation of the scores. If there were manipulation, the strategy would fail to identify a causal effect because the internal validity of an RD design is sustained by the assumption that individuals who are just above and below the thresholds of the variables that determine their eligibility in the program are comparable in all dimensions, with the only difference being that those at the right of the threshold receive the benefit.

Our main specification is estimated using the following linear regression:

*(1)* $$y_i = \alpha + f(Z_i) + \tau * 1(Z_i \geq 0) + X_i + \epsilon_i$$

where y_i represents an outcome (such as food insecurity post assistance) for household i. X_i is a vector of control variables specific to the household, such as the sex and age of the household head. $f(\bullet)$ is a smooth function of the vector of running variables (i.e., the scores in this case). $1(Z_i \geq 0)$ is an indicator function that takes the value 1 when the running variables are equal to or higher than their relevant threshold—when the household becomes eligible for the program; ϵ_i is the error term of the regression. The coefficient of interest is τ, which can be interpreted as the average local effect of a household's eligibility for the program.

To combine the SM and PMT eligibility criteria, we used a normalizing-and-pooling approach to create a new variable x_{norm}. To achieve this, we normalized both running variables creating a vector of two values $\{SM_{norm}, PMT_{norm}\}$ for each person in the sample. For treated individuals who were over the threshold in the SM, we assigned the normalized SM value as their x_{norm} value. In the case of treated individuals who were over the PMT threshold, we assigned the normalized PMT score as their x_{norm} value. In the case of controls, we chose the $Min\{SM_{norm}, PMT_{norm}\}$ as the x_{norm} value. A visual representation of this assignment can be seen in *Figure 3*.

As mentioned before, one potential risk to identification with an RDD is that applicants may be able to alter the scores used to assign the program in their favor to become eligible for the benefits. This must also be tested on our new pooled variable x_{norm}. The figures show that at the threshold of x_{norm} score, there are no evident changes in the density of the scores. A formal test of this condition is also done for our pooled variable, where we plot the density of individuals within bandwidths of the scores, together with confidence intervals. Again, we find no significant changes in the number of individuals on either side of our pooled threshold.

Figure 3: Graphical representation of the sample's distribution across both assignment variables
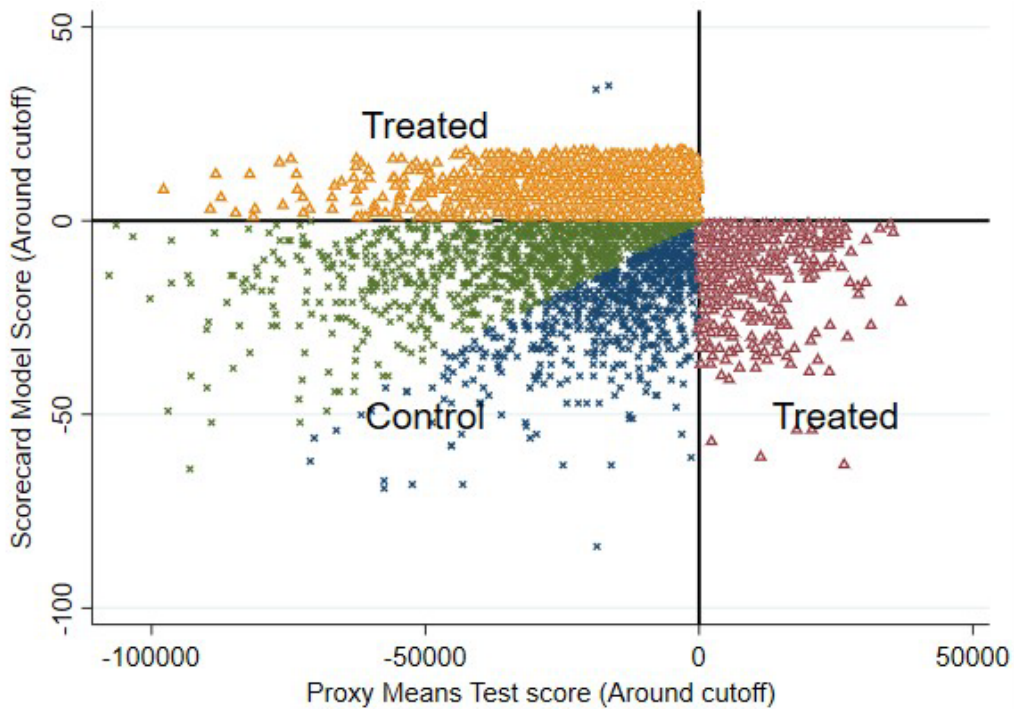
Finally, we want to check that the probability of receiving the treatment changes discontinuously at the threshold for our new pooled variable. *Figure 4* shows that there is a discontinuous probability of receiving the treatment at the threshold. In fact, treatment compliance is such that we have what is known as a "sharp RDD design," where the probability of receiving treatment changes discretely from 0 to 1 at the threshold.

Figure 4: Discontinuity around the threshold (Normalized running variable)
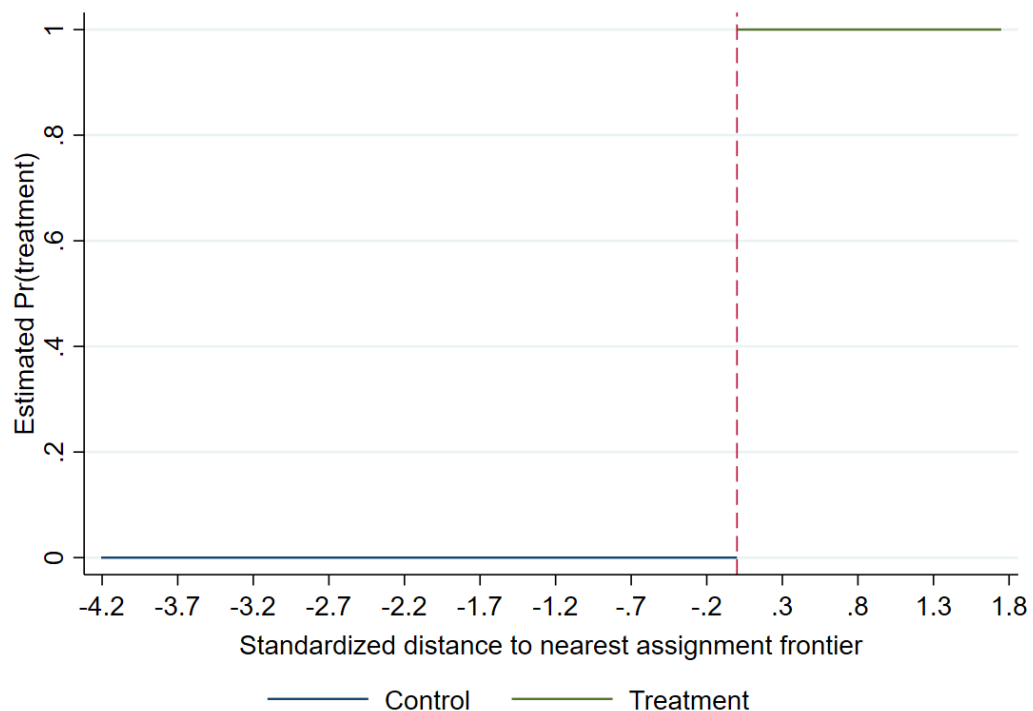
4. Data

4.1 Administrative data

For baseline data, we used administrative records ADN Dignidad collected during the application process. These data were collected to construct vulnerability scores for each applicant household and included a set of variables related to measures of income, expenditures, household demographics, household composition, economic and employment information, as well as other indicators related to the outcomes measurements in the analysis.

4.2 Survey instrument

To analyze the effects of the program, we designed a purpose-specific survey and tracked a sample of applicant households approximately 1 to 3 months after participants had graduated from the program. In the case of (ineligible) non-participants, the survey was conducted between 7 to 9 months after application. In all cases, we tracked "cohorts" of eligible and ineligible applicants, so that the timing of the endline survey is balanced between the two groups.

The survey was divided into 13 different sections, with a duration of approximately 40 minutes. The first section, "Household members and demography," included a list of all household members and a series of demographic characteristics for each interviewee, such as age, sex, nationality, and marital status. The second section focused on the education level of the applicant and all underage members of the household and whether the underage members of the household were currently attending formal education. The third section was related to health services and included questions about whether household members used health services and the reasons they did so.

The fourth section focused on employment and was subdivided into three different subsections. The first asked about employment situation, income, and working hours for all household members older than 7 years old. The second subsection asked about investment in small businesses. The third one constructed an employment history of the applicant for the last 12 months.

The fifth section covered applicant's migratory situation. The sixth section, on food insecurity, asked about a series of coping strategies households used to manage food insecurity. The seventh section, on housing, asked about construction materials, size, access to services, property, and value of the home. The eighth section focused on savings and collected information on informal and formal savings, as well as savings vehicles. The ninth section covered credit and asked whether applicants had taken out a loan in the last 6 months and what was the source of that loan.

