

Inclusion Policy Lab: Evaluation results

EAPN-ES – Vital Access Project for the detection and mobilization of people in non-take-up situations

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The General Secretariat of Inclusion of the Ministry of Inclusion, Social Security, and Migration has prepared this report within the framework of the Inclusion Policy Lab, as part of the Recovery, Transformation and Resilience Plan (RTRP). It has been funded by the Next Generation EU funds. European Anti-Poverty Network in Spain (EAPN-ES), as the agency in charge of carrying out the project, has collaborated in the elaboration of this report. This collaborating entity is one of the implementers of the pilot projects and has collaborated with the General Secretariat of Inclusion in the design of the RCT methodology, actively participating in the provision of the necessary information for the design, monitoring, and evaluation of the social inclusion itinerary. Furthermore, their collaboration has been essential to gathering informed consents, ensuring that participants in the itinerary were adequately informed and that their participation was voluntary.

A research team coordinated by CEMFI (Center for Monetary and Financial Studies) has substantially contributed to this study. Specifically, Yanina Domenella (CEMFI), Carlos Sanz (Bank of Spain and CEMFI) and Inés Torres Rojas (J-PAL Europe and CEMFI), have participated under the coordination of Mónica Martínez-Bravo (until January 8th, 2024, also participating as author) and Samuel Bentolila, professors at CEMFI. The researchers have actively participated in all phases of the project, including the adaptation of the initial proposal to the needs of the evaluation through randomized experiments, the evaluation design, the design of measurement instruments, data processing, and the performance of econometric estimations that lead to quantitative results.

The partnership with J-PAL Europe has been a vital role in the efforts of the General Secretariat of Inclusion to improve social inclusion in Spain. Their team has provided technical support and shared international experience, assisting the General Secretariat in the comprehensive evaluation of pilot programs. Throughout this partnership, J-PAL Europe consistently demonstrated a commitment to fostering evidence-based policy adoption, integrating empirical data into strategies that promote inclusion and progress within our society.

This evaluation report has been produced using the data available at the time of its writing and is based on the knowledge acquired about the project up to that date. The researchers reserve the right to clarify, modify, or delve into the results presented in this report in future publications. These potential variations could be based on the availability of additional data, advances in evaluation methodologies, or the emergence of new information related to the project that may affect the interpretation of the results. The researcher is committed to continuing exploring and providing more accurate and updated results for the benefit of the scientific community and society in general.

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Executive Summary

- The **Minimum Income Scheme (MIS)**, established in May 2020, is a minimum income policy that aims to guarantee a minimum income to vulnerable groups and provide ways to promote their social and labor integration.
- Within the framework of this policy, the Ministry of Inclusion, Social Security and Migration (MISSM) fosters a strategy to promote inclusion through pilot projects of social innovation, which is conducted in the **Inclusion Policy Lab**. These projects are evaluated according to the standards of scientific rigor and using the methodology of Randomized Controlled Trials.
- This document presents the evaluation results and main findings of the "Vital Access Project for the detection and mobilization of people in non-take-up situations", which has been performed in **cooperation between the Ministry of Inclusion, Social Security and Migration (MISSM) and the European Anti-Poverty Network in Spain (EAPN-ES)**.
- This study evaluates an **intervention that provides information on the MIS and accompaniment** in the applications. Thus, the evaluation generates four experimental groups. **Treatment group 1** received an information and support campaign, **treatment group 2** received a social media campaign, and **treatment group 3** received a combination of both actions (social media campaign and information and support campaign). The **control group** did not receive any assistance.
- The project was implemented in **all autonomous communities and autonomous cities of Spain**, and it selected 400 census tracts (nodes) and assigned them to the treatment group 1 (100), treatment group 2 (100), treatment group 3 (100), and control group (100).
- There are significant differences between the sample collected with the survey and the population of the 400 nodes. It is relevant to consider this conclusion about the survey to ~~put~~ contextualize its results. However, it is worth noting that an important challenge of the project has been to manage conducting a survey with this dimension in the most impoverished territories. Besides, a proportion of 25% of people who answered the baseline survey did not complete the final line survey.
- The main results of the localized campaign were the interactions at street level (7,505 interactions), the calls by people interested in information related to the MIS (3,369 calls), and the appointments managed to refer people to care services (2,519 appointments) to be advised and accompanied. The analysis of the effective attendance data shows that, in most of the nodes (81.5%), the presence has been equal to that expected.
- 2,023 individuals attended the personalized advice process. Besides, the project performed 2,021 initial assessments and 1,177 processing itineraries to support the management of the application and the collection of the necessary documentation. 1,204 individuals managed to process the MIS application, which represents 59.5% of the total number of people served. Of these, 1,182 fully processed their application.
- The main results of the evaluation are as follows:

- **Improved information received about MIS:** The in-person treatment and the incremental treatment (treatment group 3) improve the likelihood of receiving information about the MIS through mail-in brochures, posters, or brochures in commercial spaces with daily presence of people residing in the neighborhood.
- **Increase in the number of applications:** The in-person treatment and the incremental treatment increase the number of applications. The first one during the duration of the treatment (by 1.45 requests at 13 weeks, which remain at 1.44 at 31 weeks), and the second one by 1.19 more requests at 13 weeks and 1.59 at 31 weeks.
- **Number of approved applications:** An increase in the number of applications does not result in an increase in the number of approved applications.
- **The social media dissemination campaign has no effect** on the intervention areas compared to the control areas, and it does not improve the results of the face-to-face campaign when both are implemented together.

1 Introduction

General Regulatory Framework

The Minimum Income Scheme (MIS), regulated by Law 19/2021¹, is an economic benefit whose main objective is to prevent the risk of poverty and social exclusion of people in situations of economic vulnerability. Thus, it is part of the protective action of the Social Security system in its non-contributory modality and responds to the recommendations of various international organizations to address the problem of inequality and poverty in Spain.

The provision of the MIS has a double objective: to provide economic support to those who need it most and to promote social inclusion and employability in the labor market. This is one of the social inclusion policies designed by the General State Administration, together with the support of the Autonomous Communities, the Third Sector of Social Action and local corporations². It is a central policy of the Welfare State that aims to provide minimum economic resources to all individuals in Spain, regardless of where they live.

Within the framework of the National Recovery, Transformation, and Resilience Plan (RTRP),³ the General Secretariat of Inclusion (onward SGI by its acronyms in Spanish) of the Ministry of Inclusion, Social Security, and Migration (MISSM) participates significantly in Component 23 "New public policies for a dynamic, resilient, and inclusive labor market", framed in Policy Area VIII: "New care economy and employment policies".

