Removing Barriers to Integration: Experimental Evidence on Cash and Information Support for Asylum Seekers Pre-analysis Plan[*]

Antonella Bandiera[†]   Farah Hani[‡]   Horacio Larreguy[§]
Valeria Lentini [¶]   Mateo Vásquez-Cortés[||]

July 17, 2025

Abstract

We study the impact of temporary unconditional cash transfers and information interventions on asylum seekers' integration into state social programs and public services, as well as broader socioeconomic and psychological integration in Costa Rica. In partnership with UNHCR, we conduct a randomized controlled trial with 2,587 participants cross-randomized to receive cash transfers, information about government social programs and public services, both interventions, or neither. We measure outcomes including take-up of state programs and services, knowledge of such programs and services, psychological well-being, barriers to accessing government assistance and services, and medium-term socioeconomic integration. Data collection combines telephone surveys with administrative records from Costa Rica's unified social information system. This study tests whether temporarily removing financial constraints and informational barriers can enable asylum seekers to transition from humanitarian assistance to state-sponsored social protection while improving their overall economic and psychological outcomes, informing policies for sustainable refugee integration as humanitarian funding becomes increasingly constrained.

Keywords: asylum seeker; refugee; integration; welfare state access; socioeconomic integration

JEL Codes: F22, J15, J61, O15

Introduction

In recent years, Costa Rica has experienced a significant increase in asylum seeking (e.g., 600% in 2022 compared to 2018), making the country host to the third-largest forcibly displaced population relative to its national population in the Americas. While asylum seekers and refugees have the right to work and access state social programs and some public services, limited awareness of these programs and services poses a barrier to their effective uptake. Moreover, the stress and anxiety induced by the living conditions of this population may reinforce their inability to acquire crucial information to access social services and programs, as well as high quality jobs, increasing the risk of engaging in negative coping strategies (e.g., sending school-aged children to work, or engaging in risky activities for money) and threatening refugees' long-term socioeconomic proper integration.

Preliminary evidence suggests that access to immediate short-term financial assistance may help alleviate the immediate constraints of vulnerable individuals seeking asylum (Altindağ and O'Connell, 2023; Krafft et al., 2022). However, the long-term impacts on economic stability, social cohesion, and mental well-being when combined with targeted information campaigns are less understood, particularly in developing country contexts. Therefore, we explore how different modalities of cash assistance and information on how to access state social programs and public services contribute to socioeconomic integration.

In this project, we use a randomized controlled trial to evaluate the effect of a United Nations High Commissioner for Refugees (UNHCR) basic needs assistance program on the social, economic, and psychological well-being, as well as socioeconomic integration of beneficiaries in Costa Rica. The program tests two interventions: (1) a short-term unconditional cash transfer initiative and (2) information on social programs and public services availability, eligibility, and steps to request access. Beneficiaries include mostly asylum seekers, but may also include individuals recognized as refugees and stateless persons within Costa Rica.

The study includes 2,587 individuals.[1] Each month, over seven months, eligible participants were block-randomized into one of six groups: a control group (25%), an information-only group (25%), or one of four cash transfer groups

---

[1] The initial sample target was 3,600. However, due to unanticipated budget cuts that led to the termination of most of UNHCR's cash-based assistance programs in the region, the final sample size is 2,587. See Section Power Analysis for detailed power analysis under both planned and actual scenarios.

(12.5% each), which vary by duration (3 or 6 months) and by whether participants also receive information. We are conducting telephone midline surveys of beneficiaries six months after initial treatment delivery and will conduct endline surveys 12 months after initial treatment delivery. We will complement survey data with administrative data provided by the Costa Rican Social Security Fund (CCSS), the Ministry of Education, and the National Information System and Single Registry of State Beneficiaries (SINIRUBE). In addition to household characteristics, the administrative data track household access to social programs, public services (including education and healthcare insurance), and formal employment outcomes.

We focus on four broad sets of outcomes: (1) direct economic and psychological well-being effects, (2) effects on navigational integration and improved access to social programs and public services offered by the Costa Rican government,[2] (3) remaining constraints to integration to access social programs and public services, and (4) medium-term socioeconomic integration. First, we aim to investigate the direct and short-term effects of the treatment on alleviating financial constraints for treated households and enhancing their psychological well-being. We measure both short-term (3-month) and medium-term (6-month) basic needs forgone by households, as well as the coping strategies and behaviors used to finance these needs. We also measure symptoms of depression and stress. Second, we examine how the treatment affects household knowledge about social programs and their ability to access these programs. We test whether individuals internalize the information described in the information intervention and measure self-reported confidence in navigating the requirements for accessing these programs. Equally important, we examine whether households treated with the information intervention increase the likelihood of applying for and participating in social programs and accessing public services. Third, we investigate the constraints that prevent integration into Costa Rica's safety net and access to public services. We survey households on a range of constraints and measure households' willingness to resolve access issues. Fourth, we assess whether treated households are more likely to feel connected to Costa Rica and their intention to relocate. In addition to medium-term economic integration, we examine labor market outcomes. We also measure episodes of perceived discrimination when interacting with state officials, as the intention to access

---

[2]Following Harder et al. (2018), we understand navigational integration to be the capacity of immigrants and/or asylum seekers to do essential tasks like getting appointments at state offices, visiting the doctor, or looking for a job.

social programs increases exposure to potential discrimination.

Our empirical strategy is designed to maximize the statistical power and validity of inference. Where possible, we conduct one-sided tests if the sign of the treatment effect aligns with pre-registered hypotheses; otherwise, we revert to two-sided testing. Given the multiplicity of outcomes across several indexes, we adjust our p-values for multiple hypothesis testing following List et al. (2023). To further improve precision, we pool midline and endline observations in a single regression for survey outcomes and exploit repeated administrative outcomes in a panel framework.

Our approach to addressing differential attrition in survey data constitutes a methodological contribution on its own. A common challenge with this population is both the high levels of attrition and the fact that treatment may affect who responds to follow-up surveys, potentially biasing results. Traditional bounding methods address this by making strong assumptions about the direction of selection that apply uniformly across all participants. We propose a novel refinement that uses administrative data to empirically guide these assumptions. Building on Lee and Shraibman (2009) and the stratified trimming strategy of Semenova (2020), we compare administrative outcomes between survey respondents and non-respondents within subgroups defined by baseline characteristics. This allows us to apply Lee-type bounds selectively: we only trim when administrative data reveal significant and directional differences between respondents and non-respondents within each subgroup, and we apply the appropriate bound based on the observed direction of selection. In subgroups with no differential attrition or where selection goes against the considered bound, we report unadjusted differences. This strategy reduces reliance on strong monotonicity assumptions, avoids mechanical trimming across the full sample, and results in tighter and more credible bounds. We additionally report inverse propensity weighting to adjust for selection on observables.

Motivation and Theoretical Framework

Access to public services increasingly depends not only on eligibility, but also on the ability to navigate complex institutions—understanding requirements, submitting documents, and following up through appropriate channels. This challenge is particularly acute for asylum seekers and refugees, who typically arrive with limited resources, little local knowledge, and few social connections.

As global displacement reaches historic highs and host countries struggle to keep pace, the question is not just how to expand services, but how to ensure that the most vulnerable can access existing ones.

This project investigates whether combining temporary unconditional cash transfers (UCTs) with targeted information campaigns can promote the social and economic integration of asylum seekers in Costa Rica. We build on the idea that integration is a multidimensional process shaped not only by economic factors but also by individuals' ability to engage with host state institutions (Harder et al., 2018). In contexts where formal rights exist but remain underutilized, addressing both material and informational constraints may be necessary to achieve meaningful inclusion. Our study tests this joint hypothesis in a setting of high vulnerability and constrained state capacity, where navigational integration—defined as the ability to access and use available services—remains both crucial and understudied.

Costa Rica hosts the largest refugee and asylum seeker population in Central America, with a sixfold increase in asylum applications in 2022 compared to 2018. Most asylum seekers are Nicaraguans in need of international protection from widespread repression since 2018, now representing over 88% of the forcibly displaced population. Although the government formally grants access to work rights and public services, participation in flagship programs—such as Atención a Familias or Avancemos—remains low. In 2023, according to the national household survey, fewer than 40% of the more than 115,000 Nicaraguan poor households in the country received any government assistance compared to 52% of Costa Ricans.[3] Although all children in school have access to public health, 15-years-olds or older Nicaraguans are less likely to have that benefit. A third of Nicaraguans lack health insurance compared to just 10% of Costa Ricans. These disparities are compounded by high levels of stress and financial insecurity, which reduce individuals' capacity to act even when information is available.

We evaluate two components designed to reduce these barriers. The first is a temporary, unconditional cash transfer, motivated by growing evidence that UCTs can improve short-term outcomes in refugee settings. Studies from Colombia, Ecuador, Jordan, Kenya, and Lebanon, show that such transfers improve food security, school attendance, and reduce child labor during the benefit period (Aker, 2017; Altindağ and O'Connell, 2023; Celhay and Martínez, 2023; Hagen-

---

[3]Additional figures: Among poor households, 4.5% of Costa Ricans receive targeted support, compared to 3.2% of Nicaraguans. Overall, government aid reaches 5.8% of Costa Ricans and 3.9% of Nicaraguans.

Zanker et al., 2018; Hidrobo et al., 2014; Lehmann and Masterson, 2020; Moussa et al., 2022). However, these effects are often short-lived, especially when not paired with strategies for longer-term institutional inclusion.

The second intervention is a targeted information campaign, premised on the idea that behavioral frictions and informational gaps—not only legal ineligibility—limit access to public services. These barriers reflect what Rizzo (2022) conceptualized as "bureaucratic transaction costs" that can arise through informational barriers (lack of knowledge about available entitlements and eligibility requirements), procedural obstacles, and psychological barriers that deter engagement with the state. Yet, evidence shows that there are many ways in which these costs can be lowered. Studies from diverse settings suggest that simple nudges can increase applications for citizenship or health insurance (Domurat et al., 2021; Hainmueller et al., 2018; Hotard et al., 2019). In Colombia, personalized legal information for displaced Venezuelans improved legal recognition and subjective well-being (Batista et al., 2025). In the same country, Asimovic et al. show that program enrollment rose when Venezuelan migrants received information through their social networks and received support for mobile data costs.

In Costa Rica, the information gap is especially pronounced. Besides the access gaps previously reported, UNHCR staff report that many asylum seekers are unaware of their eligibility or how to apply for services. Our intervention addresses this by delivering clear, actionable information about six key programs via WhatsApp—a platform widely used by the population. Materials are designed in collaboration with UNHCR and sent by the organization to increase trust and uptake.

A central innovation of this study is its ability to test the interaction between financial and informational support through a cross-randomized design. While cash may ease short-term constraints, it does little to address the structural or informational barriers to state access. Conversely, information alone may be ineffective when individuals lack the time, mental bandwidth, or resources to act on it. We hypothesize that the two interventions are complementary: cash enables action, while information guides it. Emerging research supports the idea that bundled interventions can outperform standalone cash transfer treatments by addressing both knowledge and capacity constraints (Levere et al., 2024).