Section 10 covered income and expenses, collecting information on household income sources other than work, income stability, and a breakdown of the household expenses. Section 11, on survival strategies, asked about a series of survival strategies households may use to deal with food scarcity.

Section 12 focused on insecurity and discrimination and inquired about whether household members faced violence and/or discrimination and what type of violence and/or discrimination

they faced. Finally, section 13 centered on emotional well-being, and asked about the applicant's subjective life satisfaction and life satisfaction compared to their peers.

4.3 Sampling

We restricted the analysis sample to individuals surveyed for their eligibility assessment between November 2021 and April 2022 in Barranquilla, Bogota, and Nariño. We prioritized these geographies due to the use of both eligibility scores in these areas. We selected the evaluation cohorts of applicants between November 2021 and April 2022 with the objective of analyzing short-term program impacts, defined as 1 to 3 months post intervention. The program delivered the first cash transfer within the first month of defining the eligibility status of each individual. Because the program lasts approximately 6 months since the first cash transfer and the surveying took place between July and October 2022, we can evaluate effects of the program between 1 and 3 months after graduation.

The results from our statistical power analysis showed that the optimal bandwidths were approximately [-12; 7] points around the eligibility threshold for the SM and [-3785; 3300] points around the threshold of the PMT score. The baseline application data contained 2,318 non-eligible applicants and 10,084 eligible applicants in this vicinity. We proposed a sample size that would be able to detect at least a 0.3 SD difference in household consumption index, household per capita expenses, and household per capita income (power = 80% and significance = 5%). We assumed differential phone survey recontact rates of 60 and 40 percent in the treatment and control groups, respectively, and 70 percent recontact rates in the face-to-face survey. Under these assumptions, we expected a final target analytic sample between approximately 1,300 and 1,600 households per intervention group, or 2,600 to 3,200 households in total. We proposed random sampling of applicants from both groups within the optimal bandwidth. We performed the computations using the command rdsampsi in Stata®, provided by Cattaneo et al. (2019). As noted below, this is a feasible sample size given the projected contact rates in the field.

To account for attrition, our original empirical sample consisted of 4,450 applicants, including 2,026 eligible applicants and 2,424 non-eligible ones. A total of 133 applicants had to be removed from this sample for reasons that are further explained below. This left a final sample of 4,317 applicants, with 1,989 eligible applicants and 2,328 ineligible applicants.

4.4 Field protocol and pilot

We initially contacted all households for a telephone survey and followed up with a representative sample of households not reached by telephone for a face-to-face survey.

An initial enumerator training for piloting took place on June 28. Actual piloting occurred between June 29 and the 30, and we received feedback from enumerators on June 30 and July 1. The pilot consisted of a sub-sample of 130 applicants contacted via telephone, with a response rate of 53.85 percent or 70 applicants. We made changes to the instrument and conducted definitive training for enumerators between July 5 and 8. An economic incentive in the form of a $4 USD phone credit was given to the respondents who completed a full survey. This incentive was designed as a non- coercive recognition of respondent's time for participating in the survey. Respondents were informed of this incentive before the interview took place as part of the consent agreement.

The survey field protocol had three distinct parts:
1. *Telephone surveys*
    Households in the evaluation sample were contacted by telephone and, if the contact was successful, interviewed through a telephone survey. A telephone survey was considered complete if the household (1) was contacted, consented to participate, and completed the survey; (2) refused to participate; or (3) was not found after 20 attempted contacts. Contact attempts took into account varied day times, as well as work and weekend days. If the applicant had more than one phone number listed, attempts were made to contact both numbers. Also, surveyed applicants had the option to schedule an appointment to complete the survey at the time most convenient to them. The average duration of the survey was approximately 42 minutes per household. Data collection was implemented on a "rolling" basis, contacting cohorts of households within 1 to 3 months of finalizing the program (or for ineligible households, 7 to 9 months after applying).
2. *Recontact attempts through telephone*
    In an attempt to reduce more costly in-person surveys, recontacting rounds were done through the phone to households that were not reached in the first attempt. Applicant numbers that had incomplete surveys or were not contacted in the first attempt were transferred to a different enumerator than in the previous round. With the new numbers assigned, the same protocol as in the previous round of contact attempts was executed.
3. *Face-to-face tracking survey for households not reached by telephone on either round*
    The purpose of the face-to-face interviews was to increase response rates and correct for any differential response to the telephone surveys that occurred between eligible and ineligible households. The tracking sample was traced to their last known place of residence and, if found, an experienced enumerator interviewed them in person following strict COVID-19 survey protocols (masking, maintaining social distance, conducting the interview in an open-air space whenever feasible, etc.). We made reasonable efforts \ to track households to new locations or reach the household by telephone when we obtained updated contact information. A face-to-face tracking survey was considered complete when the household (1) was contacted, consented to participate, and completed the survey; (2) refused participation; or (3) there was no way to track down the household.

4.5 Survey quality assurance

Data collection was undertaken by Isegoria, an independent research and data collection firm. In addition, the evaluation team included a survey methods and data quality assurance expert to oversee and secure quality throughout the whole survey process. The quality assurance measures included:
1. Comprehensive audio audits. The full interviews were recorded. At the start of the process, all enumerators were audited to ensure quality. After that, random and focused audits were carried out throughout the entire survey. Auditors were looking for a series of common issues, including making sure the enumerators were not inducing answers, were recording answers correctly, and were doing proper inquiries to get complete answers without inducing responses.
2. A dashboard was created on Power BI to get real-time statistics of the survey process. These included looking at the survey times for different enumerators, the rate of

successful interviews, the average household size, the number of unanswered questions, and any other indicators that could signal deviations from survey protocols by any of the enumerators. We used these indicators and dashboards to closely follow the survey process and immediately address concerns.

3. Finally, regular meetings were scheduled between the quality assurance team and the survey firm's supervising team. In these meetings, the dashboard and indicators were closely examined for any anomaly or indication of lapses during the survey application. Also, feedback on the audio audits was given directly to supervisors to correct any potential errors.

4.6 Survey results

4.6.1 Response rate
The first completed survey took place on July 15 and the final on October 23, 2022. Of the final sample of 4,317 applicants, a total of 3,190 surveys were successfully completed, equivalent to a 73.89 percent response rate. While response rates deviated slightly between eligible and ineligible applicants, the differential was smaller than initially expected. The final analytic sample is composed of 1,532 completed surveys out of 1,989 (77.02% response rate) for eligible households and 1,658 completed surveys out of 2,328 (71.22% response rate) for ineligible households.

Figure 5: Survey completion by treatment status

(a) Completed survey by group   (b) Percentage of completed surveys by group
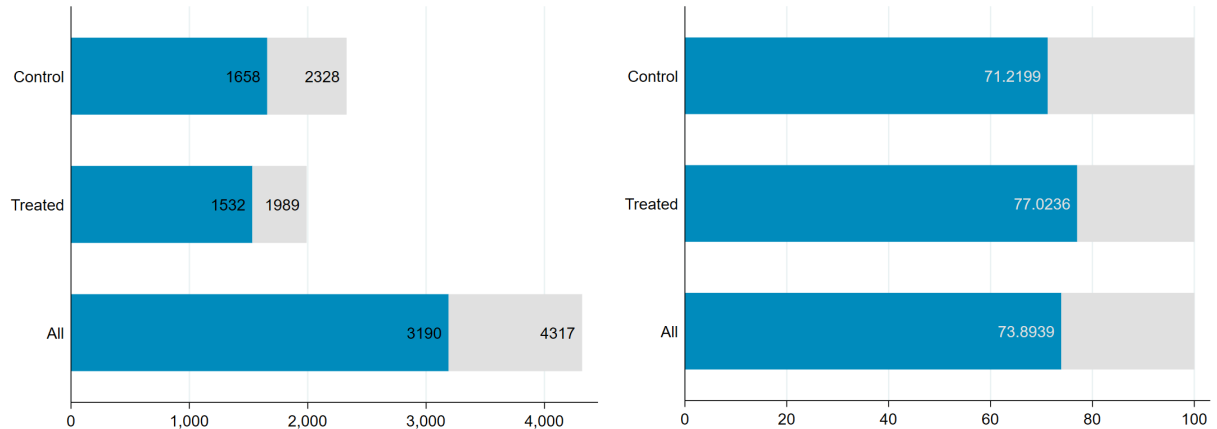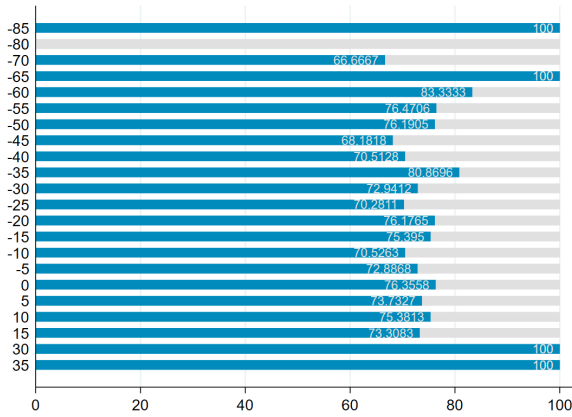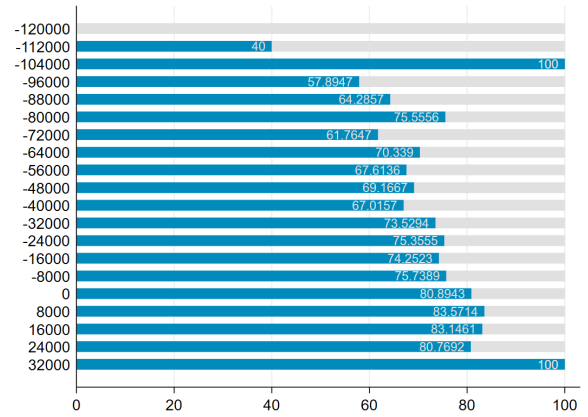

4.6.2 Attrition analysis
Figure 6 analyzes response rates by PMT and PMS scores. A visual analysis suggests a modest positive relationship between the eligibility scores and attrition rates.