Investment 7: "Promotion of Inclusive Growth by linking socio-labor inclusion policies to the Minimum Income Scheme" is among the reforms and investments proposed in this Component 23. Investment 7 promotes the implementation of a new model of inclusion based on the MIS which reduces income inequality and poverty rates. Therefore, the MIS goes beyond being a mere economic benefit and supports the development of a series of complementary programs that promote socio-labor inclusion. However, the range of possible inclusion programs is very wide, and the government decides to pilot different programs and interventions to evaluate them and generate knowledge that allows prioritizing certain actions. With the support of investment 7 under component 23, the MISSM establishes a new framework for pilot inclusion projects constituted in two phases through two royal decrees covering a set of pilot projects based on experimentation and evaluation:

¹ Law 19/2021, dated December 20, establishing the Minimum Income Scheme (BOE-A-2021-21007).

² Article 31.1 of Law 19/2021, of December 20, 2021, establishing the Minimum Income Scheme.

³ The Recovery, Transformation, and Resilience Plan refers to the Recovery Plan for Europe, which was designed by the European Union in response to the economic and social crisis triggered by the COVID-19 pandemic. This plan, also known as Next Generation EU, sets out a framework for the allocation of recovery funds and for boosting the transformation and resilience of member countries' economies.

- **Phase I: Royal Decree 938/2021⁴**, through which the MISSM grants subsidies for the execution of 16 pilot projects of inclusion pathways corresponding to autonomous communities, local organizations, and the Third Sector of Social Action organizations. This royal decree contributed to the fulfillment of milestone number 350⁵ and monitoring indicator 351.1⁶ of the RTRP.
- **Phase II: Royal Decree 378/2022⁷**, which grants subsidies for a total of 18 pilot projects of inclusion pathways executed by autonomous communities, local organizations, and the Third Sector of Social Action organizations. Along with the preceding Royal Decree, this one helped the RTRP's monitoring indicator number 351.1 to be fulfilled.

To support the implementation of evidence-based public and social policies, the Government of Spain decided to evaluate the social inclusion pilot projects using the Randomized Controlled Trial (RCT) methodology. This methodology, which has gained relevance in recent years, represents one of the most rigorous tools to measure the causal impact of a public policy intervention or a social program on indicators of interest, such as social and labor insertion or the well-being of beneficiaries.

Specifically, RCT is an experimental method of impact evaluation in which a representative sample of the population potentially benefiting from a public program or policy is randomly assigned either to a group receiving the intervention or to a comparison group that does not receive the intervention for the duration of the evaluation. Thanks to the random allocation of the program, this methodology can statistically identify the causal impact of an intervention on a series of variables of interest. This methodology enables us to analyze the effect of this measure, which helps determine whether the policy is adequate to achieve the planned public policy objectives. Experimental evaluations enable us to obtain rigorous results of the intervention effect, i.e., what changes the participants have experienced in their lives due to the intervention. In addition, these evaluations provide an exhaustive analysis of the program and its effects, providing insights into why the program was effective, who

⁴ Royal Decree 938/2021 dated October 26, 2021, which regulates the direct granting of subsidies from the Ministry of Inclusion, Social Security and Migration in the field of social inclusion, for an amount of €109,787,404, within the framework of the Recovery, Transformation and Resilience Plan (BOE-A-2021-17464).

⁵ Milestone 350 of the RTRP: "Improve the rate of access to the Minimum Income Scheme and increase the effectiveness of the MIS through inclusion policies, which, according to its description, will translate into supporting the socio-economic inclusion of the beneficiaries of the MIS through itineraries: eight collaboration agreements signed with subnational public administrations, social partners and social action entities of the third sector to conduct the itineraries. The objectives of these partnership agreements are: (i) to improve the MVI access rate; ii) increase the effectiveness of the MVI through inclusion policies".

⁶ Monitoring indicator 351.1 of the RTRP: "at least 10 additional collaboration agreements signed with subnational public administrations, social partners and social action entities of the third sector to conduct pilot projects to support the socio-economic inclusion of MVI beneficiaries through itineraries".

⁷ Royal Decree 378/2022, dated May 17, 2022, regulating the direct granting of subsidies from the Ministry of Inclusion, Social Security and Migration in the field of social inclusion, for an amount of €102,036,066, within the framework of the Recovery, Transformation and Resilience Plan (BOE-A-2022-8124).

has benefited most from the interventions, whether there were indirect or unexpected effects, and which components of the intervention worked, and which did not.

These evaluations have focused on the promotion of social and labor inclusion among MIS beneficiaries, recipients of regional minimum incomes, and other vulnerable groups. In this way, the MISSM establishes a design and impact evaluation of results-oriented inclusion policies, which offers evidence for decision-making and its potential application in the rest of the territories. The promotion and coordination of 32 pilot projects by the Government of Spain has led to the establishment of a laboratory for innovation in public policies of global reference named the Inclusion Policy Lab.

For the implementation and development of the Inclusion Policy Lab, the General Secretariat of Inclusion has established a governance framework that has made it possible to establish a clear and potentially scalable methodology for the design of future evaluations, and promoting decision-making based on empirical evidence. The General State Administration has had a triple role as promoter, evaluator and executive of the different programs. Different regional and local administrations and the Third Sector of Social Action organizations have implemented the programs, collaborating closely in all their facets, including evaluation and monitoring. In addition, the Ministry has had the academic and scientific support of the Abdul Latif Jameel Poverty Action Lab (J-PAL) Europe and the Centre for Monetary and Financial Studies (CEMFI), as strategic partners to ensure scientific rigor in the assessments. Likewise, the Inclusion Policy Lab has an Ethics Committee⁸, which has ensured the strictest compliance with the protection of the rights of the people participating in the social inclusion itineraries.

This report refers to the "Vital Access Project for the detection and mobilization of people in non-take-up situations" executed within the framework of Royal Decree 378/2022⁹ by the European Anti-Poverty Network in Spain (EAPN-ES). This report contributes to the fulfillment of milestone 351 of the RTRP "Following the completion of at least 18 pilot projects, the publication of an evaluation on the coverage, effectiveness and success of the MIS, including recommendations to increase the level of application and improve the effectiveness of social inclusion policies".

Context of the project

The situation of non-take-up in the context of this project refers to the non-use of Minimum Income Scheme (MIS) benefits by those individuals who are eligible. This leads to the underutilization of opportunities and reduces the effectiveness of social actions designed by the Public Administrations.

The main reasons for this situation can be grouped into four categories, according to different studies. First, the lack of information regarding the benefit, either due to ignorance of the existence of the

⁸ Regulated by Order ISM/208/2022, of March 10, 2022, which creates the Ethics Committee linked to social inclusion itineraries, on 20/05/2022 it issued a favorable report for the realization of the project that is the subject of the report.