This study addresses a critical gap in both research and practice. Although UCTs and information campaigns are widely used by humanitarian actors, few evaluations test their joint effects on institutional engagement—especially in

upper-middle-income settings like Costa Rica. Most existing evidence comes from sub-Saharan Africa or the Middle East, leaving Latin America underexamined despite its high rate of forcibly displaced population and relatively inclusive social policies that tend to provide state-sponsored transfers to asylum seekers and refugees.

By focusing on integration into national protection systems, we aim to understand how individuals can transition from short-term humanitarian interventions to sustainable state support, generating longer-term resilience. Our findings will be directly relevant to humanitarian agencies and host governments seeking to improve refugee inclusion, especially as service delivery becomes increasingly digital and budgets become more constrained. This research is particularly timely as humanitarian funding faces unprecedented shortfalls, making integration into national systems increasingly critical.

Research Design

We use a randomized controlled trial to study the impact of a temporary unconditional cash transfer (UCT) program, combined with an information program, on the long-term well-being and socioeconomic integration of asylum seekers and refugees in Costa Rica. We measure socioeconomic integration in this context as well as awareness of and access to state social protection programs and public services available to asylum seekers and refugees in Costa Rica.

Treatment and Randomization

Participants are selected monthly from the pool of asylum applicants who register with the UNHCR offices in Costa Rica and express interest in a cash transfer. The UNHCR flags asylum applicants based on their level of vulnerability. Individuals flagged as extremely vulnerable by the UNHCR receive the UCT with certainty and are excluded from the study. This includes but is not limited to, pregnant women and the elderly. The remaining individuals represent our sample and are randomly assigned to different treatment arms using a stratified block randomization strategy. Randomization occurs monthly in a staggered manner as individuals complete UNHCR's socioeconomic evaluation process. Each month, eligible participants are first classified into three strata based on their self-reported knowledge and prior use of Costa Rica's government social programs, as assessed during UNHCR's intake interview: no knowledge and

no prior use, has knowledge but no prior use, and has knowledge and has used programs. Within each stratum, we sort individuals by UNHCR vulnerability scores and group them into blocks of approximately 16 individuals with similar scores. UNHCR calculates this vulnerability score based on a comprehensive assessment collected during the intake interview, including household demographics, economic status, coping strategies, medical vulnerabilities, educational attainment, housing conditions, and other socioeconomic factors. UNHCR does not disclose the exact scoring algorithm to prevent manipulation.

Within each block of approximately 16 individuals, participants are randomly assigned to six treatment conditions with the following probabilities: 25% to a control group that receives neither cash transfers nor information, 25% to an information-only group that receives social program and public service information via WhatsApp, and 12.5% each to four cash transfer conditions, as well as information in some instances. The cash transfer conditions include 3-month UCT only, 6-month UCT only, 3-month UCT plus information, and 6-month UCT plus information. All UCT recipients receive a total of USD 880 regardless of duration (distributed as higher monthly amounts for the 3-month group and lower monthly amounts for the 6-month group). The monthly sample size depends on the number of individuals who complete UNHCR's socioeconomic evaluation after expressing initial interest in the cash transfer program and available UNHCR resources at the time. Originally, we planned to have a sample of 3,600 individuals in total. However, due to budget cuts that led to the termination of UNHCR's cash-based assistance programs, we will have a sample of 2,587 individuals.

Temporary UCT treatment:

Among study participants, about half are randomly assigned to receive the temporary UCT, for either 3 months or 6 months. Half of the participants randomized to the UCT arm will receive the UCT for 3 months only, and the other half will receive the UCT for 6 months.

Information treatment:

Among the study participants, half are randomly assigned to receive the information treatment, while the other half serve as a control. The information treatment consists of 10 flyers provided by the UNHCR to participants in the treatment group, aimed at raising awareness about existing social programs and public

services offered by the Costa Rican government and offering helpful guidance on accessing these programs and services. The flyers provide information on:

1. A financial assistance program, including application instructions and how to solve some usual problems in the application process (x4 flyers)

2. Educational degree validation (x1)

3. Professional training courses (x2)

4. Medical care availability and health insurance (x1)

5. Identification document renewal (x1)

6. Support program for domestic violence cases (x1)

7. UNHCR services, as placebo (x1)

Randomization took place from September 2024 to February 2025 and participants were assigned to one of the following six groups, as indicated in Table 1.

Table 1: Treatment Arms

		Information (Info)	
		No	Yes
Unconditional	No	649	661
cash transfers	3 months	319	322
(UCTs)	6 months	321	315

Data

Implementation and Administration of Surveys

We are conducting two surveys: a midline survey, scheduled approximately 6 months after the treatment assignment begins, and an endline survey, scheduled 12 months after the treatment assignment begins. The surveys are being administered remotely through structured telephone interviews by a reputable company based in Costa Rica. Due to the treatment assignment strategy, the midline and endline surveys will be staggered. Table 2 summarizes the planned survey schedule. The number of individuals surveyed each month corresponds

Table 2: Midline and Endline Survey Schedule

Date Survey Starts	Number of Individuals Surveyed	Survey
2025-05-02	798	Midline
2025-05-21	555	Midline
2025-06-18	487	Midline
2025-07-11	415	Midline
2025-08-13	176	Midline
2025-09-03	156	Midline
2025-11-03	798	Endline
2025-11-24	555	Endline
2025-12-22	487	Endline
2026-01-12	415	Endline
2026-02-16	176	Endline
2026-03-03	156	Endline

exactly to the number of individuals that were randomized in each period.

We will complement the survey data with rich administrative data from three different sources. First, we will access data from SINIRUBE, Costa Rica's unified social information system designed to measure poverty, streamline social program targeting, and coordinate benefits across institutions using a centralized up-to-date database. Second, we will access data from the CCSS, which tracks formal employment and public health insurance of dependent and independent workers and individuals who voluntarily pay for it. Third, we will access school enrollment from the Ministry of Education. These institutions have agreed to share the anonymized data in response to requests from the UNHCR office, which include the specific variables and systems required to assess the program's effects. The administrative data will be a panel dataset, which, in addition to demographic information on the head of the household and household members, will include employment status of the head and other adults, household formal income, and household access to various social programs and public services (education and healthcare insurance).

Outcomes

Survey outcomes

The economic and social outcomes of interest, measured by the survey instrument, are classified into eight families: (1) treatment-implementation outcomes;

(2) psychological well-being; (3) social integration; (4) navigational integration: knowledge of social programs; (5) navigational integration: attitudes towards social programs accessibility; (6) institutional engagement and access; (7) economic integration and well-being; (8) perceived state discrimination. For each of these families, we define outcome variables that will serve to measure the impact of the interventions on these dimensions. The outcome tables in Appendix A provide detailed descriptions of each variable along with the corresponding survey question numbers that map to each outcome. The complete English version of the survey instrument, including all questions and their numbering, can be found in Appendix B.

1. Treatment-Implementation Outcomes. We validate treatment implementation of the cash-based and information interventions over the past six (6) months, and assess take-up, by measuring whether a household has received a cash transfer (respectively, flyers), the frequency of the cash transfers (flyers) in months, the amount (number) of the monthly cash transfer (flyers) received. Table A.1 summarizes the outcomes in detail.

2. Psychological Well-being. This family measures outcomes related to mental health at the individual level. We will report two indices presenting self-reported mental health. First, we examine the index of self-reported depression using the PHQ-2 screening tool (Kroenke et al., 2001). Second, we present an index of perceived stress, using the Perceived Stress Scale-4 (PSS-4) (Cohen et al., 1983). For both indices, higher values suggest worse mental well-being. Table A.2 summarizes the outcomes in detail.

3. Social Integration. This outcome family examines whether the treatment enables the social integration of refugees at both the individual and household levels. We construct a social integration index based on responses to feeling connected to Costa Rica, perceived discriminatory treatment based on immigration status, and intention to relocate outside of Costa Rica or within Costa Rica due to reasons that reveal lack of social integration (discrimination, safety, or not feeling connected to their place of residency). We also examine the components of this index separately. These components include: the extent to which individuals feel connected to Costa Rica, whether individuals experienced discriminatory treatment and across how many different contexts (e.g., in the neighborhood, at work, when accessing health services or education services, and at government

11

offices), and households' intentions to relocate outside of Costa Rica or within Costa Rica. Since this relocation question distinguishes intentions by different motivations—including social integration challenges (safety, discrimination, or inability to integrate) versus other reasons such as accessing government programs or economic opportunities—we focus here on the social dimension, while economic reasons for migrating are used in the economic integration index described later. Table A.2 summarizes the outcomes in detail.

4. Navigational Integration: Knowledge of Social Programs. We examine whether the (information) treatment improved household knowledge of social programs available in Costa Rica. We assess respondents' knowledge of flyer content through six questions: Joint Institute of Social Assistance (IMAS for its initials in Spanish) cash transfers, National Learning Institute (INA) training courses, medical care, documentation renewal, degree validation, and domestic violence services. Table A.3 summarizes the outcomes in detail.

5. Navigational Integration: Attitudes. This outcome family assesses navigational integration, focusing on individual attitudes and perceptions towards navigating social programs in Costa Rica. First we construct an index of self-reported trust in Costa Rican authorities: IMAS, INA, CCSS, Directorate General of Migration and Foreign Affairs (DGME), the Ministry of Public Education, and the National Women's Institute. We also construct an index of self-reported ability (confidence) in navigating financial assistance programs offered by: IMAS, enrolling children in school, registering for health insurance from the CCSS, and enrolling in courses at the INA. In addition to the above, we examine self-reported confidence in approaching a public official, trust in UNHCR, and individual components of the indices. Table A.4 summarizes the outcomes in detail.

6. Institutional Engagement and Access. We study six main outcomes under the Institutional Engagement and Access family to assess the impact of the intervention on recipients' likelihood of attempting to access and interact with social programs. First, we construct and measure two indices on (1) participation in and (2) attempt to access six social programs: IMAS transfers, INA professional training courses, Ministry of Public Education degree validation, legal advice at the National Institute for Women, a scholarship program, and assistance from the CCSS. Second, we construct an index of household integration in public ser-

vices, measuring the use of healthcare services by adults, children, and pregnant women, education, and document renewal services.

Then, we construct two indices related to constraints accessing social programs: a direct constraints index, which captures whether individuals report (1) difficulty understanding program requirements, (2) problems with documentation, or (3) households report unclear or confusing procedures as constraints to accessing social programs. These are constraints directly addressed by the information intervention. The indirect constraints index captures (1) difficulty expressing themselves, (2) long wait times, (3) lack of willingness, or (4) knowledge on behalf of the official, or (5) discriminatory treatment, as experienced by households as constraints to accessing social programs. Although these are not addressed by any of the interventions, we expect individuals who are interacting more with the state and state officials to experience more of these difficulties.