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Figure 6: Survey completion by assignment score

(b) Percentage of completed surveys by Score Card MOdel

(b) Percentage of completed surveys by Proxy Means Test

To test whether this relationship is systematic and whether a discontinuity exists at the threshold, we run an RDD estimate of response rates on our different running variables.

Table 1: Attrition analysis

Running Variable	Pooled	Linear PMS	PMT	Pooled	Quadratic PMS	PMT
Effect	0.060**	0.059**	0.054	0.050	0.053	0.038
SE	(0.023)	(0.027)	(0.034)	(0.032)	(0.037)	(0.046)
N	4,279	3,810	2,693	4,279	3,810	2,693
Bandwidth	[4.224–1.724]	[84–35]	[119,938–36,896]	[4.224–1.724]	[84–35]	[119,938–36,896]

Results show a significant discontinuity in our pooled running variable and the PMS score at a 5-percent level, but only in the linear specification of these variables. The estimated coefficient for PMT and the quadratic specification for all running variables is of a similar magnitude, but no longer statistically significant.

Figure 7: Graphical representation of RD design: Response rate

(a) Response rate against PM Score
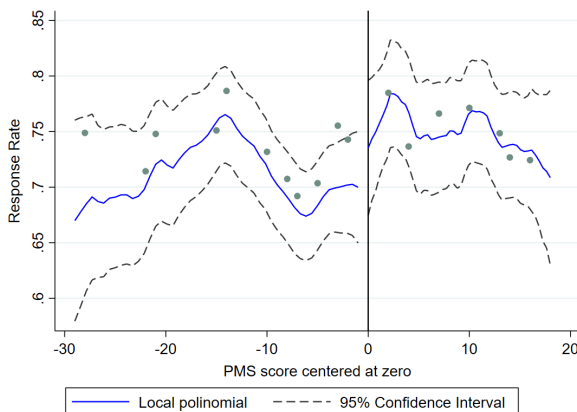
(b) Response rate against PMT Score
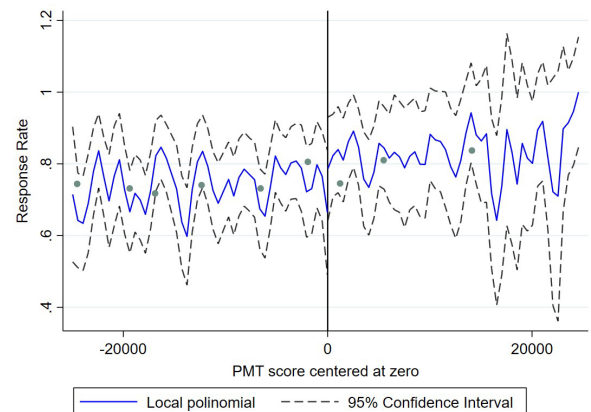
(c) Response rate against Pooled Score

In the next section, we further explore the potential implications of differential response rates of eligible and ineligible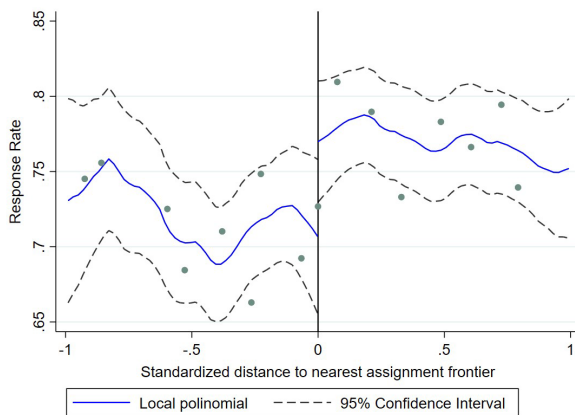 applicants at the eligibility threshold. We analyze whether a discontinuity exists in our control variables, using our effective sample. If no discontinuity exists in these covariates, there is enough evidence to determine that the attrition did not affect the assumptions of our RD design.

4.6.3 Empirical sample

To arrive at our final analytical sample, the following additional observations were removed from the data:

1. Applicants included in the pilot survey. There were 105 applicants who had been part of the pilot and were reinterviewed in the survey. Once enumerators realized this, the 105 applicants were removed from the sample.
2. Two applications identified from the same applicant or household. The ADN Dignidad program allows people to apply as many times as they want so long as they are not selected for the program. Because of this, we identified repeated surveys from the same household and in some cases, from the same applicant. There were 28 surveys that had to be removed for this reason. In the cases where all applicants in the household were ineligible, the first application was kept. In cases where eligible and ineligible applicants were found in the same household, the eligible application was kept in the sample.

4.7 Description of final database

We created the final dataset used in the impact evaluation by merging the administrative baseline information and the survey data. Using the administrative data, we are able to identify each household that applied to the program, as well as their treatment status, eligibility scores, and every variable used to construct the vulnerability measured that created those scores. This dataset also contains non-identifiable information regarding the location of each household, which allowed us to focus the analysis on the geographic regions where the ADN Dignidad program applied the two-assignment criteria strategy, namely Barranquilla, Bogota, and Nariño.

We merged administrative data with the survey data using an individual code (formid) to match observations in both datasets. This panel dataset allowed us to take advantage of information the ADN Dignidad program gathered during the screening and selection process of participants as baseline measurements for the analysis.

Regarding the quality of the data, in addition to the previously discussed survey non-response, it is important to know the incidence of "Don't know/Won't answer" in the survey to detect possible biases when conducting the analysis. The survey data show that 10.5 percent of the sample answered at least one question as "Don't know." These were concentrated in the demographic section of the survey (9.29% of survey respondents answered "Don't know" in at least one question of this section). Among the surveyed households within this group, the average number of questions answered with "Don't know" is 2.66. The variables with most missing values are the age of the participant, information that we can extract from the administrative data.

Table 2 shows key descriptive statistics of applicants in our final data set. For instance, on average, 72 percent of applicants are female and the average age is 36 years. Majority, 81 percent, are applicants from Venezuela and the remainder are Colombian returnees. The average household has 4.1 members and average household expenses per capita are 124,938 pesos (roughly $28USD) per month.

Figure 8: Don't know answers by section

(a) Percentage of people who answered "Don't know" by section
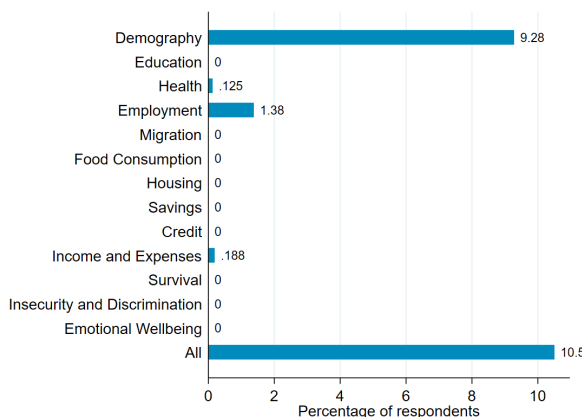
(b) Average number of "Don't know" answers among those who answered "Don't know" by section
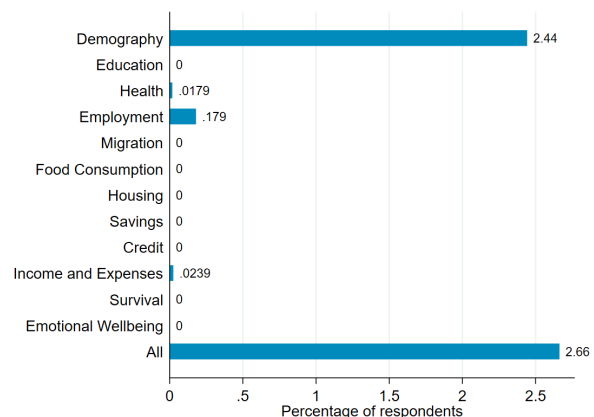
Table 2: Predetermined covariates: Descriptive table

|	Mean	SD	Median	Min	Max	N
Woman (=1)	.72	.45	1	0	1	3190
Age in years	36	12	34	18	86	3190
Applicant is household head	.97	.16	1	0	1	3190
Nationality: Venezuelan (=1)	.81	.39	1	0	1	3190
Number of household members	4.1	2.5	4	1	40	3190
Months since arriving to Colombia	40	18	39	1	264	2748
Proportion of women in household	.53	.25	.5	0	1	3189
Food survival strategies index	53	15	52	0	112	3190
Household expenses per capita	124,938	108,836	93,396	0	293,0000	3083
Household income per capita	54,484	42,577	45,000	0	600,000	3190
Average education level in household	3.4	.88	3.5	1	7	3187

5. Results

5.1 Validity checks of the RDD

We conducted formal tests of validity to assess the assumptions of the RDD methodology. First, a manipulation test was done for both the standardized assignment variable (distance to the nearest assignment frontier) and the vulnerability indices. For these tests, we corroborated that the variables used to assign the treatment status for each participant were continuous at both sides of the assignment threshold, implying that there is no evidence of manipulation of the self-selection scores in the program.