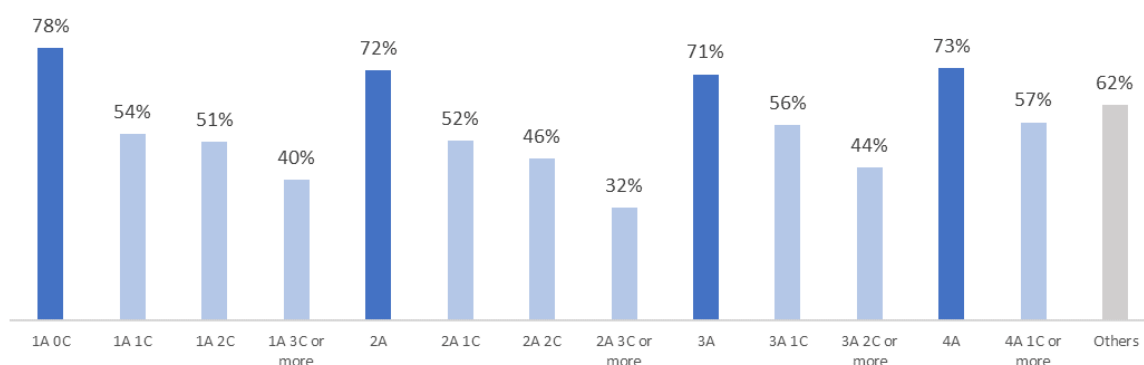
⁹ On the 17th of May 2022, an agreement was signed between the General State Administration, through the SGOPIPS, and the European Anti-Poverty Network in Spain (EAPN-ES) for the implementation of a project for social inclusion within the framework of the Recovery, Transformation, and Resilience Plan, which was published in the "Official State Gazette" on the 18th of May 2022 (BOE no. 118).

program or due to a lack of adequate access to it. Second, application processes can be complex and act as an added barrier, where people with a lower level of education are more vulnerable. Besides, it can offer a distorted perception of the cost-benefit relationship, where potential beneficiaries can infer that the costs of this request are greater than the benefits. Finally, participation in social programs can generate some stigmatization for the recipient, by exposing the need for help to the community.

In this sense, and in relation to the MIS, it is necessary to analyze the specific factors that explain the non-take-up, to mitigate this phenomenon and increase the coverage of this benefit.

The latest analyses performed by both the Independent Authority for Fiscal Responsibility (AIReF, in Spanish) and the General Secretariat of the MISSM indicate that a significant proportion of potentially eligible households had not applied for the MIS. A detailed analysis of non-take-up reflects the strong variation in this rate depending on the configuration in the household. Thus, households composed only of adults have non-take-up rates above 70%. In contrast, households with at least one child had significantly lower rates, with an average rate of around 50%.

Figure 1: Non-take up by type of household (number of adults, A, and children, C, 2020)



Note: Letter A refers to adults and letter C to children. For example, 3A 2C corresponds to a household with 3 adults and 2 children.

Source: SGI Report "Analysis of the Coverage Gap in the Implementation of the Minimum Vital Scheme (MIS)"

To analyze and reverse this phenomenon in Spain, the MISSM has led a series of specific actions focused on understanding and reducing it. These actions focus on actively identifying potential beneficiaries and providing support in the application process.

The first phase of the actions implemented included conducting surveys in households identified as potential beneficiaries of the MIS, but which had not applied for this benefit. The results revealed the need to improve access to information and strengthen support during the application process. In line with these conclusions, the second phase focused on disseminating information and actively searching for potential beneficiaries through the 'Es lo Mínimo' campaign and the MIS information bus. The results showed that most of the visitors requested information and assistance in the processing of the benefit, highlighting the importance of the support provided by the entities of the Third Sector of Social Action. The last phase, object of this project, is implemented in collaboration with the European Anti-Poverty Network in Spain (EAPN-ES). This network is leading an inclusion project that uses an

experimental methodology to evaluate the effectiveness of various information dissemination and accompaniment programs. The objective is to determine the relevance of this type of intervention on reducing non-take-up.

Regulatory and strategic framework associated with the project

The problem of social exclusion has been addressed by all kinds of public institutions. At the European level, since 1992, in the framework of the Council Recommendation of 24 June 1992 on common criteria concerning sufficient resources and social assistance in social protection systems, the EU has insisted on a minimum income policy common to all Member States which guarantees an income base and is accompanied by "those policies deemed necessary, at national level, for the economic and social integration of those concerned".

The European Commission approved Commission Recommendation dated October 3, 2008, on the active inclusion of people excluded from the labor market. Following the 1992 Recommendation, the 2008 Recommendation orients protection as the balance of three fundamental pillars for the social protection systems of EU Member States: adequate income support, inclusive labor markets, and access to quality services that serve to fight poverty and prevent its intergenerational transmission.

In 2017, the European Pillar of Social Rights established the right to a minimum income for everyone with no or insufficient income in the EU, in Principle 14. Also, since 2000, Article 34 of the Charter of Fundamental Rights of the European Union includes the right to social security and social assistance for all persons residing and moving legally within the EU.

In 2023, the Council Recommendation dated January 30, 2023, on adequate minimum income ensuring active inclusion replaces the 1992 Recommendation. This new document maintains the most important points of the 2008 Recommendation and updates the position of the European institutions on minimum incomes, emphasizing the role of individualized support.

At national level, the National Strategy for preventing and fighting poverty and social exclusion 2019-2023 is a reference document, which responds to the commitment of the Government of Spain to maintain and develop the welfare state to respond to social challenges, especially for the full social inclusion of the most vulnerable people.

After the creation of the MIS, the measure has had a special focus by EAPN-ES, with the publication of reports focused on the Minimum Income Scheme¹⁰ and frequent mentions of this measure in other

¹⁰ Assessment of the new measures of the Minimum Income Scheme - EAPN Spain, 2021; The Minimum Income Scheme one year later. The regional perspective - EAPN Spain, 2021; Access to the MIS by single-parent households in poverty with social and health needs - EAPN Spain, 2021.

publications. Likewise, EAPN-ES is aligned with the attention devoted to income guarantee and minimum income systems by EAPN-EU, almost since the introduction of this subject in 1992¹¹.

Since its creation, the MIS has been a dynamic benefit that has evolved according to the results that have been analyzed in the implementation process. Royal Decree-Law 3/2021¹² expanded the range of beneficiaries and holders of the benefit and made it possible for the Third Sector of Social Action entities to collaborate to support access to the application for the benefit.