Next, we construct an index related to the household's ability to overcome constraints to accessing social programs, which reports the likelihood that the household seeks support or additional information to secure access to a social program. We will also examine the individual components of all indices described above. Table A.5 summarizes outcomes in detail.

7. Economic Integration. We examine whether the treatment, particularly the cash-based intervention, has increased household income and consumption of basic needs, and reduced reliance on coping strategies and risky behavior to finance those needs. We measure household income from all sources and the likelihood of a household relying on 11 different income sources in the last 3 months, as well as 4-6 months ago. We also measure the number of basic needs financed by households during the last 3 months and 4-6 months ago. We also examine the number of coping strategies used by the household to finance basic needs, from among 14 strategies such as limiting food consumption, working without pay in exchange for food or shelter, and finally the number of risky behavior/ strategies used by the household, such as begging or sending kids to work. We construct a short-term and long-term basic needs index, including basic needs consumed by households and coping strategies used, over the last 3 months and 4-6 months, respectively.

We also examine the effect of the treatment on employment outcomes. We measure the share of working-age household members who are working for pay

13

and the share looking for employment. Additionally, we measure the share of individuals working for pay who are employed formally or operate a formal business. We construct an index of household economic activity measuring the share of household working-age members who are economically active (working for pay or seeking a job).

Finally, we construct an economic integration index that includes household employment outcomes, formal employment status, basic needs financed, and coping strategies used by household members. Table A.6 summarizes the outcomes in detail.

8. Perceived State Discrimination. This outcome family examines perceived discrimination in interactions with state institutions, including government offices, public schools, and healthcare facilities. We construct an index of self-reported discriminatory incidents across multiple public service sectors (health, education, other public offices) or when applying for a social program. Table A.7 summarizes the outcomes in detail.

Administrative outcomes

The economic and social outcomes of interest are recorded in the administrative data measure: (1) institutional engagement and access, and (2) economic integration outcomes. The measurement of outcomes under these two families will rely, primarily and whenever possible, on administrative data to address the issue of attrition.

1. Institutional Engagement and Access. Using administrative data, we examine how the interventions affect two main outcomes. First, we assess household access to a number of social programs provided by the IMAS. Second, we measure whether household members are enrolled in the public health insurance and education system. We leverage data on access to social programs, public health insurance, and public school enrollment to construct the index of participation in social programs and index on integration in public services, described under *6. Institutional Engagement and Access* in the *Survey Outcomes* section.

2. Economic Integration. We examine how the interventions affect three main economic outcomes at the household level. First, we assess the employment outcomes of the head of household and other 15-year-old or older members.

14

Second, we construct a measure of household formal income. Finally, we use these three main outcomes to construct the index on Economic Activity described under *7. Economic Integration* in the *Survey Outcomes* section.

Hypotheses

We describe our hypotheses for each of the primary indices in response to a specific treatment: UCT or information intervention. In addition to these specific hypotheses, we expect that treatment by both interventions (UCT + information) generates complementary effects, with the effect of receiving both being greater than receiving only one. This is especially the case when the UCT alleviates financial constraints to accessing programs described by the information interventions. That said, as Appendix Table 4 indicates, we have less power to detect significant interaction effects. Table 3 summarizes the hypotheses related to the primary indices of interest.

Hypothesis 1: Treatment delivery

We expect that assignment to treatment will increase the proportion of households reporting receipt of cash transfers and/or flyers, consistent with the assigned treatment arms and frequency.

Hypothesis 2: Direct treatment effect on financial constraints and psychological well-being

H2.1: Short-term economic integration

We hypothesize that households benefiting from the UCT will improve economic well-being, as measured by the **Economic Integration Index.** We expect this effect to be driven by an increase in the total earnings component of the index and a reduction in **Basic needs forgone**. We also expect the UCT-treated households to reduce reliance on coping strategies or risky behavior to cover these needs. These are captured by the **Short-term basic needs** index. We expect, in addition to fewer forgone needs, that treated households reduce the number of **Coping strategies** and **Risky behavior** used to finance needs, for the duration of the cash-based intervention (preceding 3 or 6 months, as assigned).

15

H2.2: Psychological well-being

In terms of psychological well-being, we expect the improvement in the financial situation of households receiving the UCT to reduce the overall **Self-reported depression** and **Perceived stress** indices.

Hypothesis 3: Navigational integration

H3.1: Knowledge about social programs

We hypothesize that households receiving the information treatment will increase their knowledge of social programs and public services available to refugees in Costa Rica, as measured by the **Acquired Knowledge** index. Since some of the information may not be relevant to the household, we might consider the index over the relevant information pieces.

H3.2: Attitudes

We expect that households receiving the information treatment to report improved trust in public authorities, measured by the **Trust in Costa Rican government** index and confidence in seeking access to social programs and public services, measured by the **Self-reported navigational integration** index.

Hypothesis 4: Access to social services and programs

We hypothesize that households receiving the information treatment will have a higher likelihood of applying to and participating in social programs offered by the Costa Rican government, as measured by the **Participation in social programs** and the **Applications to social programs** indices. Specifically, we expect an improvement in attempts to access social programs and receiving services such as the IMAS financial assistance program, document renewal, and healthcare services, but not necessarily for services or programs not covered by the information flyers, such as government scholarships. We anticipate an increase in household take-up of public services, captured by the **Integration in services** index. As explained before, we expect this effect to be larger for individuals who receive both the information and cash treatments– however, we are not pre-registering that the interaction will be significant since we are underpowered.

Hypothesis 5: Constraints to navigational integration and access

H5.1: Direct constraints

We expect households receiving the information treatment to report fewer direct constraints to accessing and receiving benefits from social programs, measured by the **Direct constraints to accessing social programs** index, compared to households not assigned the information treatment. Direct constraints include difficulty understanding the requirements, problems with the documentation, or unclear procedures.

H5.2: Indirect constraints and discriminatory treatment

A secondary hypothesis is that, in the case where treated households do not improve their access to social programs offered by the Costa Rican government, we expect that these will be likely to report indirect constraints, measured by the **Indirect constraints to accessing social programs** index. Specifically: communication barriers, discriminatory treatment by bureaucrats or at public offices, including schools and hospitals, or a lack of willingness or knowledge on the part of bureaucrats to assist in their enrollment. Similarly, we expect an increase in the **Self-reported discrimination in state interactions** index.

H5.3: Willingness to address constraints

Additionally, another secondary hypothesis is that we expect households treated with the information treatment to reduce the likelihood of giving up on accessing social programs in the face of constraints/ increase the likelihood of taking action to resolve problems with gaining access to programs, captured by the **Dealing with Constraints** index.

Hypothesis 6: Medium-term socioeconomic integration

H6.1: Social integration

We will empirically explore the a priori ambiguous effect of the treatments on self-reported measures of social integration, which will depend on supply-side factors that are outside the control of this intervention. On the one hand, if the interventions increase intention to access but not actual access, we expect this could decrease social integration, measured by the **Social Integration** index, as individuals become frustrated or disillusioned with barriers to program

participation. On the other hand, if the intervention increases both intention and successful access to programs, we hypothesize this will increase social integration, driven by a greater sense of connection to Costa Rica and a lower likelihood of relocation.

H6.2: Economic activity

Additionally, we expect households receiving the UCT intervention, due to a period of financial security, to achieve better employment outcomes, captured by the **Economic Activity** index: higher earned income and higher share of working age household members who are employed, including in formal activities.

Table 3: Summary of hypotheses related to primary indices

Hypothesis	Sub-hypothesis	Family	Index	Treatment	Effect
1. Treatment delivery		Treatment delivery	Cash transfer received, amount, frequency	All UCT	Positive
		Treatment delivery	Flyers received, number of flyers	All info	Positive
2. Direct effect on financial constraints and psychological well-being	H2.1: Short-term economic integration	Economic Integration	Economic Integration	All UCT	Positive
		Economic Integration	Short-term basic needs	All UCT	Positive
		Economic Integration	Long-term basic needs (Secondary)	6-month UCT	Positive
	H2.2: Psychological well-being	Psychological Well-being	Self-reported depression	All UCT	Negative
		Psychological Well-being	Perceived Stress	All UCT	Negative
3. Navigational integration	H3.1: Knowledge	Navigational Integration: Knowledge	Acquired knowledge	All info	Positive
	H3.2: Attitudes	Navigational Integration: Attitudes	Trust in Costa Rican government	All info	Positive
		Navigational Integration: Attitudes	Self-reported navigational integration	All info	Positive
4. Access to services and programs		Institutional Engagement, Access	Participation in social programs	All info	Positive
		Institutional Engagement, Access	Applications to social programs	All info	Positive
		Institutional Engagement, Access	Integration in services	All info	Positive
5. Constraints to access	H5.1: Direct constraints	Institutional Engagement, Access	Direct constraints to accessing social programs	All info	Negative
	H5.2: Indirect constraints & discriminatory treatment	Institutional Engagement, Access	Indirect constraints to accessing social programs	All info	Positive
		Perceived State Discrimination	Self-reported discrimination in state interactions	All info	Positive
	H5.3: Willingness to address constraints	Institutional Engagement, Access	Dealing with constraints (Secondary)	All info	Positive
6. Medium-term socio-economic integration	H6.1: Social integration	Social Integration	Social integration	All info	Positive
	H6.2: Economic activity	Economic Integration	Economic activity	All UCT	Positive

Estimation

The primary goal is to estimate the effect of the UCT and information interventions on the socioeconomic well-being and integration of asylum seekers, as defined in the outcomes section. We use standard OLS regression analysis to identify the intent-to-treat (ITT) effects. We estimate the following regressions:

$$Y_{ib} = \alpha + \beta_1 T_{info} + \beta_2 T_{UCT,Pooled} + \mathbf{X'_i}\mathbf{\Gamma} + \delta_b + \varepsilon_{ib} \tag{1}$$

where Y_{ib} represents the outcome of interest for household i in block b. T_{info} and $T_{UCT,Pooled}$ are indicators that are equal to one if the household was assigned to the information or cash-based interventions, respectively. $\mathbf{X_i}$ is a vector of LASSO-selected household covariates measured at baseline. δ_b is a block fixed effect. In cases where attrition results in randomization blocks missing meaningful variation within-block in treatment arms, we will pool blocks.

We will conduct one-sided testing if the direction of the coefficient aligns with our pre-registered hypothesis. If it does not align or if we have not clearly preregistered a hypothesis with a specific sign, we will perform two-sided testing. Additionally, we will provide p-values that account for multiple hypothesis testing, following the methodology outlined by List et al. (2023).

To understand the differential effect of the information on UCT recipients, we estimate the following regression, where the coefficient of interest is β_3:

$$Y_{ib} = \alpha + \beta_1 T_{info} + \beta_2 T_{UCT,Pooled} + \beta_3 T_{info} \times T_{UCT,Pooled} + \mathbf{X'_i}\mathbf{\Gamma} + \delta_b + \varepsilon_{ib} \tag{2}$$

To compare the effect across treatment arms, we estimate the following regression:

$$Y_{ib} = \alpha + \beta_2 T_{info} + \beta_2 T_{UCT,3-month} + \beta_3 T_{UCT,6-month} + \mathbf{X'_i}\mathbf{\Gamma} + \delta_b + \varepsilon_{ib} \tag{3}$$

where $T_{UCT,3-month}$ and $T_{UCT,6-month}$ are categorical variables indicating whether the household was assigned the cash-based intervention for 3 or 6 months, respectively.