**Figure 9: Manipulation test of normalized running variable**
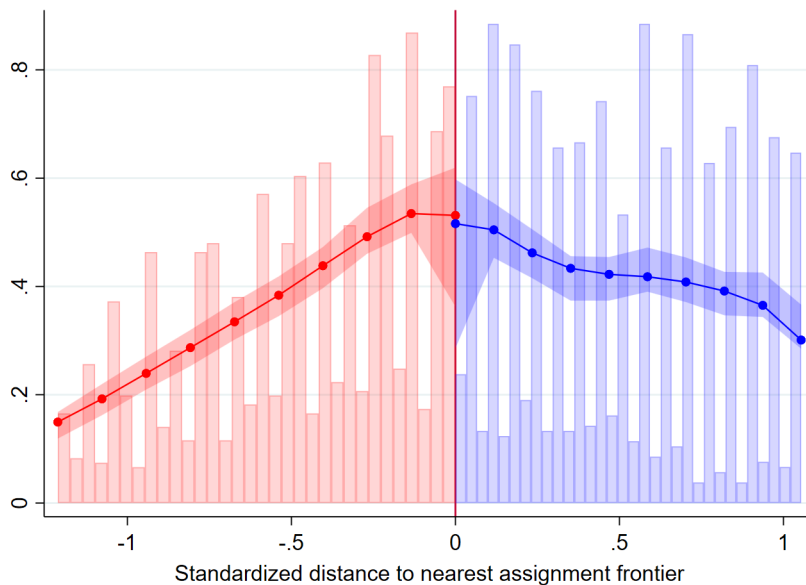
A second validity test addressed the presence of preexisting differences between the treatment and control groups at both sides of the treatment assignment threshold (continuity of predetermined covariates). The list of covariates that were subject to this analysis is presented below. At a standard statistical confidence level, there was no significant difference between both comparison groups using the preferred econometric model. This is further supported by alternate specifications of the analysis.

The final validity check focused on detecting possible preexisting imbalances between the treatment and control groups around the eligibility threshold, using variables related to the outcomes to be used in the analysis (continuity of outcome variables at baseline). To perform this validity analysis, we employed the administrative baseline data and replicated the RDD models using the information gathered during the enrollment process of the households in the program. We prioritized variables that mirrored similar outcomes collected in the evaluation survey. Results show that both treatment and control groups share, on average, almost identical observable characteristics and outcomes at baseline. This supports the hypothesis that the comparison of their outcomes after the implementation of the program would yield to estimations that can be attributed to the program, thus validating the chosen evaluation design.

Figure 10: Graphical representation of RD design: Predetermined covariates

(a) Average age in household
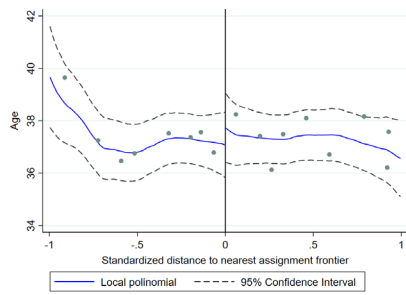
(b) Participation of women in the sample
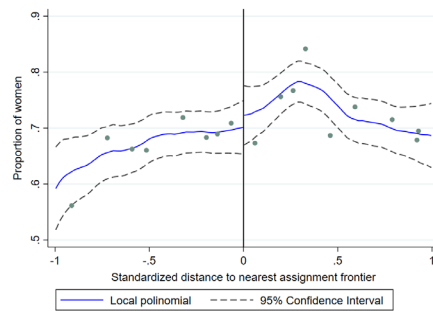
(c) Average months since arriving to Colombia
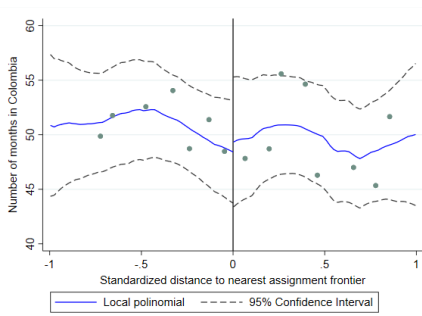
(d) Average per capita household expenses
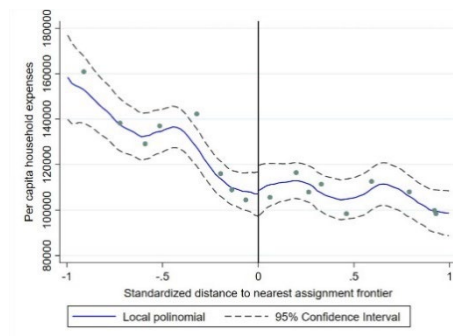
(e) Average per capita household income
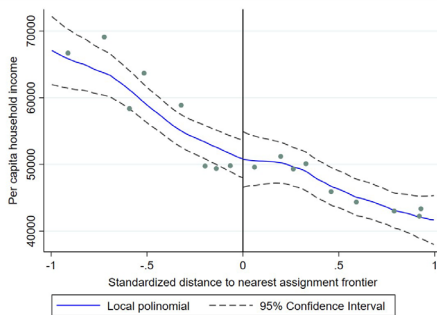
(f) Average number of members in the household
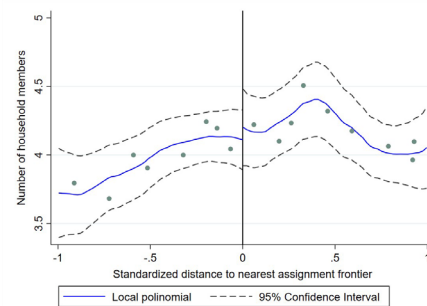
(g) Participation of household heads
in the sample
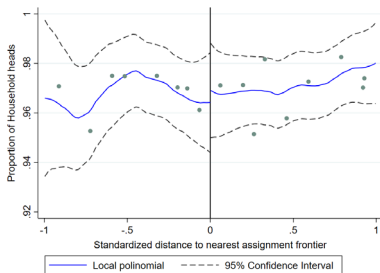
(h) Participation of Venezuelan
immigrants in the sample
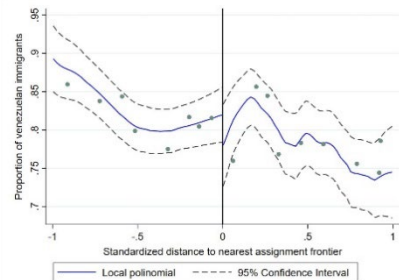
Notes: The graphs show unconditional means in bins that calculate the average value of the outcome variable in intervals with the same number of observations each. The solid blue line represents the predicted lines from local polynomials estimated using raw data on each side of the discontinuity. The outer gray dashed lines mark 95 percent confidence intervals.

5.2 Impact on intermediate outcomes

Results of the ADN Dignidad impact analysis are presented following the program's theory of change outlined in Section 3 *above*. We first analyze indicators classified as intermediate outcomes. These include variables related to the program's impact on access to MPCA and its effect on income, expenses, savings, and debt, and access to financial services, employment, and productive investments. A full set of results including additional specifications on each outcome variable are shown in appendix section 10.3.

Among ineligible households, 19.2 percent report participating in a cash assistance program in the past 12 months, while eligibility for ADN Dignidad results in an 80.5 percent increase in participation in any MPCA program. Thus, the first notable finding is that adherence to the program is close to 100 percent, meaning that participation is near universal among eligible households. Furthermore, in the absence of ADN Dignidad, only 19.2 percent of participant households would have received alternate support. Additionally, while the comparison group reports receiving around 1 transfer in the past year, this number increases by 4.17 among eligible households. This result suggests that vulnerable Venezuelan migrants and Colombian returnees cannot readily substitute for the benefits ADN Dignidad provides and in the program's absence, the large majority of eligible households would have gone without this type of support.

Next, we look at the program's impact on income reported 1 to 3 months after graduation. The ADN Dignidad program generated lasting effects on household income even after MPCA payments ended. Per capita income increased by 46,594 pesos (+10.5 percent) and household income by 144,501 pesos (11 percent) when compared to the control group. This result is consistent with a large increase in the probability of having a self-reported stable source of income, which increases by 10.5 percentage points in participant households compared to the control group. Households also reduced their dependence on remittances and increased the amount remitted by 16,313 pesos. Taken together, these results suggest that the ADN Dignidad program bolstered the income security of participant households.