In addition, due to the economic and social consequences of the war in Ukraine¹³, the government approved a 15% increase in benefits for households receiving them between April and December 2022 as part of the National Plan. Furthermore, it extended the “*bono social*” to all beneficiaries of the MIS.

The pilot project subject of this report is aligned with the European and national strategies regarding poverty and social exclusion, as well as with the 2030 Agenda for Sustainable Development, specifically contributing to SDGs 1 and 10.

Considering the context of poverty and social exclusion in Spain, as well as the high rate of non-take-up estimated in relation to the MIS, EAPN-ES proposes a project that consists of developing two treatments that encourage and increase MIS applications among those people who are potentially eligible.

The scientific objective of the project is to evaluate the effectiveness and efficiency of different outreach strategies to reduce non-take-up. In addition, it aims to promote the transfer of knowledge to the public policy process and to be accountable on the results of the project to civil society.

The governance framework configured for the correct execution and evaluation of the project includes the following actors:

- The **European Anti-Poverty Network in Spain (EAPN-ES)**, as the entity responsible for the implementation of the project, and all the associated entities members of the network. It is a territorially based platform, present in all the autonomous communities and autonomous cities in Spain.
- The **Ministry of Inclusion, Social Security and Migration (MISSM)**, as the funding source of the project, and the main responsible for the RCT evaluation process. Thus, the **General Secretariat of Inclusion (SGI)** assumes the following commitments:

¹¹ One of EAPN-EU's most recent publications on minimum incomes is the Position Paper: Minimum Income Council Recommendation: Not Enough to Fight Poverty, February 2023.

¹² Royal Decree-Law 3/2021, of February 2, 2021, adopting measures to reduce the gender gap and other matters in the fields of Social and Economic Security (BOE-A-2021-1529).

¹³ Royal Decree-Law 6/2022, of March 29, 2022, adopting urgent measures within the framework of the National Plan to respond to the economic and social consequences of the war in Ukraine (BOE-A-2022-4972).

- Provide the beneficiary organization with support for the design of the actions to be conducted, for the execution and monitoring of the object of the subsidy, as well as for the profiling of the potential participants of the pilot project.
 - Design the randomized controlled trial (RCT) methodology of the pilot project in coordination with the beneficiary organization and scientific partners. Also, conducting the evaluation of the project.
 - Ensure strict compliance with ethical considerations by obtaining the approval of the Ethics Committee.
- **CEMFI and J-PAL Europe**, as scientific and academic institutions supporting MISSM in the design and RCT evaluation of the project.

In view of the above, this report follows the following structure. **Section 2** provides a project description, detailing the issues to address, the target audience for the intervention, and the specific interventions associated with improving levels of social inclusion. Next, **Section 3** contains information related to the evaluation design, defining the theory of change linked to the project, hypotheses, sources of information, and indicators used. **Section 4** describes the implementation of the intervention, analyzing the sample, the results of random allocation, and the level of participation and attrition in the intervention. This section is followed by **Section 5**, which presents the evaluation results, with a detailed analysis of the econometric analysis performed and the results for each of the indicators used. Finally, the general conclusions of the project evaluation are described in **Section 6**. Besides, the **Economic Management and Regulatory** appendix provides additional information on management tools and project governance.

Ethics Committee linked to Social Inclusion Itineraries

During research involving human individuals, in the field of biology or the social sciences, researchers and workers associated with the program often face ethical or moral dilemmas in the development of the project or its implementation. For this reason, in many countries it is common practice to create ethics committees that verify the ethical viability of a project, as well as its compliance with current legislation on research involving human beings. The Belmont Report (1979) and its three fundamental ethical principles – respect for individuals, profit and justice – constitute the most common frame of reference in which ethics committees operate, in addition to the corresponding legislation in each country.

With the aim of protecting the rights of participants in the development of social inclusion itineraries and ensuring that their dignity and respect for their autonomy and privacy are guaranteed, [Order ISM/208/2022 dated March 10](#) creates the Ethics Committee linked to the Social Inclusion Itineraries. The Ethics Committee, attached to the General Secretariat of Inclusion and Social Welfare Objectives and Policies, is composed of a president – with an outstanding professional career in defense of ethical values, a social scientific profile of recognized prestige and experience in evaluation processes – and two experts appointed as members.

The Ethics Committee has conducted analysis and advice on the ethical issues that have arisen in the execution, development, and evaluation of the itineraries, formulated proposals in those cases that present conflicts of values and approved the evaluation plans of all the itineraries. In particular, the Ethics Committee issued its approval for the development of this evaluation on February 22nd, 2023.

1 Description of the program and its context

This section describes the program that EAPN-ES implemented in the framework of the pilot project. Furthermore, it defines the target population, the territorial scope, and provides a detailed description of the intervention.

1.1 Introduction

The aim of this study is to provide evidence on the effectiveness of different dissemination and communication of information and accompaniment programs implemented in all the autonomous communities and the two autonomous cities related to the NTU phenomenon. In addition, it aims to provide evidence about the effects of this type of campaign on trust in institutions and knowledge of the provision of the MIS.

Furthermore, this research aims to understand what are the main factors that determine NTU, as well as to observe other factors that have not been initially foreseen. Finally, it aims to be able to find, through fieldwork with the affected groups, interventions that allow expanding the coverage of the MIS to the total population targeted by the benefit.

Available estimates in relation to the application for social benefits show that in many Western European countries more than half of those potentially eligible for social benefits do not receive them (Van Mechelen and Janssens, 2017). Thus, non-take-up rates in OECD countries are between 40% and 80% (Hernanz et al., 2004). In addition, in many cases this information is not public and varies with respect to the selected data source (estimation from surveys vs. administrative records). It is also important to remark on the need to analyze the underlying causes of this phenomenon, as a high rate of non-take-up can lead to higher public expenditures in the long term (Dubois et al., 2014).

Among the main empirical studies on the phenomenon of non-take-up, the research conducted by Finkelstein and Notowidigdo (2019) in the United States, using an RCT. This study focuses on seniors that are potentially eligible for the Supplemental Nutrition Assistance Program (SNAP) and who did not receive this benefit. It examines how information and counselling campaigns help to improve application rates. It concludes that providing information on the benefit to people in a non-take-up situation increases the number of applications. Likewise, the number of applications increases even more if the information campaign is combined with personalized accompaniment and support in the application process. Daponte et al. (1999) also confirm this conclusion by demonstrating the importance of clear information about benefits and counseling during the application process with a sample of low-income families potentially eligible for SNAP benefits in the United States.