Covariates

For regressions using survey data, we will use LASSO-selected controls ($\mathbf{X_i}$) from the set of baseline household characteristics that are collected by UNHCR as part of their socioeconomic evaluation (Belloni et al., 2014):

- Household size;

- Working age household members

- Women in household;

- Children in household;

- Sources of income;

- Basic needs covered;

- Type of house/ living arrangement;

- Coping strategies used (to finance basic needs);

- Respondent's level of schooling;

Regression analysis using administrative data will use non-identifiable data that will only include treatment assignment, randomization block identifier and two covariates from the baseline survey: an indicator for whether a household member required medical attention and could not get it in the past, and an indicator for whether the household had no income sources at the time UNHCR's socioeconomic evaluation. Moreover, depending on the different administrative data sources and whether they include data prior to treatment assignment, we will include all possible pre-treatment assignment outcomes as potential controls.

Attrition

Sources of Attrition and Data Structure

We anticipate three sources of attrition: (1) individuals without an ID who will be missing in the admin data, (2) those who emigrate, and (3) those who do not respond to surveys. Our study involves two distinct types of outcome data that are differentially affected by these attrition sources.

Administrative Data: We obtain administrative outcomes through a data-sharing agreement between UNHCR and Costa Rica's CCSS, Ministry of Education, and SINIRUBE, using national ID numbers collected for all participants. Only 1.9% of our sample lacks national ID numbers. Moreover, in most cases, missing administrative data represents informative zeros rather than missing

outcomes. For instance, without an ID, it is not possible to access social programs, which is a meaningful zero rather than missing data. Importantly, there is no meaningful association between lack of a national ID number and treatment status.[4]

Survey Data: We expect meaningful attrition rates in survey outcomes due to participants changing phone numbers, non-response, and general survey non-participation. There may be differential attrition if individuals in treatment groups are more likely to maintain contact with UNHCR; however, this effect should be limited, as participants are aware that they will not receive any further transfers by the time of survey administration.

Addressing Differential Attrition

To address potential bias from differential attrition in survey outcomes, we employ two complementary strategies: inverse propensity weighting and refined Lee bounds.

1. Inverse Propensity Weighting

We will implement inverse propensity weighting, which assumes that selection into survey response occurs based on baseline observables. This approach follows the default practice in the literature of a) modeling the probability of survey response using baseline characteristics, b) re-weighting survey respondents by the inverse of their predicted response probability, and c) replicating all main results using these inverse propensity weights.

This method provides consistent estimates under the assumption that attrition is conditionally random given observed baseline covariates. Since this is unlikely to account for all selection dynamics, we will also provide bounds for our main results as described in the following section.

---

[4]Only the group assigned to receive only a 3-month cash transfer is 1.88 percentage points more likely to have a national ID number than the pure control (17 missing IDs in control vs. 2 in the 3-month cash group). This difference disappears when we pool treatments into our preferred specification (cash vs. no cash, information vs. no information), which have larger sample sizes and greater statistical power.

2. Refined Lee Bounds Using Administrative Data

To assess the robustness of our survey-based treatment effects to differential attrition, we will also implement a bounding strategy that builds on classical Lee bounds (Lee and Shraibman, 2009), incorporates stratification refinements from Semenova (2020), and uses administrative data to guide the direction of trimming and generate tighter bounds.

Classical Lee bounds provide a nonparametric method for bounding treatment effects under a monotonicity assumption: that treatment affects the probability of being observed in only one direction (e.g., treatment increases the chance of keeping the same phone number, but never decreases it). This method trims the group with a higher rate of retention of phone numbers to match the size of the group with lower retention, thus bounding the average treatment effect. Moreover, applying Lee bounds requires assumptions about the direction of selection (positive or negative).

However, applying the same trimming rule across all units may be inappropriate. To improve on this, we follow recent advances that allow for heterogeneous attrition patterns across subgroups, and we incorporate administrative data to empirically assess the direction of selection into survey response within each subgroup.

First, following Semenova (2020), we stratify the sample into cells $z \in \mathcal{Z}$ based on pre-treatment covariates available in both baseline survey and administrative records (e.g., gender, age, household size), Then, within each stratum, we compute Lee-type bounds separately, and then average across strata using the empirical distribution of covariates.

Second, we improve upon Semenova (2020), using administrative outcomes to inform the direction of selection in each stratum. Within each stratum z, we compare administrative outcomes A_i between survey respondents and attriters to infer the likely direction of selection. These administrative variables are unaffected by survey participation and predictive of the survey outcomes of interest.

We define:

$$\Delta^A(z) = \mathbb{E}[A_i \mid T_i = d, S_i = 1, Z_i = z] - \mathbb{E}[A_i \mid T_i = d, S_i = 0, Z_i = z] \quad (4)$$

Where T_i denotes treatment assignment for individual i, Z_i denotes the stratum for individual i, and S_i is an indicator for survey response. This captures the difference in administrative outcomes between those who select to respond to

23

the survey ($S_i == 1$) and non-respondents ($S_i == 0$) in treatment arm d, within stratum z. Based on the sign and magnitude of $\Delta^A(z)$, we implement trimming as follows:

- If $\Delta^A(z) > \delta$: attritors appear negatively selected $\Rightarrow$ apply lower-bound trimming

- If $\Delta^A(z) < -\delta$: attritors appear positively selected $\Rightarrow$ apply upper-bound trimming

- If $|\Delta^A(z)| \leq \delta$: selection is ambiguous $\Rightarrow$ use the unadjusted mean difference

Let:

$$\mathcal{Z}^- = \{z \in \mathcal{Z} : \Delta^A(z) > \delta\}, \tag{5}$$
$$\mathcal{Z}^+ = \{z \in \mathcal{Z} : \Delta^A(z) < -\delta\}, \tag{6}$$
$$\mathcal{Z}^0 = \mathcal{Z} \setminus (\mathcal{Z}^- \cup \mathcal{Z}^+), \tag{7}$$

where $\delta > 0$ is a pre-specified threshold to avoid overreacting to small, noisy differences.

We then define:

$$\text{ATE}^{\text{neg-sel}} = \sum_{z \in \mathcal{Z}^-} \Pr(Z_i = z) \cdot \text{ATE}^{\text{LB}}(z) + \sum_{z \in \mathcal{Z}^+ \cup \mathcal{Z}^0} \Pr(Z_i = z) \cdot \widehat{\text{ATE}}(z), \quad (8)$$

$$\text{ATE}^{\text{pos-sel}} = \sum_{z \in \mathcal{Z}^+} \Pr(Z_i = z) \cdot \text{ATE}^{\text{UB}}(z) + \sum_{z \in \mathcal{Z}^- \cup \mathcal{Z}^0} \Pr(Z_i = z) \cdot \widehat{\text{ATE}}(z), \quad (9)$$

where $\text{ATE}^{\text{LB}}(z)$ and $\text{ATE}^{\text{UB}}(z)$ are the Lee-type lower and upper bounds in stratum z, and $\widehat{\text{ATE}}(z)$ is the unadjusted difference in means between treated and control respondents.

This procedure does not rely on a global monotonicity assumption. Instead, it uses administrative data to estimate the direction of selection into the survey sample within each stratum. Where differences in administrative outcomes between respondents and attriters suggest systematic selection, we apply the corresponding Lee-type bound (upper or lower). In strata where the difference is small and directionality is unclear, we avoid trimming and instead report the unadjusted treatment effect. This approach leverages observable data to guide trimming decisions and reduces the risk of misapplying bounding assumptions.

To guide the bounding strategy, we will analyze patterns of selection by comparing survey and administrative outcomes that measure similar constructs at midline. This comparison will be conducted within baseline-defined strata and will help determine whether those who attrit from surveys are systematically different from those who remain, in terms of observed administrative performance. These insights inform the appropriate trimming direction in our stratified Lee bounds.

In our empirical analysis, we will:

1. Report main results using the full administrative sample and available survey sample;

2. Present inverse-propensity weighted estimates for all survey outcomes to address non-random response;

3. Provide bounds following (Lee and Shraibman, 2009) and Semenova (2020), as well as the procedure described above for key survey-based outcomes.

Power Analysis

We calculate the standardized minimum detectable effect (MDE) size considering 80% power and 5% significance level in two-sided testing for the treatment comparisons considering the sample size in each of the treatment arms based on: (1) initial targeted sample of 3,600 participants (MDE_0), (2) actual sample of 2,587 participants and the randomization strategy discussed in Table 1 (MDE_1), and (3) as in (2) but accounting that some treated participants experienced partial receipt of UCTs, anticipated due to budget shortage (MDE_2). Throughout the calculations, assume that the information interventions are implemented as planned.

Table 4 below presents the MDEs calculated assuming a 100% response rate (which is approximately the rate for the availability of administrative data). The figures in column MDE_0 indicate that study was designed to be powered to detect effects similar or smaller than those in a previous study that estimates the effects of cash transfers on refugee welfare, which finds a reduction in a child hardship index of 0.19 standard deviations, and in a livelihood coping index of 0.12 standard deviations (Altindağ and O'Connell, 2023).

Column MDE_1 in Table 4 reports revised MDEs under the smaller realized sample size of 2,587 and the randomization strategy discussed in Table 1. In column MDE_2, the MDE calculations are revised to reflect the handling of partial

receipt of UCT payments. Specifically, individuals originally assigned to the 3- or 6-month UCT arms may have received as little as one payment or up to 2 payments (in the case of the 3-month arm) and up to 5 payments (in the 6-month arm). In column MDE$_2$, participants receiving up to 3 payments are considered part of the 3-month UCT arm, and participants receiving 4-6 payments are considered part of the 6-month UCT arm. Under both scenarios, which recall reflect that of the administrative data, the study remains well-powered.

Table 5 extends the calculations in Table 4 to incorporate assumptions about survey response rates, specifically comparing MDEs under 80% and 60% response rate scenarios. While lower survey response rates naturally increase the MDEs, overall, the study remains relatively well-powered, especially to detect the effect of UCT and informational one.

Moreover, we follow several strategies to improve the power of the study. First, we will conduct one-sided testing if the direction of the coefficient aligns with our pre-registered hypothesis. Second, because our administrative outcomes are measured at multiple points in time, we leverage panel variation to increase statistical power, particularly important for outcomes like employment or income, which are noisy and only moderately autocorrelated. Third, along the same lines, we collect midline and endline survey data, which we include in the same regression to average out measurement noise. McKenzie (2012) shows that repeated measurements can improve statistical power when baseline data are limited and outcomes are not highly persistent or very noisy.