Through MPCA and key nutrition messages, the program aimed to improve access to sufficient quality food, boost food security, and increase access to other basic goods and services. Results show that the program led to significant increases in monthly household expenses—on average, 87,457 pesos.

Figure 11: Graphical representation of RD design: Impact on intermediate outcomes – Income, expenses, savings and debt (1)

(a) Received remittances in last 12 months   (b) Per capita household income
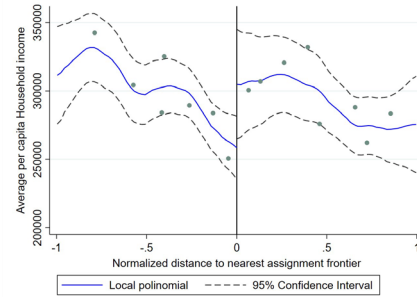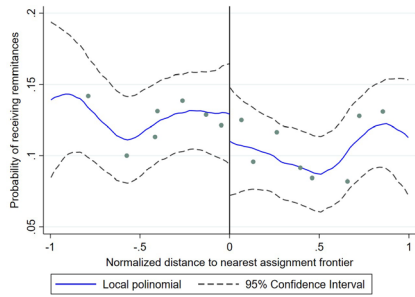
(c) Household income stability   (d) Per capita household expenses
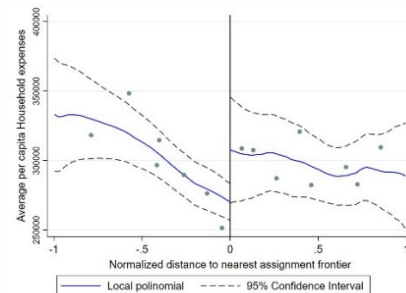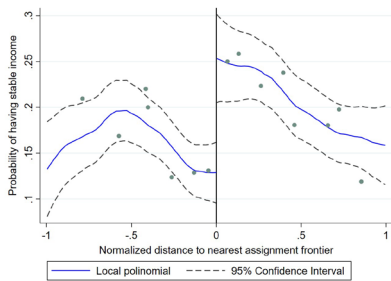
(e) Amount spent during last month: Transport   (f) Amount spent during last month: Remittances
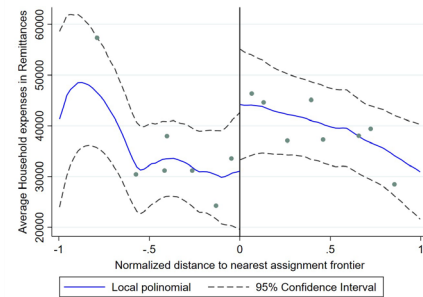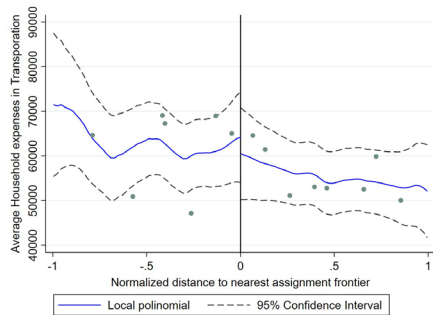
(g) Number of CT* programs enrolled in last year   (h) Number of CT received in last year
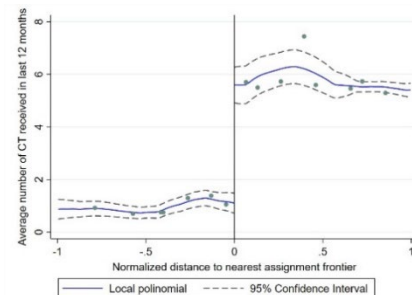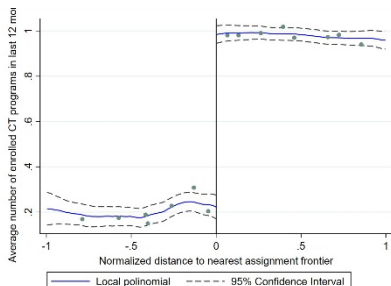
Notes: The graphs show unconditional means in bins that calculate the average value of the outcome variable in intervals with the same number of observations each. The solid blue line represents the predicted lines from local polynomials estimated using raw data on each side of the discontinuity. The outer gray dashed lines mark 95 percent confidence intervals.

*CT stands for cash transfer

Figure 12: Graphical representation of RD design: Impact on intermediate outcomes – Income, expenses, savings, and debt (2)

(a) Has savings
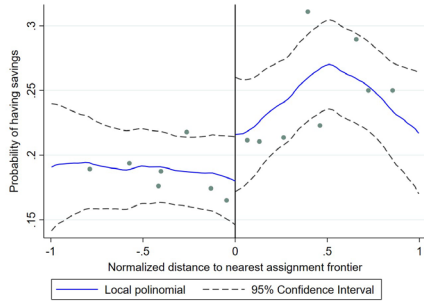
(b) Has an informal savings product
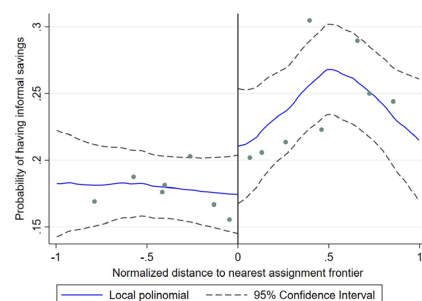
(c) Has a formal savings product
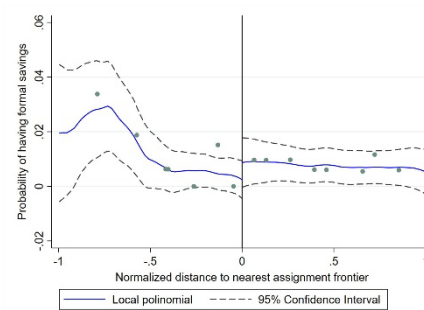
(d) Has debt
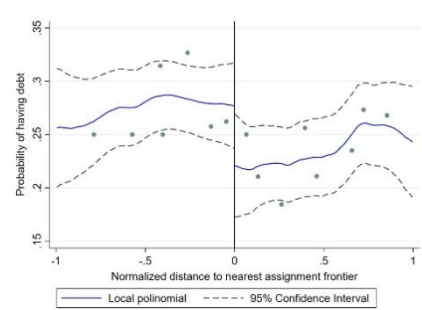
(e) Has invested in own business during last year

(f) Invested in tools for the business
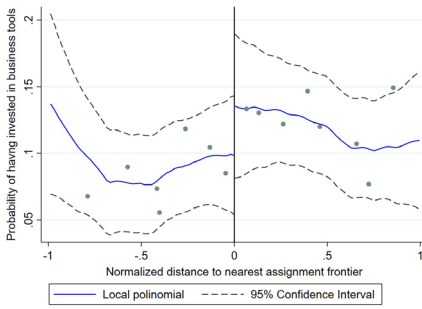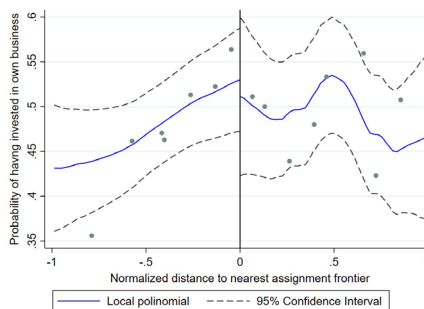
(g) Hours worked last week in current job

(h) Months employed during last year

Notes: The graphs show unconditional means in bins that calculate the average value of the outcome variable in intervals with the same number of observations each. The solid blue line represents the predicted lines from local polynomials estimated using raw data on each side of the discontinuity. The outer gray dashed lines mark 95 percent confidence intervals.