In general terms, the literature shows how administrative barriers to the application processes for social benefits, lack of accurate information, and social stigma are determining factors when defining actions regarding non-take-up (Moffitt and Ko, 2022).

A subsequent study by Laín and Julià (2024) examines the relevance of the communication strategy employed by Public Administrations, which are the main sources of information on social benefits.

1.2 Target population and territorial scope

The project is aimed at areas where many people who are potentially eligible for the MIS live but who, for certain reasons, have not applied for the benefit. The unit of research is mainly the census section, but it is necessary to define some elements that are referred to later:

- **Node:** Census section.
- **Point of contact:** This is a location close to the node where the project performs part of the information and support activities. It is inside the node, or close to it, being a physical place of reference for the people who live in the node, such as municipal offices or a premises of a third sector entity. In the context of the project, the points of contact are referred to as "Vital Points".
- **Zip code** of the node.

In selecting the nodes of the program, the project considers variables such as the poverty rate and the presence of collaborating entities that can support the intervention. To identify the final nodes, the design considers the distance between them to minimize the risk of contamination. Notably, the project encompasses the entire Spanish territory, including all autonomous communities and autonomous cities.

Therefore, the project focuses on census sections (nodes) that have the presence of community centers or spaces (soup kitchens, social care centers, day centers, shelters, worship centers, centers for women and families, premises of social entities, municipal multipurpose spaces, neighborhood associations), in such a way that they serve as reference points to identify the potentially participating population.

More details on the node selection process are provided in **section 3.5** as part of the evaluation design.

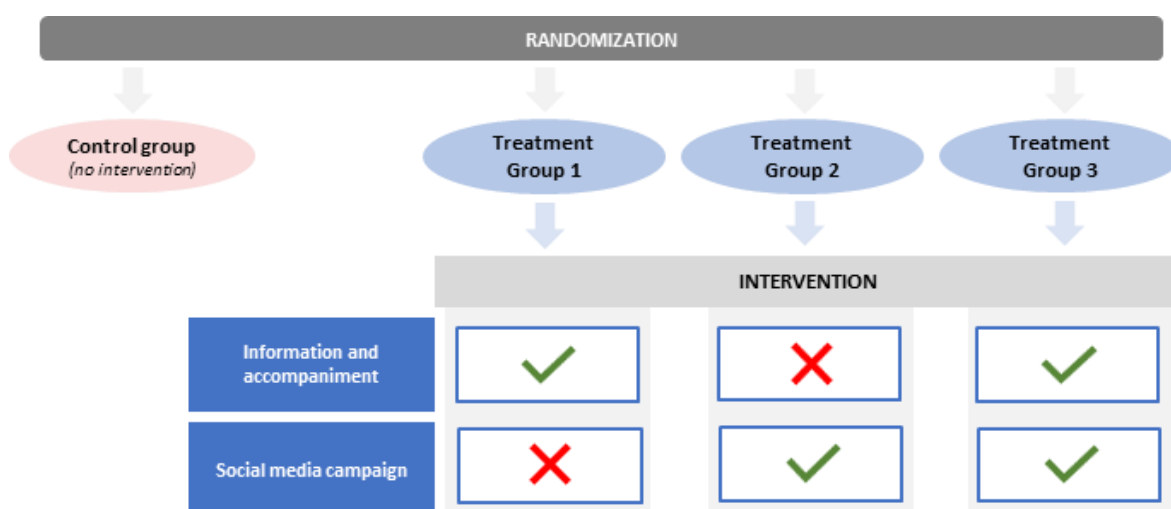
1.3 Description of interventions

The project chooses a 2x2 research design which combines two types of interventions:

- **Intervention 1: Information and accompaniment**, which consists of the in-person mobilization campaign in the territory (information and outreach).
- **Intervention 2: A visibility campaign through social networks** geo-referenced at the zip code level.

These interventions are combined following an RCT 2x2 methodology, with a control group and three treatment groups. The control group did not receive any type of intervention. The first treatment group receives information and counseling, the second treatment group receives the social media campaign, and the third treatment group receives both actions (information and accompaniment and the social media campaign). **Figure 2** summarizes the actions corresponding to each experimental group.

Figure 2: Intervention scheme



To conduct this study, the project selects a total of 400 nodes, equally divided into four different groups, configured as follows:

- **Treatment Group 1** (100 nodes): recipient of the 'Information and accompaniment' action.
- **Treatment Group 2** (100 nodes): recipient of the 'Social media campaign' action.
- **Treatment Group 3** (100 nodes): recipient of a combination of the 'Information and accompaniment' and 'Social media campaign' actions.
- **Control Group** (100 nodes): Participants in this group do not receive any kind of action.

This project implemented the defined actions in collaboration with the following work teams:

- **The Local Field Team**, which encompasses the people in the territory of action who conduct the specific activities.
- **The Central Project Team**, composed of people who perform the concrete design of the activities, coordinate the local field teams, plan the work of the local teams, and determine the procedure guides and manuals for collecting information.

It is important to note that both teams were hired to implement this project and have undergone numerous specific trainings sessions. In each of the 17 autonomous communities and the 2 autonomous cities, a local field team has worked under central coordination¹⁴. This structure guarantees uniformity of treatment across the entire territory. Local networks of social entities provide only occasional support and the physical space for the intervention, but do not actively participate in the development of the program.

Each of the two actions contemplate the following services, with a duration of approximately three months each.

Information and accompaniment

The campaign focuses on the MIS and provides information and face-to-face support. The objective is to provide participants comprehensive information about the benefits and assist them with the application process. Local field teams directly perform this action. In the designated nodes, local field teams operate throughout the national territory. They conduct groundwork to establish service points in the nodes by signing agreements with collaborating entities and expanding the community network. These teams perform an outreach process – detection, assessment, advice, accompaniment, coordination, and guidance- to assist anyone seeking help. They maintain a physical presence at strategic points for thirteen weeks, identifying and mobilizing eligible individuals and inviting them to participate in the accompaniment process.

The following are the information and support activities contemplated in this action:

¹⁴ The local field teams varied in size (between 1 and 14 people), in proportion to the number of nodes existing in the territory. The larger teams had full-time local coordination, while the smaller teams also had technical functions under the local coordinator.