Table 4: Updated Power Calculations

	MDE_0	MDE_1	MDE_2
All Info vs. No Info	0.093	0.110	0.110
All UCT vs. No UCT	0.093	0.110	0.110
Only Info vs. C	0.132	0.155	0.155
Only UCT vs. C	0.132	0.156	0.156
Only UCT vs. Only Info	0.132	0.155	0.155
Only UCT + Info vs. C	0.132	0.156	0.156
Only UCT + Info vs. Only Info	0.132	0.163	0.156
3-month only UCT vs. C	0.162	0.192	0.177
6-month only UCT vs. C	0.162	0.191	0.215
3-month + Info vs. C	0.162	0.191	0.176
6-month + Info vs. C	0.162	0.192	0.218
3-month only vs. 6-month only UCT	0.187	0.222	0.231
3-month + Info vs. 6-month UCT + Info	0.187	0.223	0.233
3-month vs. 3-month UCT + Info	0.187	0.222	0.195
6-month vs. 6-month UCT + Info	0.187	0.222	0.264

Notes: MDE_0 is the MDE under the planned treatment arms. MDE_1 is the MDE under revised treatment arms, if these were fully implemented (no interruption to UCT). MDE_2 is the MDE under revised treatment arms with interruptions to UCT, assuming recipients of 1-, 2- or 3-month UCT are considered part of the 3-month UCT treated group, and participants with 4- to 6-month UCT are part of the 6-month UCT treated group. Calculations assume: (1) 100% response rate,(2) info treatments are completed, and (3) the pure control group is at 649.

Table 5: Power Calculations, under two response-rate scenarios

	MDE_0	MDE_1	MDE_2	MDE_0	MDE_1	MDE_2
Response rate		80%			60%	
All Info vs. No Info	0.104	0.123	0.123	0.121	0.142	0.142
All UCT vs. No UCT	0.104	0.123	0.123	0.121	0.142	0.142
Only Info vs. C	0.148	0.173	0.173	0.171	0.200	0.200
Only UCT vs. C	0.148	0.175	0.175	0.171	0.202	0.202
Only UCT vs. Only Info	0.148	0.174	0.174	0.171	0.201	0.201
Only UCT + Info vs. C	0.148	0.175	0.175	0.171	0.202	0.202
Only UCT + Info vs. Only Info	0.148	0.182	0.174	0.171	0.210	0.201
3-month only UCT vs. C	0.181	0.214	0.197	0.209	0.247	0.228
6-month only UCT vs. C	0.181	0.215	0.244	0.209	0.248	0.281
3-month UCT + Info vs. C	0.181	0.214	0.197	0.209	0.242	0.242
6-month UCT + Info vs. C	0.181	0.215	0.244	0.209	0.242	0.242
3-month only vs. 6-month only UCT	0.209	0.248	0.259	0.242	0.287	0.299
3-month + Info vs. 6-month UCT + Info	0.209	0.249	0.261	0.242	0.288	0.301
3-month vs. 3-month UCT + Info	0.209	0.248	0.218	0.242	0.287	0.252
6-month vs. 6-month UCT + Info	0.209	0.249	0.295	0.242	0.287	0.341

MDE_0 is the MDE under the planned treatment arms. MDE_1 is the MDE under revised treatment arms, if these were fully implemented (no interruption of CBI). MDE_2 is the MDE under the current scenario, if, in addition to completed intervention, recipients of 1-, 2- or 3 months of CBI are considered part of the 3-month CBI treated group, and those with at least 4-months of CBI are part of the 6-month CBI treated group. All calculations above assume: (1) all info treatments will be completed, and (2) the pure control group remains at 649.

A Appendix: Outcome Families

In this section, we detail all the indices and outcomes, including how we will code the questions (measurement details) that map to each outcome. The corresponding survey questions, which are referenced by the number in the "Question #" column, can be found in Appendix B.

Table A.1: First Stage Outcomes

#	Outcomes	Unit	Type	Measurement Details	Question #
1.1	Cash transfer received from UNHCR	HH	indicator	Takes value 1 if HH received cash transfer from UNHCR in the last 6 months, and 0 otherwise	Q1_1
1.2	Cash transfer amount	HH	value	Total monthly amount of UNHCR UCT to HH. Takes the value 0 if none	Q1_2
1.3	Frequency of cash transfer	HH	value	Number of months during the last 6 months that the HH received UNHCR UCT. 0 if none	Q1_3
1.4	Flyers received from UNHCR	HH	indicator	Takes value 1 if HH received UNHCR messages on social programs during the last 6 months	Q1_4
1.5	Number of flyers received	HH	value	Number of flyers received by HH. Takes the value 0 if no flyers are received	Q1_5

Table A.2: Psychological Well-being and Social Integration Outcomes

#	Outcomes	Unit	Type	Measurement Details	Question #
	Psychological Well-being				
2.1	**Self-reported depression**	**Ind**	**index**	**Index of responses to the PHQ-2**	**Q2_1_1, Q2_1_2**
2.1a	No interest in activities	Ind	scale	Scale 0-4: 0= Not at all, 4=Every day, days affected	Q2_1_1
2.1b	Feeling hopeless	Ind	scale	Scale 0-4: 0= Not at all, 4=Every day, days affected	Q2_1_2
2.2	**Perceived Stress**	**Ind**	**index**	**Index of responses to the Perceived Stress Scale-4 questions**	**Q2_2_1–Q2_2_4**
2.2a	Feeling not in control	Ind	scale	Scale 0-4: 0= Not at all, 4=Every day, days affected	Q2_2_1
2.2b	Confidence handling problems	Ind	scale	Scale 0-4: 0= Not at all, 4=Every day, days affected (scale reversed)	Q2_2_2
2.2c	Things going as wanted	Ind	scale	Scale 0-4: 0= Not at all, 4=Every day, days affected (scale reversed)	Q2_2_3
2.2d	Feeling overwhelmed by difficulties	Ind	scale	Scale 0-4: 0= Not at all, 4=Every day, days affected	Q2_2_4
	Social Integration				
2.3	**Social integration**	**HH**	**index**	**Index of self-reported connection to CR, discrimination, intent to migrate outside Costa Rica, or within due to social integration reasons**	**Q2_3, Q2_4_1–Q2_6**
2.3a	Self-reported connection to Costa Rica	Ind	scale	Scale from 1–5: 1 = strong connection; 5 = no connection (scale reversed)	Q2_3
2.3b	Self-reported discriminatory treatment	HH	indicator	Takes value 1 if HH experienced discrimination in last 6 months (scale reversed)	Q2_4_1
2.3c	Self-reported discriminatory incidents	HH	value	Number of different contexts where discriminatory treatment was experienced in last 6 months (0 if none)	Q2_4_2
2.3d	Intent to relocate outside CR	HH	indicator	Takes value 1 if HH plans to move outside CR or return to origin	Q2_5
2.3e	Intent to relocate within CR for lack of social integration	HH	indicator	Takes value 1 if plans to relocate due to safety, not feeling connected, or discrimination (options 4, 6, 7) (scale reversed)	Q2_6

Table A.3: Navigational Integration: Knowledge Outcomes

#	Outcomes	Unit	Type	Measurement Details	Question #
3.1	**Acquired Knowledge**	**Ind**	**index**	**Index of score on individual knowledge questions**	**Q3_1–Q3_6**
3.1a	Knowledge of IMAS program flyer	HH	value	Correct – incorrect answers / total correct options	Q3_1
3.1b	Knowledge of INA courses flyer	HH	value	Correct – incorrect answers / total correct options	Q3_2
3.1c	Knowledge of eligibility to medical care flyer	HH	value	Correct – incorrect answers / total correct options	Q3_3
3.1d	Knowledge of documentation renewal flyer	HH	value	Correct – incorrect answers / total correct options	Q3_4
3.1e	Knowledge of degree validation flyer	HH	value	Correct – incorrect answers / total correct options	Q3_5
3.1f	Knowledge of gender-based violence flyer	HH	value	Correct – incorrect answers / total correct options	Q3_6

Table A.4: Navigational Integration: Attitudes Outcomes

#	Outcomes	Unit	Type	Measurement Details	Question #
3.2	**Trust in Costa Rican government**	**Ind**	**index**	**Index of self-reported trust in 6 Costa Rican government offices**	**Q4_5**
3.2a	Trust in public authority (total of 6)	Ind	scale	Scale 1–5: 1 = strongly trusts, 5 = strongly distrusts authority (scale reversed)	Q4_5
3.3	**Self-reported navigational integration**	**Ind**	**index**	**Index of (1) self-reported ability to navigate 4 programs and (2) perceived ability to navigate interactions with government officials**	**Q4_1–Q4_4, Q4_6**
3.3a	Perceived ability to navigate IMAS	Ind	scale	Scale 1–4: 1 = knows all requirements, 4 = does not know (scale reversed)	Q4_1
3.3b	Perceived ability to navigate school enrollment	Ind	scale	Scale 1–4: same scale, specific to school enrollment (scale reversed)	Q4_2
3.3c	Perceived ability to navigate the CCSS	Ind	scale	Scale 1–4: same scale, specific to health insurance registration (scale reversed)	Q4_3
3.3d	Perceived ability to navigate INA registration	Ind	scale	Scale 1–4: same scale, specific to INA course registration (scale reversed)	Q4_4
3.3e	Confidence approaching government officials	Ind	scale	Scale 1–5: 1 = very comfortable, 5 = very uncomfortable approaching or asking help from government officials (scale reversed)	Q4_6
3.4	Trust in UNHCR	Ind	scale	Scale 1–5: 1 = strongly trusts, 5 = strongly distrusts UNHCR (scale reversed)	Q4_5