Table 3: Intermediate outcomes: Income, expenses, savings, and debt

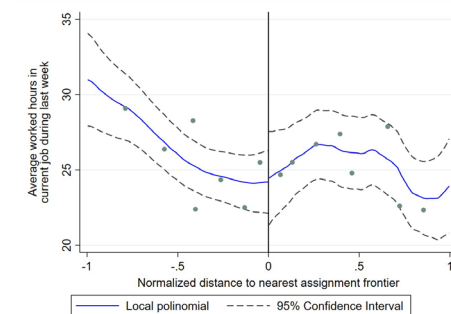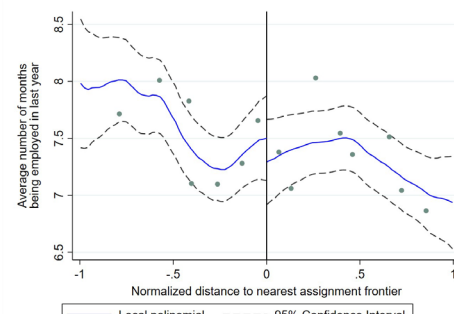| Variables	Received remittances in last 12 months (=1)	Per capita HH income†	HH Income stability†	Per capita HH expenses
Control Mean	.129	312184	.173	314218
Effect	-.0319	46594**	.105***	30721
SE	(.0213)	(20905)	(.028)	(19198)
N	2699	2699	2699	2699
Bandwidth	[-4.21 - 1.75]	[-4.21 - 1.75]	[-4.21 - 1.75]	[-4.21 - 1.75]
Variables	Amount spent during last month: Transport†	Amount spent during last month: Remittances†	Number of enrolled CT programs in last 12 months	Number of CTs received in last 12 months
Control Mean	63417	37408	.192	.931
Effect	-7131	16313**	.805***	4.17***
SE	(6566)	(8129)	(.026)	(.818)
N	2699	2699	2699	2699
Bandwidth	[-4.21 - 1.75]	[-4.21 - 1.75]	[-4.21 - 1.75]	[-4.21 - 1.75]
Variables	Has savings (=1)	Has an informal savings product (=1)	Has a formal savings product (=1)	Has debt (=1)
Control Mean	.188	.178	.0133	.278
Effect	.0538**	.0504*	.00608	-.0493*
SE	(.0274)	(.0272)	(.00573)	(.029)
N	2699	2699	2699	2699
Bandwidth	[-4.21 - 1.75]	[-4.21 - 1.75]	[-4.21 - 1.75]	[-4.21 - 1.75]
Variables	Has invested in business during last year (=1)	Investment in business: Tools (=1)	Average working week hour in employments in current job during the last week	Average number of months employed during the last 12 months
Control Mean	.475	.103	26.8	7.53
Effect	.00287	.0669*	3.69**	.149
SE	(.0508)	(.0344)	(1.68)	(.238)
N	1191	1191	2689	2689
Bandwidth	[-4.21 - 1.75]	[-4.21 - 1.75]	[-4.21 - 1.75]	[-4.21 - 1.75]

* *p* <0.10, ** *p* <0.05, *** *p* <0.01

Notes: The specification used for the models in this table includes a linear relationship between the dependent and independent variables, covariates, and the standardized distance to the nearest assignment frontier as a running variable to capture the pooled effect. Control covariates (at baseline) included: sex, age in years, whether the head of the household is the one who applied, nationality, how much time they have been in Colombia, the proportion of women in the household, Food Consumption Index, household expenses per capita, household income per capita, and average education level in the household. The RD robust command was used to make the estimations.

†: These models include the baseline value of the outcome variable as an additional control variable

Next, we analyze the program's impact on access to financial services, including beneficiaries' savings, saving goals, and use of formal and informal saving methods and products, and whether they have formal or informal debt. The program significantly increases the probability of a beneficiary saving—by 5.38 percentage points on average, and lowers the probability of having debt by on average, -4.93 percentage points compared to the control group. Increased savings are primarily in the form of informal savings products, which increase by 5.04 percentage points, while we observe no effect on formal

savings products (only just over 1% of eligible and ineligible applicants report formal savings). We do not observe effects on the adoption of other saving goals (i.e., sending remittances, retirement, and health expenses, among others).

Finally, we analyze the ADN Dignidad's effects on employment and income. While there are no effects on business investments on the extensive margin (47.5% of eligible and ineligible applicants report some business investments), we see that the program led to significant investments on the intensive margin, with eligible applicants being 6.7 percentage points more likely to invest in tools for their businesses. Likewise, while the number of months employed is similar in the treatment and comparison groups (7.5 months), ADN Dignidad leads to an increase in number of hours worked, with eligible applicants reporting 3.69 additional hours of employment during the past week, equivalent to a 13.7 percent increase relative to the control group.

5.3 Impact on primary outcomes

This section presents results on the core set of primary outcomes outlined in the program's theory of change. These indicators include variables related to the use of survival strategies, the reliance on harmful coping mechanisms to meet daily needs, emotional well-being and security, and participants' living conditions.

Survival practices refer to the actions taken to generate income in case households lack resources for food, as well as food consumption, meaning any strategies the participant adopted to survive when confronted with a situation of lack of resources for food.

The impact analysis shows that ADN Dignidad significantly reduces the severity and prevalence of food insecurity coping strategies participant households used, as well as food consumption practices they adopted in situations of emergency. The program directly affected harmful coping mechanisms the families use to prioritize food consumption when monetary resources lack. Compared to similar households in the control group, participants of ADN Dignidad reduced their dependence on (1) cheaper or less preferred meals by 0.439 days a week, (2) meals donated by family and/or friends by 0.476 days, (3) reducing meal sizes by 0.852 days, (4) reducing the number of meals taken by adults in favor of feeding the children by 1.17 days, and (5) reducing the overall number of meals a day taken by all the family members by 0.721 days. These results are summarized in the reduced Coping Strategies Index (rCSI) that follows standards defined by the World Food Programme (2019), an indicator for which the program generated a causal impact of reducing the total number of days for any of the survival strategies by 0.366 standard deviations.

Figure 13: Graphical representation of RD design: Impact on final outcomes – Survival strategies

(a) Depend on borrowing from family
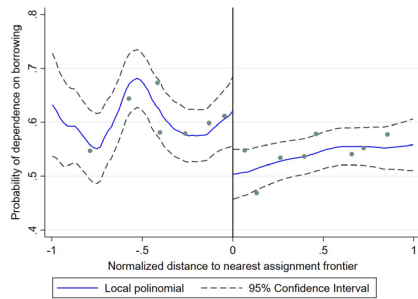
(b) Depend on personal savings
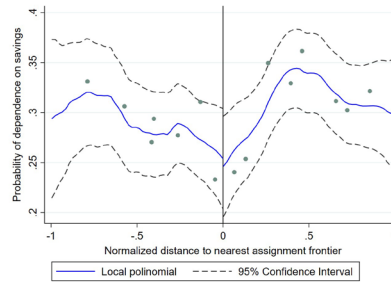
(c) Depend on reducing expenses in health, education, or clothing
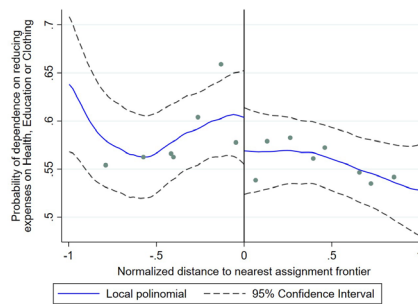
(d) Depend on child labor
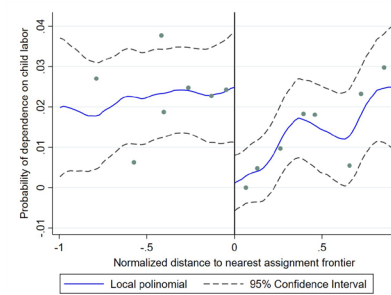
(e) Depend on selling own belongings
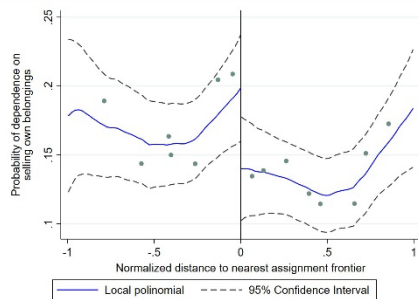
(f) Depend on selling household assets
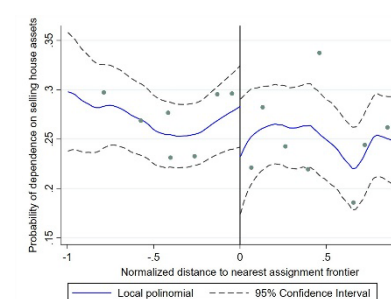
(g) Depend on working for food
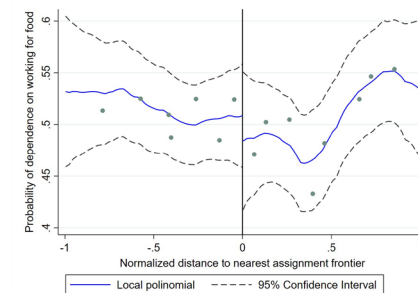
(h) Depend on migrating
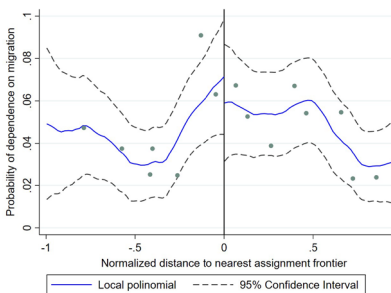
Notes: The graphs show unconditional means in bins that calculate the average value of the outcome variable in intervals with the same number of observations each. The solid blue line represents the predicted lines from local polynomials estimated using raw data on each side of the discontinuity. The outer gray dashed lines mark 95 percent confidence intervals.