- **Face-to-face information campaign in the territory.** Consists of a series of activities to raise awareness of the MIS, through the following tools:
 - Mailing: it sends a diptych with general information about the MIS (requirements and duties) to all households in the census sections participating in this treatment. It is performed by a courier company coordinated by the central project team.
 - Posting: it implements a communication campaign at strategic points in the census sections. Thus, it positions different slogans and messages, with the possibility that people can contact local field teams.
 - Distribution of diptychs and cards at the different vital points and indirectly through the operational partners. This tool facilitates interaction and targeted information to identify people's eligibility.
 - Direct recruitment: through MIS information points, called vital points, placed in strategic places within each census section or node (public spaces, collaborating entities, and points of contact). This activity is conducted on a recurring basis and its objective is to inform potentially eligible people about the MIS, to invite them in the application, and/or accompany them in the processing. This accompaniment is described below as part of the outreach strategy.
 - Community communication actions in different community events in which the opportunity and need to inform and recruitment about the MIS is considered. This tool also disseminates messages on community social networks with links to the census tract of the node.
- **Outreach strategy**: the program identifies who may be in a non-take-up situation and offers them face-to-face support. The local field team provides this accompaniment at vital points to those who have requested it following the recruitment phase described above.
 - Counseling: the aim is to assess the person's suitability for the MIS application. First, it proposes an assessment form to analyze the person's eligibility and its non-take-up situation. If the person accepts the accompaniment, it defines an itinerary to obtain all the necessary documentation in the process.
 - Telephone and face-to-face follow-up: providing help to the person in the procedures.
 - Orientation: If a person does not pass the assessment form or the required procedures, the local field team has a description of proximity services to which people can be referred.
 - Coordination: this is performed between the local field team and the Public Administrations, together with other social entities.
 - Closure: the closure of the face-to-face accompaniment occurs either due to a correct processing of the application, referral to other social services, the withdrawal of the beneficiary, or the absence of a response, among others.

Social media campaign

The second action focuses on a campaign on Facebook and Instagram which is geo-referenced at the zip code level, providing general information about the MIS. This action is managed by the central project team. In this case, the messages of the campaign are adapted in a generic way to social

networks, with specific information on what the MIS is, the general characteristics and application process, who is intended for, the main requirements, and where applications are done.

The campaign uses 3 advertisement templates:

1. Advertisement 1: carousel images, in-text information, and link to the MIS simulator.
2. Advertisement 2: promotional video of the project with a link to the information on the Social Security website in relation to the MIS.
3. Advertisement 3: fixed image with link to the MIS application.

The social media campaign was developed in 10 weeks in 224 zip codes and randomized into 2 groups (A and B), with a different advertisements sequence: for group A, it implements the sequence of advertisements number 1, 2, and 3 (for 3 weeks, 4 weeks, and 3 weeks, respectively), and in group B the sequence of advertisements number 2, 3, and 1 (for 3 weeks, 4 weeks, and 3 weeks, respectively).

The link to the National Institute of the Social Security (INSS) website (MIS information, MIS simulator, and MIS application) of each of the advertisements in each of the groups was coded to allow the website to be tracked and to identify its origin (advertisements number 1, 2, and 3, groups A and B) and thus check the landing of the clicks coming from the campaign. The **Social media campaign appendix** includes images of the different advertisements.

2 Evaluation design

This section describes the design of the impact assessment of the projects outlined in the preceding section. The section describes the Theory of Change, which identifies the mechanisms and aspects to measure, the hypotheses to test in the evaluation, the sources of information to build the indicators, the indicators, and the design of the experiment.

2.1 Theory of Change

This report, with the aim to design an evaluation that enables us to understand the causal relationship between the intervention and its final objective, develops a Theory of Change. The Theory of Change schematizes the relationship between the needs identified in the target population, the benefits, or services that the intervention provides, and the immediate and medium-long term results sought by the intervention. It explains the relationships between these elements, the assumptions underlying them, and outlines measures or outcome indicators.

Theory of Change

A Theory of Change begins with the correct identification of the needs or problems to address and their underlying causes. This situational analysis should guide the design of the intervention, i.e., the activities or products that are provided to alleviate or resolve the needs, as well as the processes necessary to properly implement the treatment. Next, this theory identifies the expected effects based on the initial hypothesis, i.e., what changes – in behavior, expectations, or knowledge – are expected to be obtained in the short term with the actions conducted. Finally, the process concludes with the definition of the medium- to long-term results that the intervention aims to achieve. Sometimes, the effects directly obtained with the actions are identified as intermediate results, and one identifies the indirect effects in the final results.

The development of a Theory of Change is a fundamental element of impact evaluation. At the design stage, the Theory of Change helps to formulate hypotheses and identify the indicators needed for the measurement of results. Once the results are achieved, the Theory of Change makes it easier, if results are not as expected, to detect which part of the hypothetical causal chain failed, as well as to identify, in case of positive results, the mechanisms through which the program works. Likewise, the identification of the mechanisms that made the expected change possible allows a greater understanding of the possible generalization or not of the results to different contexts.

The theory of change is focused on the potential of people to dignify their situation through access to the MIS, making a real and effective use of their recognized right. The result is an increase in the number of files approved to obtain the MIS.

The theory of change is based on the starting point of people who are either unaware of the MIS or, even if they are aware of it, they do not apply for it. It could be related to distrust in institutions.

This need or problem defines the different areas of action and the inputs that the participants will receive, which in the case of this project are based on the reception of information through face-to-face information activities or social networks, as well as accompaniment in the processing of the file.

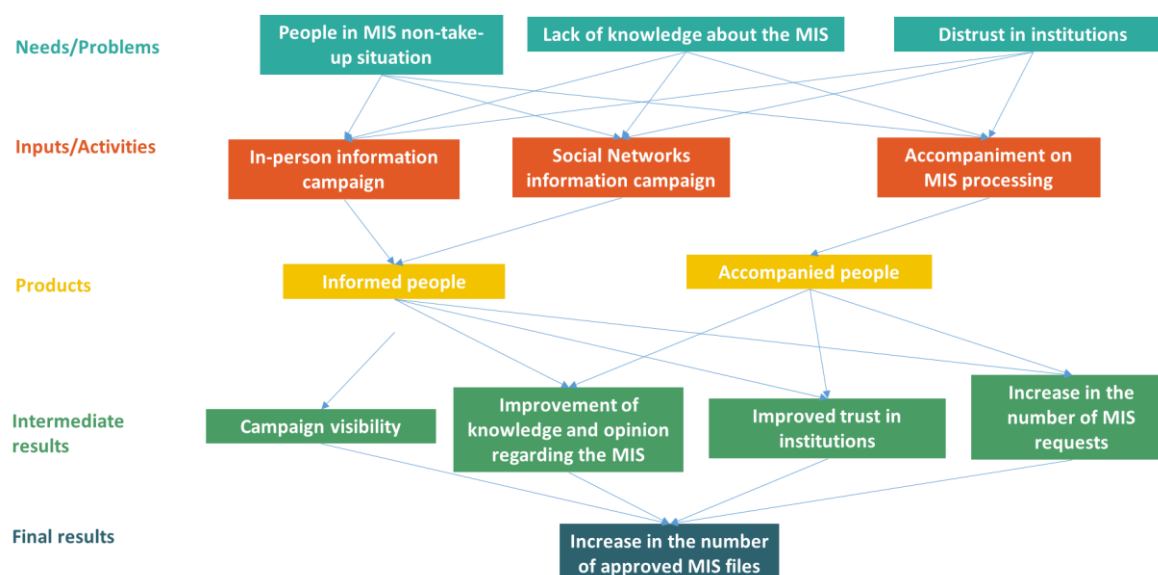
These information activities and accompaniment produce outputs, i.e., a direct result in response to inputs or activities. In this case, it is expected that people will receive information about the MIS and the application process and that they will be accompanied in it. This step is essential for the program to achieve the expected intermediate and final results. If beneficiaries do not receive the program adequately, it is unlikely that there will be any improvement in the increase in applications. The