Table A.5: Institutional Engagement and Access Outcomes

#	Outcomes	Unit	Type	Measurement Details	Question #
4.1	**Participation in social programs**	**HH**	**index**	**Index of social programs the HH has successfully joined in the last 6 months**	**Q5_1_1**
4.2	**Applications to social programs**	**HH**	**index**	**Index of social programs the HH has applied to in the last 6 months**	**Q5_1_1, Q5_11**
4.2a	Attempt to access social programs	HH	scale	Scale from 0–2: 0 = not applied, 2 = applied and received program benefits; rescaled from 1–5 (options 2 & 5 rescaled to 1, options 3 & 4 rescaled to 2)	Q5_1_1
4.2b	Access to CR state offices and services	HH	indicator	Takes value 1 if reported experience with government, 0 otherwise	Q5_11
4.3	**Integration in services**	**HH**	**index**	**Index measuring HH integration in health, education, insurance, ID renewal other social services**	**Q2_6, Q5_2– Q5_6, Q5_8–Q5_10**
4.3a	Medical attention – adult	HH	value	Share of adults who received medical attention when sick	Q5_2
4.3b	Medical attention – pregnant women	HH	value	Share of pregnant women who received prenatal care	Q5_3
4.3c	Medical attention – minors	HH	value	Share of sick minors who received medical attention when sick	Q5_4
4.3d	Insured minors	HH	value	Share of minors insured in CR's health system	Q5_5
4.3e	Out of school minors	HH	value	Share of children (ages 4–18) in HH not enrolled in school	Q5_6
4.3f	Valid documentation	Ind	indicator	Takes value 1 if ID from CR gov. is valid and unexpired, 0 otherwise	Q5_8, Q5_10
4.3g	Document renewal	Ind	value	Months since last document renewal or issue date (scale reversed)	Q5_9
4.3h	Reason for moving: Gov programs access	HH	indicator	Takes value 1 if access to gov programs is reason for moving, 0 otherwise	Q2_6
4.4	**Direct constraints to accessing social programs**	**HH**	**index**	**Index of direct constraints: confusing procedures, difficulty understanding requirements, problem with documents, not enough info/ docs**	**Q5_1_3, Q5_7, Q5_12b,c,e**
4.4a	Reason not participating in social program	HH	indicator	Takes value 1 if reason selected, 0 otherwise	Q5_1_3
4.5	**Indirect constraints to accessing social programs**	**HH**	**index**	**Index of indirect constraints: financial resources, difficulty expressing oneself, wait times, unhelpful or unknowledgeable official, discriminatory treatment**	**Q5_1_3, Q5_7, Q5_12a,d,f,g,h**
4.6	**Dealing with constraints (secondary hypothesis)**	**HH**	**index**	**Index of propensity to persist in seeking access to social program, in face of constraints**	**Q5_13**
4.6a	Likelihood of seeking information	HH	scale	Scale of 1–5: 1 = very likely, and 5 = very unlikely to seek info (scale reversed)	Q5_13a
4.6b	Likelihood of seeking NGO support	HH	scale	Scale of 1–5: same scale, specific to seek NGO support; (scale reversed)	Q5_13b
4.6c	Likelihood of reporting problem	HH	scale	Scale of 1–5: same scale, specific to report problem; (scale reversed)	Q5_13c
4.6d	Giving up on program access	HH	scale	Scale of 1–5: same scale, specific to give up	Q5_13d

Table A.6: Economic Integration Outcomes

#	Outcomes	Unit	Type	Measurement Details	Question #
5.1	**Short-term basic needs**	**HH**	**index**	**Last 3 months: index of basic needs financed, coping strategies, risky behavior**	**Q6_3–Q6_5**
5.2	**Long-term basic needs (secondary)**	**HH**	**index**	**Last 4–6 months: index of basic needs financed, coping strategies, risky behavior**	**Q6_3–Q6_5**
5.1a	Basic needs forgone	HH	indicator	# of unmet basic needs over 1–3 and 4–6 month periods (16 categories)	Q6_3
5.1b	Coping strategies to finance needs	HH	indicator	# of coping strategies reported over 1–3 and 4–6 month periods	Q6_4
5.1c	Risky behavior (short- and long-term)	HH	value	# of risky strategies to finance needs over 1–3 and 4–6 month periods	Q6_5
5.3	**Economic Integration Index**	**HH**	**index**	**Index of monthly earnings, employment status, formal status, basic needs financed, coping strategies, risky behavior**	**Q2_6, Q6_1, Q6_3–Q6_7**
5.3a	Total HH income	HH	value	Total earnings/income from all sources in the current month	Q6_1
5.3b	Income generation sources	HH	value	# of income sources selected among: formal activities, informal activities	Q6_2
5.3c	Assistance Sources - Government	HH	value	# of income sources selected among: government financial support	Q6_2
5.3d	Assistance sources - NGO	HH	value	# of income sources selected among: NGO assistance (financial and material)	Q6_2
5.3e	Assistance sources	HH	value	# of income sources selected among: remittances, alimony, disability pension, financial support from friends, loans	Q6_2
5.3f	Reasons for moving: Economic	HH	indicator	Takes value 1 if jobs or living cost stated as reason for moving, 0 otherwise	Q2_6
5.4	**Economic activity**	**HH**	**index**	**Index of share of working age household members employed/actively seeking work, share in formal jobs, income generate sources**	**Q6_1, Q6_2 Q6_6–Q6_7**
5.4a	Employment	HH	value	Share of working-age HH members working for pay or with a job	Q6_6
5.4b	Looking for a job	HH	value	Share of working-age HH members actively job-seeking	Q6_6
5.4c	Formal employment	HH	value	Share of employed members in formal/registered work or business	Q6_7
5.5	Financial inclusion (exploratory)	HH	indicator	Takes value 1 if any HH member has an account at a bank, and 0 otherwise	Q6_8

Table A.7: Perceived State Discrimination Outcomes

#	Outcomes	Unit	Type	Measurement Details	Question #
6.1	**Self-reported discrimination in state interactions**	**HH**	**index**	**Index of self-reported discriminatory incidents in government offices, schools, healthcare facilities or when accessing social programs**	**Q2_4_2, Q5_7, Q5_12h**
6.1a	Perceived discrimination by bureaucrats	HH	indicator	Takes value 1 if respondent reports discrimination by public officials during gov. office visit, 0 otherwise	Q5_12h
6.1b	Perceived discrimination in government facilities	HH	indicator	Takes value 1 if respondent reports discrimination in government offices, schools, or healthcare centers	Q2_4_2

B   Appendix: Survey instrument

Initial Questions and Contact Information

Q03. Interviewer, please record if the call is successful

1. Yes 1

2. No 2

Skip: If Q03=2 go to call_result

Q04. Good morning/afternoon/evening, my name is ___ I work for Unimer company. Are you _____ or do you live with _____?
[Three attempts must be made to speak with the person who should be surveyed. If the third attempt is not satisfactory, someone who lives in the household of the person who should be surveyed can be interviewed.]

1. Yes 1

2. Not the interviewee but can answer/has sufficient information 3

3. No 0

Skip: If Q04=(0) go to call_result

Q05. Good morning/afternoon, my name is [INTERVIEWER NAME], I work for UNIMER, a company dedicated to conducting market research and public opinion studies. Currently, we are conducting a survey for a project with UN-HCR about the family situation and integration in the country of refugees and asylum seekers.

The information you provide will be treated in a strictly confidential and anonymous manner, used only for statistical purposes. Please note that participation in this survey is not related to receiving additional services.

The survey will take approximately 20 minutes. Your participation is completely voluntary and you can decide not to answer any question or end the call at any time.

As a thank you for your participation, we will be providing an incentive of 5000 colones.

Do you accept to answer the questions?

1. Yes 1

2. No 2

Skip: If Q05=(1) go to call_result

Q05X. Can we call you at another time?

    1. Yes 1

    2. No 2

Skip: If Q05X=(2) go to end questionnaire

Indicate the time: [Q05XR] _____

Household Composition in Costa Rica

We will start with some questions about the composition of your household in Costa Rica.

Q08. How many family members live with you in Costa Rica? We refer to family members who share kinship, food, live under the same roof and who would probably be grouped together when applying for residence or requesting assistance. Tell us the total number of family members, including yourself. [Q08] _____

Q09. Women: Of the family group member(s), how many are women in the following age ranges? [Read options]

    1. 0 - 3 years [Q09_1] _____

    2. 4 - 11 years [Q09_2] _____

    3. 12 - 14 years [Q09_3] _____

    4. 15 - 17 years [Q09_4] _____

    5. 18 - 60 years [Q09_5] _____

    6. 61 years or more [Q09_6] _____

Q10. Men: Of the family group member(s), how many are men in the following age ranges? [Read options]

    1. 0 - 3 years [Q10_1] _____

    2. 4 - 11 years [Q10_2] _____

    3. 12 - 14 years [Q10_3] _____

4. 15 - 17 years [Q10_4] _____

5. 18 - 60 years [Q10_5] _____

6. 61 years or more [Q10_6] _____

Q11. Of the family group members under 4 years old, how many have birth certificates? [Q11] _____

Q12. Given your answer, family member(s) of your family group do not have birth certificates. How many of them have been registered by the civil registry authorities? [Q12] _____

Q13. Of the family group members between 15 and 60 years old, how many are able to work? "Able to work" means they are physically capable of working, even if they are currently studying/not working/caring for children. [Q13] _____

UNHCR Interactions

Now we will ask you questions about your household's interactions with UN-HCR in the last 6 months.

Q1.1. In the last 6 months, have you or a family member received cash assistance from UNHCR? [DO NOT read "don't know" or "don't respond"]

1. Yes 1

2. No 0

3. Don't know (DO NOT READ) 8

4. Don't Respond (DO NOT READ) 9

Q1.2 Approximately how much was the monthly cash transfer "in colones" from UNHCR? Enter 0 if you don't want to give the amount [Q1_2] _____

Q1.3 Approximately for how many months did you receive the monetary transfer from UNHCR? [Q1_3] _____

Q1.4 In the last 6 months, have you received WhatsApp or text messages from UNHCR about social programs offered by the Costa Rican government to refugees and asylum seekers? [DO NOT read "don't know" or "don't respond"]

1. Yes 1

2. No 0

3. Don't know (DO NOT READ) 8

4. Don't Respond (DO NOT READ) 9

Q1.5 Approximately how many messages did you receive? [Q1_5] _____

Personal Situation in Costa Rica

Now we will ask you questions about your personal situation in Costa Rica.
Q2.1. In the last two weeks, how often were you affected by any of the following problems...? [Read options but DO NOT read "don't know" or "don't respond"]

Problem	No days	Few days	Several days	Almost every day	Every day	DK	NA
Little interest or pleasure in doing things	0	1	2	3	4	8	9
Feeling depressed or hopeless	0	1	2	3	4	8	9

Q2.2. While answering the following questions, think about the last month: [Read options but DO NOT read "don't know" or "don't respond"]

Question	No days	Few days	Several days	Almost every day	Every day	DK	NA
How often have you felt that you could not control the important things in your life?	0	1	2	3	4	8	9
How often have you felt confident in your ability to handle your personal problems?	0	1	2	3	4	8	9
How many times have you felt that things were going the way you wanted?	0	1	2	3	4	8	9
How often have you felt that difficulties were piling up so much that you could not overcome them?	0	1	2	3	4	8	9

Q2.3. How connected do you feel to Costa Rica? [Read options but DO NOT read "don't know" or "don't respond"]

1. I feel an extremely close connection 1

2. I feel a very close connection 2

3. I feel a moderate connection 3

4. I feel a weak connection 4

5. I don't feel any connection 5

6. Don't know (DO NOT READ) 8

Q2.4.1. In the last 6 months, have you or a family member experienced discrimination or unfair treatment due to your migratory status or nationality? [Read options but DO NOT read "don't know" or "don't respond"]

1. Yes 1

2. No 0

3. Don't know (DO NOT READ) 8

4. Don't Respond (DO NOT READ) 9

Q2.4.2. In what situations did you or a family member experience discrimination? [Read options but DO NOT read "don't know" or "don't respond"] [Can select multiple options]

1. In your neighborhood/community 1

2. In a government institution 2

3. When accessing health services 3

4. In an educational center 4

5. When looking for work 5

6. At work 6

7. Other situation: 98

Q2.5 If you had the opportunity, would you and your family like to: [Read options but DO NOT read "don't know" or "don't respond"]