Figure 14: Graphical representation of RD design: Impact on final outcomes – Survival strategies (2)

(a) Depend on accepting risky jobs or forced jobs
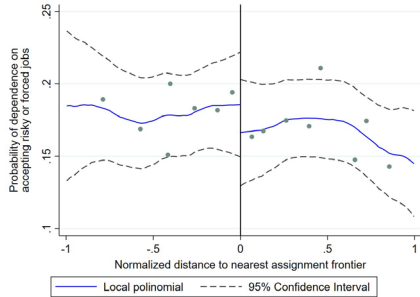
(b) Depend on cheaper or less preferred meals
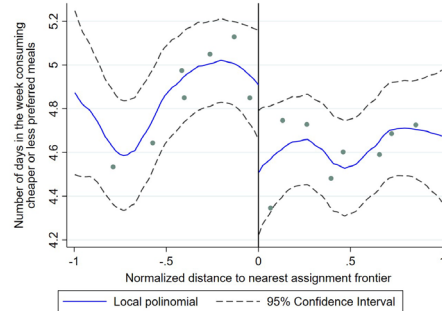
(c) Depend on donated meals
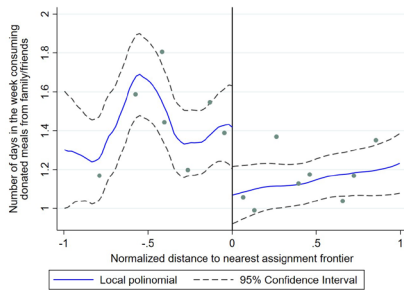
(d) Depend on reducing meal portion sizes
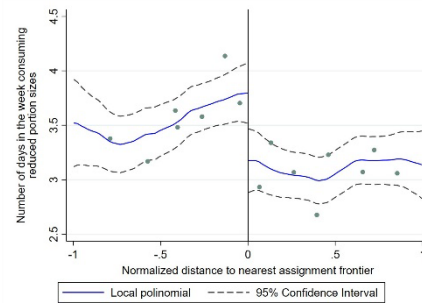
(e) Depend on reducing number adults
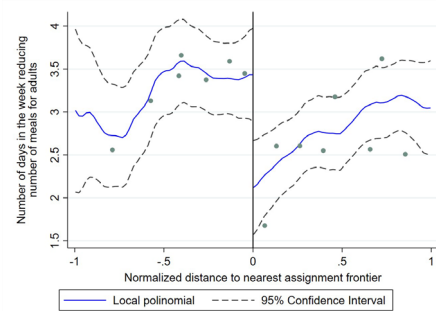
(f) Depend on reducing number of meals for of meals
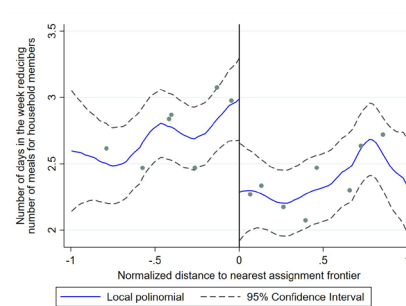
(g) rCSI (standardized)
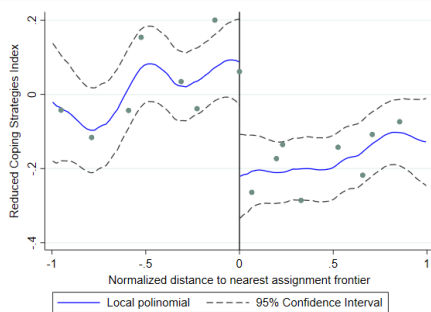
Table 4: Final outcomes: Survival strategies

| Variables		Depend on family borrow†	Depend on savings†	Reduce expenses in health, education or clothing†	Depend on child labor	
Control Mean		.604	.287	.598	.0211	
Effect		-.112***	-.0342	-.0176	-.0218***	
SE		(.0347)	(.0482)	(.0346)	(.0077)	
N		2653	1194	2659	2699	
Bandwidth		[-4.21–1.75]	[-4.21–1.75]	[-4.21–1.75]	[-4.21–1.75]	
Variables	Sell belongings†	Sell HH assets†	Work for food†	Migrate†	Accept risky or forced labor†	
Control Mean	.168	.272	.508	.0483	.175	
Effect	-.0588**	.00209	-.0409	.0066	-.0356	
SE	(.0253)	(.0353)	(.0348)	(.0159)	(.0259)	
N	2677	2185	2697	2681	2693	
Bandwidth	[-4.21–1.75]	[-4.21–1.75]	[-4.21–1.75]	[-4.21–1.75]	[-4.21–1.75]	
Variables			Days depending on:			Reduced Coping Strategies Index (standardized)†
	cheaper meals†	family/friends donated meals†	reduced meal size†	less meals for adults†	less meals a day†	
Control Mean	4.89	1.41	3.47	3.18	2.62	1.86e-09
Effect	-.439***	-.476***	-.852***	-1.17**	-.721***	-.366***
SE	(.153)	(.115)	(.187)	(.319)	(.184)	(.0651)
N	2699	2699	2699	953	2699	2699
Bandwidth	[-4.21–1.75]	[-4.21–1.75]	[-4.21–1.75]	[-4.21–1.75]	[-4.21–1.75]	[-4.21–1.75]

*p <0.10, ** p <0.05, *** p <0.01

Notes: The specification used for the models in this table includes a linear relationship between the dependent and independent variables, covariates, and the standardized distance to the nearest assignment frontier as a running variable to capture the pooled effect. Control covariates (at baseline) included: sex, age in years, whether the head of the household is the one who applied, nationality, how much time they've been in Colombia, the proportion of women in the household, Food Consumption Index, household expenses per capita, household income per capita, and average education level in the household. The RD robust command was used to make the estimations.
†: These models include the baseline value of the outcome variable as an additional control variable.

Regarding survival strategies households used to gather monetary resources to acquire food when lacking the necessary resources, we observe that the program had a direct impact on reducing the probability of dependence on family borrowing (11.2 percentage points), child labor (2.18 percentage points), and selling their belongings (5.88 percentage points). Overall, these results are a clear indication that the ADN Dignidad program leads to increased food security. These effects may be associated with higher and more stable income sources, as well as increased knowledge and skills from information on food security, social services, and financial services provided by the program.

Figure 15: Graphical representation of RDD: Impact on final outcomes –Emotional well-being, violence, and discrimination

(a) Scale of satisfaction with own life
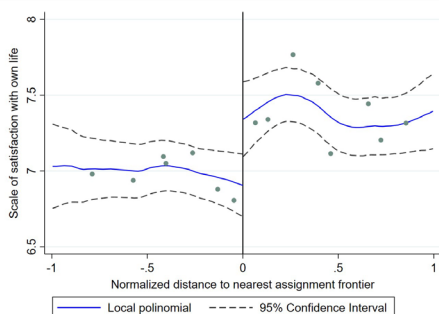
(b) Scale of satisfaction with own life relative to others
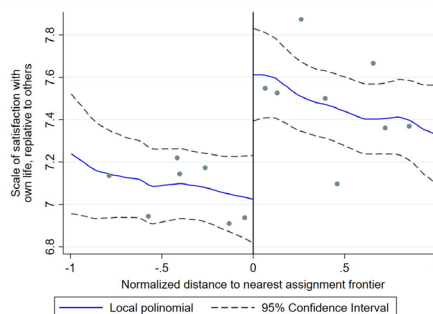
(c) Any member of the household was a of violence or insecurity
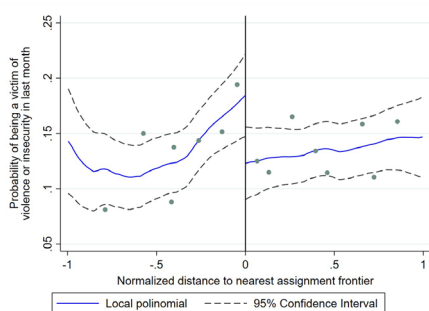
(d) Any member of the household felt victim discriminated
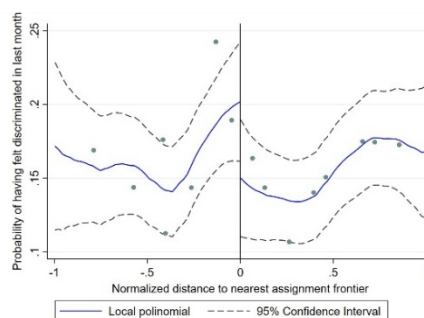
Notes: The graphs show unconditional means in bins that calculate the average value of the outcome variable in intervals with the same number of observations each. The solid blue line represents the predicted lines from local polynomials estimated using raw data on each side of the discontinuity. The outer gray dashed lines mark 95 percent confidence intervals.

Table 5: Final outcomes: Emotional well-being, violence, and discrimination

Variables	Level of satisfaction with own life	Level of satisfaction own life relative to others	Household member was victim of violence or insecurity last month (=1)[†]	Felt discriminated during last month (=1)[†]
Control Mean	7.01	7.13	.131	.16
Effect	.511***	.534***	-.0461**	-.033
SE	(.148)	(.156)	(.0223)	(.0248)
N	2699	2699	2699	2699
Bandwidth	[-4.21–1.75]	[-4.21–1.75]	[-4.21–1.75]	[-4.21–1.75]

* $p < 0.10$, ** $p < 0.05$, *** $p < 0.01$

Notes: The specification used for the models in this table includes a linear relationship between the dependent and independent variables, covariates, and the standardized distance to the nearest assignment frontier as a running variable to capture the pooled effect. Control covariates (at baseline) included: sex, age in years, whether the head of the household is the one who applied, nationality, how much time they've been in Colombia, the proportion of women in the household, Food Consumption Index, household expenses per capita, household income per capita, and average education level in the household. The RDrobust command was used to make the estimations.