products of this project are those people who are informed about the MIS and accompanied in the processing of their application.

Thanks to having people accompanied and informed, intermediate results will be achieved, which consist of an improvement in knowledge and opinion about the MIS, an increase in the degree of trust in the institutions, and an increase in the number of MIS applications made. Thanks to these intermediate results, the final result will be achieved, which is the growth of the number of approved MIS files.

Figure 3 illustrates the scheme of progress in the different areas through the different phases towards the desired goal and change considering the initial situation:

Figure 3. Theory of Change



2.2 Hypotheses

This project proposes several hypotheses to evaluate its impact, with the ultimate goal of achieving the objective of the theory of change: increasing the number of approved MIS applications.

The different main and secondary hypotheses are the following.

Greater visibility of the campaign

The main hypothesis is that in the areas where the intervention is performed (both in-person and by social media) people remember more often to have seen information about the MIS and the specific material of the in-person intervention.

As a secondary hypothesis, it is considered that those people in the areas of intervention by social networks will have had a greater exposure to Facebook and Instagram ads.

Increase in the number of MIS applications

The main hypothesis in this area is an increase in the number of MIS applications.

In addition, there is also a secondary hypothesis, which consists of a reduction of the percentage of not admitted MIS applications.

Increase in the number of approved MIS applications

The main hypothesis postulated in this area is an increase in the number of approved MIS applications, thanks to the information and support in the application.

In addition, there is a secondary hypothesis that postulates a reduction in the average resolution time of approved applications.

Improvement of knowledge and opinion regarding the MIS

Two main hypotheses are postulated. The first is that participants will experience an improvement of knowledge of the benefit and the second that they will experience an improvement in their opinion of the MIS.

In addition, there are also two secondary hypotheses in this area: that participants will improve their opinion of the administrative process and of the resolution process.

Improvement in trust in institutions

The main hypothesis in this area is that participants will improve their trust in institutions through information and support in the process.

2.3 Sources of information

The main source of information in this study is the administrative data of new MIS applications. This analysis uses the statistical database of MIS applications available from the SGI, at the file level. Based on the information at the file level, the evaluation uses the available information to identify the census section of the registered household where the applicant of the MIS resides on 01/01/2023. Based on this available information, the project construct node-level indicators, as described in **section 3.4**, considering the reference periods. In this sense, because of the available information, it is feasible to measure different reference periods: pre-intervention period (13 weeks before the start of the intervention), intervention period (13 weeks duration of the information and accompaniment intervention), post-intervention period (from the beginning of the intervention until the end of July 2023), and the second post-intervention period (from the beginning until the end of October 2023).

Additionally, at the spatial level, different groupings can be performed at the node level. These range from the smallest unit, the census section of the node, to broader references such as the postal code of the node and the adjacent postal codes. This approach allows for an assessment of how the impact varies across different spatial dimensions.

A second source of information consists of two telephone surveys conducted before and after the intervention.

The **baseline survey** aims to understand exactly the initial situation of the residents in the different nodes included in the program, while the **endline survey** aims to understand how they have evolved after the pilot project, as well as to be able to measure the effective impact of the intervention on the ground.

The baseline survey consists of a questionnaire composed of four sections: demographic information and household composition, level of digital skills, knowledge and assessment of the MIS, and degree of trust in institutions. The endline survey includes two additional sections: one addressing the degree of information about interventions in their environment, and another covering social indicators of life and job satisfaction.

The identification of people conducting the surveys is done through the purchase of databases from suppliers, with the premise of residing in the census tracts of the experiment. There was a commitment of an initial number of 40 individuals per census section of the node. It is important to mention the difficulty of accessing and knowing contact telephone numbers for people far from the standardized channels or of a lower public interaction and social and community participation. In this sense, poverty and exclusion directly affect relational spheres of the people and their interactions. Although the initial survey allowed to achieve this objective, many of the people who had responded to the initial survey could not be contacted in the final survey, mainly due to difficulties related to changes in telephone numbers and others to which people furthest from inclusion are exposed (see **section 4.1**). To increase the size of the final sample and improve the balance between groups, the project conducted a newly adapted survey addressed to new individuals after the intervention.

2.4 Indicators

This section describes the indicators that this study uses to evaluate the impact of the itineraries, divided by themes related to the hypotheses described above. Each indicator is described below.

Greater visibility of the campaign

To measure the hypotheses of this area, the evaluation considers a question on the endline survey about whether the individual remembers having seen information about the MIS through different channels.

Increase in the number of MIS applications

The evaluation uses the following indicator to measure the main hypothesis:

Indicator of the number of applications. Using MIS administrative records as a source of information.

The evaluation uses the following indicator to measure the secondary hypothesis:

Indicator of the percentage of not admitted applications out of those made. Using MIS administrative records as a source of information.

Increase in the number of approved MIS applications

The indicator for the main hypothesis is:

Indicator on the number of approved MIS files Using MIS administrative records as a source of information.

The indicator for the secondary hypothesis is:

Average processing time. Using MIS administrative records as a source of information.

Improvement of knowledge and opinion regarding the MIS

The indicators used for the main hypotheses are:

Indicator of knowledge of the benefit. Constructed with two qualitative questions on whether the individual knows the MIS (Yes/No) and on the degree of knowledge if he or she answered affirmatively (taking values from 1 to 4).

Indicator of opinion on the benefit. Constructed with the following question: “Do you think this benefit is adequate for people in the same situation as you or your family?” (Yes/No).

To test the secondary hypotheses of improvement in the opinion on the administrative and resolution process, the evaluation uses the following indicators:

Indicator on the opinion of administrative procedures. Constructed with a question that assesses the degree of ease of the administrative procedures to apply for the benefit on a scale from 0 (minimum) to 10 (maximum).