1. Stay in your current residence 1

2. Move to another residence within Costa Rica 2

3. Return to your country of origin 3

4. Go to another country different from your country of origin 4

5. Don't know (DO NOT READ) 8

6. Don't Respond (DO NOT READ) 9

Q2.6. What are the reasons why you and your family members would consider moving? [Read options but DO NOT read "don't know" or "don't respond"] [Can select multiple options]

1. Better job opportunities 1

2. Lower cost of living 2

3. Better access to government services 3

4. Security or protection concerns 4

5. To reunite with family 5

6. Not feeling connected to current place of residence 6

7. Discrimination 7

8. Don't know (DO NOT READ) 8

9. Don't Respond (DO NOT READ) 9

Knowledge of Social Programs

Now, we will ask you questions about your knowledge of social programs you can access offered by the Costa Rican government and/or other organizations. **Q3.1.** What documents do you need to apply for IMAS assistance? [I will read you various options, more than one may be correct] [DO NOT read "don't know" and "don't respond"]

1. Costa Rican identity card 1

2. Valid refugee/asylum seeker documentation (DIMEX) 2

3. Formal proof or signed sworn statement indicating household income . 3

4. Birth certificates 4

5. Don't know (DO NOT READ) 8

6. Don't Respond (DO NOT READ) 9

Q3.2. What are the requirements to enroll in courses at the National Learning Institute (INA)? [I will read you various options, more than one may be correct] [DO NOT read "don't know" and "don't respond"]

1. Be a Costa Rican citizen 1

2. Have an apostilled copy of your birth certificate if you are not a Costa Rican citizen 2

3. Be 15 years or older 3

4. Have an email address 4

5. Don't know (DO NOT READ) 8

6. Don't Respond (DO NOT READ) 9

Q3.3. Which of these groups can receive completely free medical care at a public hospital? [I will read you various options, more than one may be correct] [DO NOT read "don't know" and "don't respond"]

1. Persons under 18 years regardless of nationality 1

2. Pregnant women regardless of nationality 2

3. Any refugee/asylum seeker 3

4. Any person in an emergency situation 4

5. Don't know (DO NOT READ) 8

6. Don't Respond (DO NOT READ) 9

Q3.4. When is it recommended to schedule an appointment to renew the document that allows refugees/asylum seekers to work legally in Costa Rica? [I will read you various options, indicate only one answer] [DO NOT read "don't know" and "don't respond"]

1. The day before the expiration date 1

2. Many months before the expiration date 2

3. After the expiration date 3

4. Don't know (DO NOT READ) 8

5. Don't Respond (DO NOT READ) 9

Q3.5. Which of the following documents is necessary to present to apply for recognition of your educational level title? [I will read you various options, more than one may be correct] [DO NOT read "don't know" and "don't respond"]

1. A signed application form from the Ministry of Public Education 1

2. Birth certificate 2

3. Your educational level title, original and photocopy 3

4. Apostilled certificate of your educational level title 4

5. Don't know (DO NOT READ) 8

6. Don't Respond (DO NOT READ) 9

Q3.6. What services does the National Institute for Women (INAMU) offer to support women in situations of violence? [I will read you various options, more than one may be correct] [DO NOT read "don't know" and "don't respond"]

1. Free legal advice 1

2. Shelter 2

3. Financial assistance 3

4. Psychological care 4

5. Don't know (DO NOT READ) 8

6. Don't Respond (DO NOT READ) 9

Process Knowledge Assessment

Which of the following options best describes your knowledge about the process to... [Read the options but DO NOT read "don't know" and "don't respond"]
Q4.1. ...apply to an IMAS social program?

1. I know exactly where to go and what documents I need 1

2. I have a general idea but I'm not sure of all the steps 2

3. I would need to ask someone for help or information 3

4. I don't know how to do this at all 4

5. Don't Respond (DO NOT READ) 9

Q4.2. ...enroll a child in school today?

1. I know exactly where to go and what documents I need 1

2. I have a general idea but I'm not sure of all the steps 2

3. I would need to ask someone for help or information 3

4. I don't know how to do this at all 4

5. Don't Respond (DO NOT READ) 9

Q4.3. ...register today for health insurance with the Costa Rican Social Security Fund (CCSS)?

1. I know exactly where to go and what documents I need 1

2. I have a general idea but I'm not sure of all the steps 2

3. I would need to ask someone for help or information 3

4. I don't know how to do this at all 4

5. Don't Respond (DO NOT READ) 9

Q4.4. ...enroll in a course at the National Learning Institute?

1. I know exactly where to go and what documents I need 1

2. I have a general idea but I'm not sure of all the steps 2

3. I would need to ask someone for help or information 3

4. I don't know how to do this at all 4

5. Don't Respond (DO NOT READ) 9

Institutional Trust

Q4.5. To what extent do you trust each of the following institutions? [Read the options but DO NOT read "don't know" and "don't respond"]

Institution	Trust firmly	Some trust Some trust	Neither trust nor distrust	Some distrust	Distrust strongly	DK	NA
1. General Directorate of Migration and Foreigners	1	2	3	4	5	8	9
2. Ministry of Public Education (MEP)	1	2	3	4	5	8	9
3. Costa Rican Social Security Fund (CCSS)	1	2	3	4	5	8	9
4. Mixed Institute of Social Assistance (IMAS)	1	2	3	4	5	8	9
5. UNHCR	1	2	3	4	5	8	9
6. National Learning Institute (INA)	1	2	3	4	5	8	9
7. National Institute for Women (INAMU)	1	2	3	4	5	8	9

Q4.6. When you need help from government officials, how comfortable do you feel approaching them? [Read the options but DO NOT read "don't know" and "don't respond"]

1. Very comfortable 1

2. Comfortable 2

3. Neither comfortable nor uncomfortable 3

4. Uncomfortable 4

5. Very uncomfortable 5

6. Don't know (DO NOT READ) 8

7. Don't Respond (DO NOT READ) 9

Identification Documents

Now we will ask you some questions about the forms of identification you have available.

Q5.8. What identification do you have issued by the government of Costa Rica? [Do not read the options]

1. Provisional refugee applicant identification 1

2. Provisional card-Work permit (does not explicitly say Refugee Applicant) 2

3. Special Category - Free Status (does not explicitly say Refugee)/Recognized Refugee 3

4. Provisional special category card (document does not explicitly indicate Statelessness) 4

5. Provisional special category work permit card (document does not explicitly indicate Statelessness) 5

6. No documents (but has appointment to apply for refuge) 6

7. No documents (and does not have appointment to apply for refuge) . . . 7

8. Free Condition of Permanent Resident 8

9. Provisional study visa 9

10. Complementary Special Protection Category 10

Q5.9. Approximately, in what month and year did you obtain or renew your most recent identification issued by the government of Costa Rica?
Month:

1. January 1

2. February 2

3. March 3

4. April 4

5. May 5

6. June 6

7. July 7

8. August 8

9. September 9

10. October 10

11. November 11

12. December 12

Year: [Q5_9A] _____

Q5.10. What is the expiration date of your current documents issued by the government of Costa Rica, even if the document is expired? [Encourage the respondent to answer this question and give them time to verify]

Month and Year: [Similar format as Q5.9]

Government Services Access

Now, we will ask you questions about government services and programs that you or family group members may have accessed in Costa Rica and your interactions.

Q5.1.1. In the last 6 months, have you or a family member applied for and/or obtained assistance from any of the following programs or institutions: [Read all options except "Don't respond"]

Program/Institution	No one applied	Applied, waiting	Applied, receives	Applied, no longer receives	Applied, rejected	DK	NA
1. IMAS transfers, (e.g. Family Care)	1	2	3	4	5	8	9
2. Professional/vocational training courses from INA	1	2	3	4	5	8	9
3. Title validation from MEP	1	2	3	4	5	8	9
4. Legal advice or Psychological care at INAMU	1	2	3	4	5	8	9

5. Avancemos Scholarships	1	2	3	4	5	8	9
6. Costa Rican Social Security Fund (CCSS)	1	2	3	4	5	8	9

Q5.1.3. Why haven't you or your family members applied to participate in these programs? [Mark all that apply.] [Read all options except "Don't know", "Don't respond"]

For each program not applied to:

1. Don't have sufficient information or don't know how to apply 1

2. Don't meet requirements and/or don't have necessary documentation . 2

3. Don't have economic resources (transportation, childcare, phone credit) 3

4. Haven't been able to get an appointment 4

5. Don't need the programs/not interested in these assistance programs . . 5

6. Other: 98

7. Don't know (DO NOT READ) 998

8. Don't Respond (DO NOT READ) 999

Healthcare Access

Q5.2. In the last 6 months, how many adults in your family needed medical attention and what situation best explains the care they received? Do not include pregnant women in your answer. If no one has been sick, enter 0

1. ...self-medicated or went to a pharmacy [Q5_2A] _____

2. ...did not seek medical attention (although they needed it) [Q5_2B] _____

3. ...were able to go to a public medical center [Q5_2C] _____

4. ...were able to go to a private medical center [Q5_2D] _____

5. ...went to a public medical center but could not receive medical attention [Q5_2E] _____

6. ...went to a private medical center but could not receive medical attention [Q5_2F] _____

46

Q5.3. In the last 6 months, how many pregnant women in your family needed prenatal care/periodic prenatal checkups and what situation best explains the care they received? If there are no pregnant women, everything should be 0

1. ...did not seek prenatal care [Q5_3A] _____

2. ...was able to go to a public medical center [Q5_3B] _____

3. ...was able to go to a private medical center [Q5_3C] _____

4. ...went to a public medical center but could not get medical care [Q5_3D] _____

5. ...went to a private medical center but could not get medical care [Q5_3E] _____

Q5.4. In the last 6 months, how many children/minors in your family needed medical attention and what situation best explains the care they received? [Similar format as above]

Q5.5. How many of the minors living in Costa Rica are insured in the Costa Rican health system?

1. ...are insured [Q5_5A] _____

2. ...are not insured [Q5_5B] _____

Education Access

Q5.6. How many children 4 years or older in your family are enrolled in an educational institution?

1. ...are not enrolled in any educational institution [Q5_6A] _____

2. ...are enrolled in a public educational institution [Q5_6B] _____

3. ...are enrolled in a private educational institution [Q5_6C] _____

4. ...are enrolled in a semi-private educational institution [Q5_6D] _____

Q5.7. What is the reason why 1 or more children in the family do not attend school? DO NOT READ "Don't respond". Mark all options that apply.

1. High cost of enrollment (tuition) 1

2. High cost of transportation or school is far away 2

3. High cost of uniforms and/or school supplies 3

4. Enrollment denied by educational institution due to lack of spaces 4

5. Enrollment denied due to discrimination 5

6. Enrollment denied due to institution's ignorance of children's rights ...6

7. Other, specify 98

8. Don't know (DO NOT READ) 998

9. Don't Respond (DO NOT READ) 999

Other, specify: [Q5_7_OT] _____

Government Office Interactions

Q5.11. In the last 6 months, you or someone in your family: [Yes/No for each one] DO NOT READ "Don't know".