†: These models include the baseline value of the outcome variable as an additional control variable

Next, we analyze the effects of ADN Dignidad on participants' living conditions, education, and health. Even though the evidence does not support the hypothesis that the ADN Dignidad program generated a direct impact on most of these variables, we found that there is a decrease of 4.78 percentage points in the probability of using medical services for children's health needs, and a decrease of -2.12 percentage points for chronic diseases.

Finally, we look at the program's impact on subjective well-being, including participants' vulnerability to violence, exploitation, or insecurity and their level of life satisfaction (both individually and in relation to others). ADN Dignidad decreased the probability that any household member was a victim of violence or insecurity during the month prior to the survey by 4.61 percentage points. Participants also reported lower incidence of discrimination compared to households in the control group (3.18 percentage points in the probability of feeling discriminated for some undisclosed reason). We find that ADN Dignidad program created the necessary conditions to increase the overall subjective perception of life satisfaction of participants. On a scale of 1 to 10, participants report a higher level of subjective satisfaction with their own life compared to the control group—0.511 points and 0.534 points when asked in relation to others. The increase in life satisfaction likely captures the aggregate improvements in economic well-being of participants discussed above, but is also consistent with an improved perception of security and reduced discrimination.

5.4 Heterogeneous effects: Gender disaggregated analysis

In this section we present the results of a heterogeneity analysis restricting the analysis sample to female applicants. Complete results are presented in the annex.

5.4.1 Impact on intermediate outcomes
The presentation of gender disaggregated results again follows the theory of change. Results in table 13 in the annexes show a significant impact of the program on female applicants' per capita household income and income instability. It is worth pointing out that although significant, these effects were smaller than those seen in the entire sample. The average impact on per capita household income was 25,282 Colombian pesos, compared to the 46,594 pesos impact for the entire sample.

In terms of savings and debt, we can see in Table 14, that there is a significant and positive impact on savings and a notable reduction of debt. These average impacts are larger in both these aspects for female applicants than the entire sample, meaning that the program could have been more influential in improving financial practices or promoting savings among women. The proportion of female applicants with savings increased by 6 percentage points while the proportion of female applicants with debt decreased by 8 percentage points, an impact of about one-third compared to the control group.

In terms of employment, we see in Table 15 that there is no significant impact on employment for this sub-sample with an increase of only 1.86 in the number of working hours compared to an impact size of 3.69 in the entire sample.

5.4.2 Impact on primary outcomes
In terms of final outcomes, we see in Table 16 that there is a significant impact in the area of survival strategies. This includes a reduction in the dependence on borrowing from family members, a reduced dependence on child labor, and a decreased need to sell belongings in

order to eat. These impacts are all similar to the ones we saw for the entire sample in terms of magnitude and statistical significance, indicating that the program could have worked in a similar magnitude of effectiveness for both male and female applicants. When it comes to strategies for coping with food scarcity, we again see significant improvements in all strategies. All these effects are very similar to the ones seen in the entire sample.

In Table 17, we see a significant effect in self-reported well-being on a scale of 1 to 10, with a 0.481 increase in life satisfaction and a 0.589 increase in life satisfaction compared to others. These effects are similar to those seen in the entire sample, although both of these indicators are lower in the female control group compared to the control group of the entire sample. In terms of experiencing violence and discrimination, we see a significant reduction in the probability of experiencing violence during the last month, but no impact on perceived discrimination. Finally, in Table 18, we see no effect in housing characteristics or health, which is in line with the results for the entire sample.

6. Conclusion

This report presents the results of impact evaluation of humanitarian assistance from the ADN Dignidad program to forcibly displaced Venezuelan and Colombian returning migrants. The program provides participants MPCA equivalent to approximately $100 USD per month for a period of 6 months, as well as targeted messaging aimed at maximizing the nutritional impact of the cash assistance. To identify causal effects of the program on participants' well-being, we used exogenous programmatic eligibility criteria to implement an RDD. Robustness checks confirm that assumptions about the sharp discontinuity are satisfied, lending credibility to the impact analysis. We analyzed the impacts of ADN Dignidad on intermediate and primary outcomes collected on an endline survey of 3,190 applicants approximately 1 to 3 months after concluding the program. Following the program's theory of change, outcome categories of interest included economic security, food security coping strategies, use of financial and human capital-diminishing coping strategies, and psychosocial and quality of life indicators.

Results show that ADN Dignidad conferred protective effects for program recipients, and these effects are sustained beyond the immediate period when MPCA payments were received. We show that compliance with the program was close to 100 percent and that in the absence of ADN Dignidad, a large majority of migrants would not have been able to access other sources of cash assistance. Thanks to the program, participants (1) had higher expenditures, (2) were more likely to have savings and integrate debt repayment within their savings strategies, and (3) are more likely to possess informal savings products than if the program were absent. Program participants are more likely to invest in existing businesses and expand the number of working hours. On food survival strategies, program participants were less likely to rely on their social safety nets and invoke coping strategies such as reducing meal sizes, the number of meals, or engaging in the reallocation of adult meals to children. We found similar protective benefits on other outcomes: program recipients were less likely to invoke financial and human capital divestment coping strategies. For example, participants were less likely to depend on their families for borrowing and use child labor to supplement household income or sell assets. Finally, participants reported improved quality of life, such as higher life satisfaction and less likelihood of vulnerability to violence, insecurity, and discrimination. We also observed significant impacts for a stratified sample of female applicants that were largely consistent with results on the full sample. One notable

difference found in the stratified analysis is that female applicants experienced a higher likelihood of owning a business, suggesting that MPCA may play an important role in relaxing liquidity, risk-taking, or other constraints women face to engage in productive income-generating activities.

To assess the return on investment of the MPCA, we conducted a simple comparison of the potential economic benefits the program generated relative to program costs. To monetize benefits, we use the program's effect on expanded number of working hours. Increased labor market participation is arguably a more reliable proxy for benefits likely to accrue over time in the longer term, because receipt of MPCA in the 1 to 3 months prior to data collection could still directly affect our estimated impacts on income or expenditures. The impact analysis showed that program participants experienced an increase of approximately 3.7 hours per week. With a reported mean hourly income of 7612.9 pesos for employed program participants, this translates into 1,463,595 pesos per year or roughly $305 USD in additional yearly labor income. Assuming that the effect on working hours and wages is stable over time and using annual discount rates in the range of 3 to 9 percent, the net present value of benefits surpasses the $600 USD in MPCA benefits within 3 years. In the most conservative scenario, using a 9-percent discount rate, the net present value of benefits at the 3-year mark is estimated at $771 USD, a return on investment of 28.6 percent. In the least conservative scenario of a 3-percent discount rate, this return increases to 43.7 percent. In all scenarios, the estimated return on investment is equal or greater to 100 percent by year 5 and surpasses 200 percent within 9 years. While a comprehensive economic analysis that captures the full array of benefits identified in the impact evaluation as well as indirect costs assumed in the program's administration is outside the scope of this report, these initial findings suggest that MPCA from ADN Dignidad has the potential yield positive returns after just 3 years of sustained impacts.

The findings emerging in this report show that the benefits ADN Dignidad provided to the population of vulnerable mixed migrants in Colombia produce both economically and statistically significant improvements along various dimensions of quality of life. These findings are largely consistent with the nascent literature examining cash transfers as humanitarian assistance tools for refugees and forcibly displaced populations, and fill an important knowledge gap given the scope and depth of the current Venezuelan migrant crisis. Humanitarian assistance in the form of MPCA is shown to be an important social protection intervention in the short term, providing migrant families the flexibility to identify the optimal risk mitigation and investment strategies to meet their immediate needs. While this study is limited to short-term impacts, findings relating to increased savings, expanded employment, and productive investments in female-owned businesses hold promise for sustained benefits in the longer run. Questions of longer term protective benefits, integration into receiving communities, as well as complementarities of MPCA with other programmatic approaches, such as financial literacy or savings groups, are important topics for future research.

Online Appendix

Online Appendix A: Baseline covariates and dependent variables: Balance analysis

https://3ieimpact.org/sites/default/files/2023-04/ADN-Dignidad-Program-Online-Appendix-A.pdf

Online Appendix B: Results for women

https://3ieimpact.org/sites/default/files/2023-04/ADN-Dignidad-Program-Online-Appendix-B.pdf

Online Appendix C: Result tables with all specifications

https://3ieimpact.org/sites/default/files/2023-04/ADN-Dignidad-Program-Online-Appendix-C.pdf

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Colombia is home to more than 1.82 million Venezuelans, making it one of the largest displacement crises in the world. Sixty percent of them have irregular access to public services and very few coping strategies to support their integration. Understanding how to support these displaced populations is imperative, and to this effect, cash transfers are well established as an effective development tool. However, little is known about their effectiveness in aiding the displaced population. This study contributes to filling this gap, answering critical questions about the effectiveness of unconditional cash transfers for improving the lives of displaced individuals and their households.

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