Activity	Yes	No	DK/NA
a) Visited any government office	1	2	9
b) Sought information about requirements or eligibility for a social program offered by the Costa Rican government	1	2	9
c) Applied for some social program offered by the Costa Rican government	1	2	9
d) Was denied a service they requested	1	2	9

Q5.12. In past interactions with government social programs, did you or the corresponding family member experience any of the following? [Yes/No for each one]

Experience	Yes	No	DK/NA
a) Language barriers or difficulty expressing myself clearly	1	2	9
b) Difficulty understanding requirements	1	2	9

c) Problems with documentation	1	2	9
d) Long waiting times	1	2	9
e) Unclear or confusing procedures	1	2	9
f) Lack of willingness by the official to help me	1	2	9
g) Lack of knowledge by the official about how to help me	1	2	9
h) Discriminatory treatment due to nationality	1	2	9
i) Other difficulties	1	2	9

Q5.13. If you or a family member had problems accessing a social program offered by the government of Costa Rica, what would be the likelihood of:

Action	Very likely	Somewhat likely	Neither likely nor unlikely	Unlikely	Very unlikely	DK	NA
Seeking additional information about requirements or eligibility	1	2	3	4	5	8	9
Seeking help from an NGO or humanitarian organization	1	2	3	4	5	8	9
Reporting the problem to the corresponding office	1	2	3	4	5	8	9
Giving up on accessing the program	1	2	3	4	5	8	9

Economic Situation

Now we will ask you some questions about your family's economic situation in Costa Rica.

Q6.1 Approximately, what is the total monthly income "in colones" of your family from all sources? If you don't know the exact figure, please provide an estimate. INTERVIEWER: IF NO RESPONSE, ENTER 0

[Q6_1] _____

Q6.2.1. During the last 3 months, what have been the sources of economic income for you and your family... READ OPTIONS [Can select multiple options]

1. Formal activities (any business or activity that generates money or salaries with contributions to social security) 1

2. Informal activities (for example, occasional or seasonal work) 2

3. Savings 3

4. Remittances 4

5. Alimony 5

6. Disability pension 6

7. Government financial support 7

8. Financial support from friends or family not living with you (local) 8

9. Loan or debit/credit card 9

10. NGOs/humanitarian organizations: provide financial support 10

11. NGOs/humanitarian organizations: provision of material support 11

12. Others 98

13. None of the above/No source of income in the last three months 0

Others, specify: [Q6_2_1OT] _____

Q6.2.2. 4 to 6 months ago, what were the sources of economic income for you and your family... [Same options as Q6.2.1]

Q6.3.1. During the last 3 months, which of your family's basic needs were you able to cover? READ OPTIONS [Can select multiple options]

1. Food 1

2. Water (buying bottled water, gallon and/or container) 2

3. Rent 3

4. Hygiene items 4

5. Health costs (including medications) 5

6. Home repairs (includes materials) 6

7. Household items (for example: mattresses, blankets) 7

8. Firewood/fuel for cooking 8

9. Clothing/Shoes 9

10. Basic services (for example: electricity, water bill, telephone) 10

11. Implements for subsistence activities (for example: seeds, tools, etc.) ..11

12. Education (for example: school tuition, uniforms, books) 12

13. Transportation 13

14. Debt payment 14

15. Supporting other family members or friends 15

16. Others (specify) 98

17. None 0

Others, specify: [Q6_3_1OT] _____

Q6.3.2. 4-6 months ago, which of your family's basic needs were you able to cover? [Same options as Q6.3.1]

Q6.4.1. During the last 3 months, did any family member resort to any of the following actions to cover basic family needs? READ OPTIONS. [Can select multiple options]

1. Limit food consumption among adults and prioritize children 1

2. Reduction in quantity or quality of food consumed 2

3. Borrow money to buy food or basic goods 3

4. Work without pay, in exchange for food, lodging and other things 4

5. Family support 5

6. Use savings 6

7. Reduce spending on non-essential items (e.g. Hygiene) 7

8. Sell property or valuable objects 8

9. Seek help from humanitarian organizations or NGOs 9

10. Receive donations from others (community, religious organizations, etc.) 10

11. Interrupt studies of children/youth in the family 11

12. Stop going to medical care or buying medications 12

13. Not pay rent for several months 13

14. Move to another cheaper apartment 14

15. Others 98

16. None of the above 15

17. Prefer not to say 16

Others, specify: [Q6_4_1OT] _____

Q6.4.2. 4-6 months ago, did any family member resort to any of the following actions to cover basic family needs? [Same options as Q6.4.1]

Risk Activities

Q6.5.1. Now I'm going to read you a list of risky activities. I want you to tell me how many risky activities during the last 3 months you or any member of your family resorted to to cover basic needs. That is, I don't want you to tell me which ones, but how many of these activities. READ OPTIONS

1. Begging

2. Collecting food scraps

3. Sending minors to the care of other families

4. Sending minors (under 15 years) to work

5. Survival sex or sexual commerce

6. Child marriage

Number of activities: [Q6_5_1] _____

Q6.5.2. Now I'm going to read you a list of risky activities. I want you to tell me how many risky activities 4-6 months ago you or any member of your family resorted to to cover basic needs. That is, I don't want you to tell me which ones, but how many of these activities. [Same list as Q6.5.1]

Number of activities: [Q6_5_2] _____

Employment Status

Q6.6. Of the members of your family group between 15 and 60 years old and able to work, consider the main activity of each one, how many:

1. ...have a job [Q6_6A] _____

2. ...have employment but are on vacation or incapacitated [Q6_6B] _____

3. ...are actively looking for work [Q6_6C] _____

4. ...are students [Q6_6D] _____

5. ...do domestic work in their own home [Q6_6E] _____

6. ...are retired, pensioned or permanently unable to work [Q6_6F] _____

7. ...don't work and don't look for work [Q6_6G] _____

Q6.7. Of the people in the family group who are working or have employment, how many work as:

1. ...Formal employee (is in social security) [Q6_7A] _____

2. ...Informal employee (is not in social security) [Q6_7B] _____

3. ...Employer owner of a formal business [Q6_7C] _____

4. ...Employer owner of an informal business [Q6_7D] _____

5. ...Independent worker (self-employed) [Q6_7E] _____

6. ...Unpaid worker or helper [Q6_7F] _____

Financial Services

Q6.8. Do you or someone in your family group currently have an account in a bank or any type of formal financial institution, either individually or jointly with another person?

1. Yes 1

2. No 0

3. Refused to answer 8

4. Don't know 9

Survey Completion

Interviewer code: [COD_ENC] _____

1. Interviewer 1

2. Supervisor 2

Thank you again for your collaboration, have a happy day!

References

J. C. Aker. Comparing cash and voucher transfers in a humanitarian context: Evidence from the democratic republic of congo. The World Bank Economic Review, 31(1):44–70, 2017.

O. Altindağ and S. D. O'Connell. The short-lived effects of unconditional cash transfers to refugees. Journal of Development Economics, 160:102942, 2023.

N. Asimovic, K. Munger, and M. Vásquez-Cortés. Bridging the digital divide: Data access and integration of venezuelan migrants in colombia. In development.

C. Batista, F. Bohnet, J. Gazeaud, and J. Seither. Increasing migrants' access to legal protection: Experimental evidence from colombia. Working Paper, 2025.

A. Belloni, V. Chernozhukov, and C. Hansen. High-dimensional methods and inference on structural and treatment effects. Journal of Economic Perspectives, 28(2):29–50, 2014.

P. Celhay and M. Martínez. The impact of humanitarian cash transfers on refugee children's education. UNHCR Evaluation Report, 2023.

S. Cohen, T. Kamarck, and R. Mermelstein. Perceived stress in a probability sample of the united states. Psychology & Health, 3(1):39–59, 1983. doi: 10.1080/08870448309590104.

R. Domurat, I. Menashe, and W. Yin. The role of behavioral frictions in health insurance take-up: Evidence from a field experiment. American Economic Review, 111(2):584–615, 2021.

J. Hagen-Zanker, L. Pellerano, F. Bastagli, L. Harman, V. Barca, and T. Schmidt. The impact of cash transfers on women's outcomes in humanitarian settings. ODI Working Paper, 2018.

J. Hainmueller, D. Hangartner, and D. Lawrence. When lives are put on hold: Lengthy asylum processes decrease employment among refugees. Science Advances, 4(3):eaap9519, 2018.

N. Harder, L. Figueroa, R. M. Gillum, D. Hangartner, D. D. Laitin, and J. Hainmueller. Multidimensional measure of immigrant integration. Proceedings of the National Academy of Sciences, 115(45):11483–11488, 2018.

M. Hidrobo, J. Hoddinott, A. Peterman, A. Margolies, and V. Moreira. Cash, food, or vouchers? evidence from a randomized experiment in northern ecuador. Journal of Development Economics, 107:144–156, 2014.

M. Hotard, K. Madarasz, and J. Hainmueller. Encouraging immigrants to naturalize: Evidence from a nationwide field experiment. Proceedings of the National Academy of Sciences, 116(34):16892–16897, 2019.

C. Krafft, B. Malaeb, and S. Al Zoubi. How do policy approaches affect refugee economic outcomes? insights from studies of syrian refugees in jordan and lebanon. Oxford Review of Economic Policy, 38(3):654–677, 2022.

K. Kroenke, R. L. Spitzer, and J. B. Williams. The phq-9: Validity of a brief depression severity measure. Journal of General Internal Medicine, 16(9): 606–613, 2001. doi: 10.1046/j.1525-1497.2001.016009606.x.

T. Lee and A. Shraibman. Lower bounds in communication complexity. Foundations and Trends in Theoretical Computer Science, 3(4):263–399, 2009.

C. Lehmann and D. Masterson. Does aid reduce anti-refugee violence? evidence from syrian refugees in lebanon. American Political Science Review, 114(4): 1335–1342, 2020.

M. Levere, G. Acharya, and P. Bharadwaj. The role of information and cash transfers on early-childhood development: short-and long-run evidence from nepal. Economic Development and Cultural Change, 72(3):1267–1293, 2024.

J. A. List, A. M. Shaikh, and A. Vayalinkal. Multiple testing with covariate adjustment in experimental economics. Journal of Applied Econometrics, 38(6):920–939, 2023. doi: https://doi.org/10.1002/jae.2985. URL https://onlinelibrary.wiley.com/doi/abs/10.1002/jae.2985.

D. McKenzie. Beyond baseline and follow-up: The case for more t in experiments. Journal of development Economics, 99(2):210–221, 2012.

A. Moussa, P. Premand, and P. Schnitzer. Mobile cash transfers for urban refugees during covid-19: Evidence from kenya. World Bank Policy Research Working Paper, (9957), 2022.

T. Rizzo. Breaking the clientelist feedback loop: Evidence from a field experiment in the yucatan peninsula. Technical report, Working Paper]. https://www.tesaliarizzo. com/research, 2022.

V. Semenova. Generalized lee bounds. arXiv preprint arXiv:2008.12720, 2020.