Indicator on the opinion of the resolution process. Constructed with a question that assesses the degree of satisfaction with the process of resolving the benefit on a scale from 0 (minimum) to 10 (maximum).

Each of these indicators is standardized following the Anderson (2008) methodology.

Improvement in trust in institutions

Indicator of trust in institutions. Constructed with two questions that assess the degree of trust in institutions and the capacity of institutions to provide solutions to citizens on a scale of 0 to 10.

This indicator is standardized following the Anderson (2008) methodology.

2.5 Design of the experiment

To evaluate the effect of the pilot project across the two treatments on the indicators described in the previous section, the project uses an experimental evaluation (RCT) in which participants are randomly assigned between treatment groups 1, 2, and 3, and the control group.

Node selection

It should be noted that the experimental unit of this study is the territory, specifically the census section, which is also the unit subject to random assignment. Impact evaluation wants to measure an aggregate effect at this level.

Therefore, the evaluation defines the node selection process based on two criteria:

- Statistical information available on the percentage of households living in poverty (above 40% of the median at the census tract level).
- Strategic knowledge of the technicians of the local field team (LCT) about the territories. In fact, it is the LCTs who are responsible for developing, during the preparation period of the project, an exhaustive study of the census tracts identified in the first criterion.

The project proposes another criterion to the LCTs: the presence of a point of contact (called the Vital Point in the fieldwork) to establish communication and participation in the study. After cleaning work due to distance issues (eliminating contamination between nodes), the research registers 437 nodes, discarding 37 for various reasons, such as geographical dispersion.

On the other hand, the strategy of identifying people for accompaniment is linked to communicative action, through localized communication, mailing, distribution of diptychs and cards, and information at vital points. The project expects two possibilities of identification:

- Spontaneous applications from people who call or write to the contact telephone number or email. Thus, appointments are scheduled to perform the first stage of counseling and profile assessment.
- Those people who stop to receive information at the vital point. The LCTs have instructions to detect potential candidates who meet the requirements to be able to schedule appointments and thus determine the suitability of the profile.

At all times, the project maintains a certain degree of control over the origin of people to detect possible cases of contamination, i.e. people who belong to a control node but come from a treatment node.

In this pilot project, there is no experimental informed consent since the experimental unit is the territory.

Random assignment

Randomization is the cornerstone of RCTs for identifying a causal relationship between treatment and outcomes. When properly performed, this process ensures that the treatment and control groups are statistically comparable, encompassing both observable and unobservable variables. This homogeneity provides the structure required to make an accurate measurement of the possible effects derived from the intervention.

The randomization unit of the project are the nodes (census sections with severe poverty thresholds and points of contact close to them) distributed throughout the national territory. The points of contact are in or near the census section identified as the area of influence of the intervention.

Once the implementation team identifies the nodes or census sections, the project applies a distance filter to avoid contamination and overlap in the effects of the intervention, taking radiuses from 500 meters to 1,500 meters. Thus, the evaluation selects a total of 400 nodes, based on poverty rates, presence of a network of Non-Governmental Organizations (NGOs) or collaborating entities, and sufficient distance between nodes.

The SGI randomly assigns census nodes or sections to treatment groups 1, treatment 2, treatment 3, and control in three distinct phases:

A **first phase** of stratification based on three variables:

1. Locality, at the level of the autonomous community except in the case of Andalusia, the Canary Islands, and the Valencian Community, where it was performed at a lower level for logistical reasons.
2. Type of point of contact in the node (public administration or social entities).
3. Poverty threshold ratio in the census section of the point: a composite indicator of poverty that is calculated as 80% of the identified census poverty plus 20% of the poverty of the census tracts surrounding the point (eliminating the census tract identified by EAPN-ES).

Based on these variables, the project defines 66 strata or groups of nodes with similar values of these variables. For each stratum, the evaluation randomly assigns the nodes to the three types of treatment and to the control group. In this phase, the assignment is made in the different strata that meet the following conditions: (i) number of nodes multiple of 4; and (ii) number of nodes greater than 4, but not multiple of 4. In the latter case, there is a random selection of nodes until it is a multiple of 4.

Thus, the resulting strata have a multiple number of 4 records and are assigned to the four groups in a balanced manner, randomly ordering the nodes within each stratum. In such a way that, for example, the stratum that has four nodes, each one is assigned to each group. In the case of having eight nodes, two nodes are assigned to each group.

A **second phase** in which the research stratifies those strata with less than four nodes, together with the surplus nodes of the first phase, based on locality. Thus, the evaluation quantifies the number of nodes in each locality and selects those strata with several nodes which is a multiple of 4. The rest of the nodes move on to the third phase.

After the previous random assignment, in the **third phase** there are strata with two nodes per locality. In this case, it is randomly assigned so that in each locality one node is assigned to treatment group 1 or 3 and another node to treatment 2 or control group. In addition, it proceeds in such a way that a quarter of the nodes are assigned to each group.

After this random assignment process, there are 100 nodes in each group (treatment 1, treatment 2, treatment 3, and control). Additionally, with respect to the nodes that had the intervention in social media, the project makes a division into two groups (groups A and B) that would have the same advertisements, but in different sequences.

Figure 4: Recruitment and randomization process

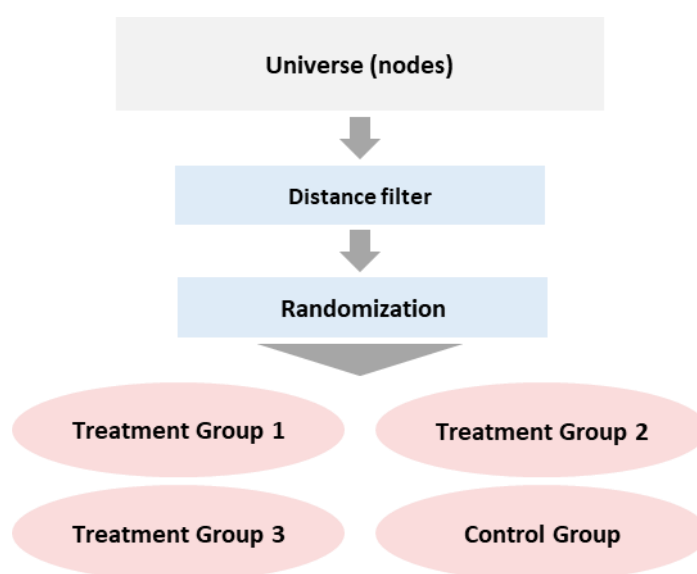
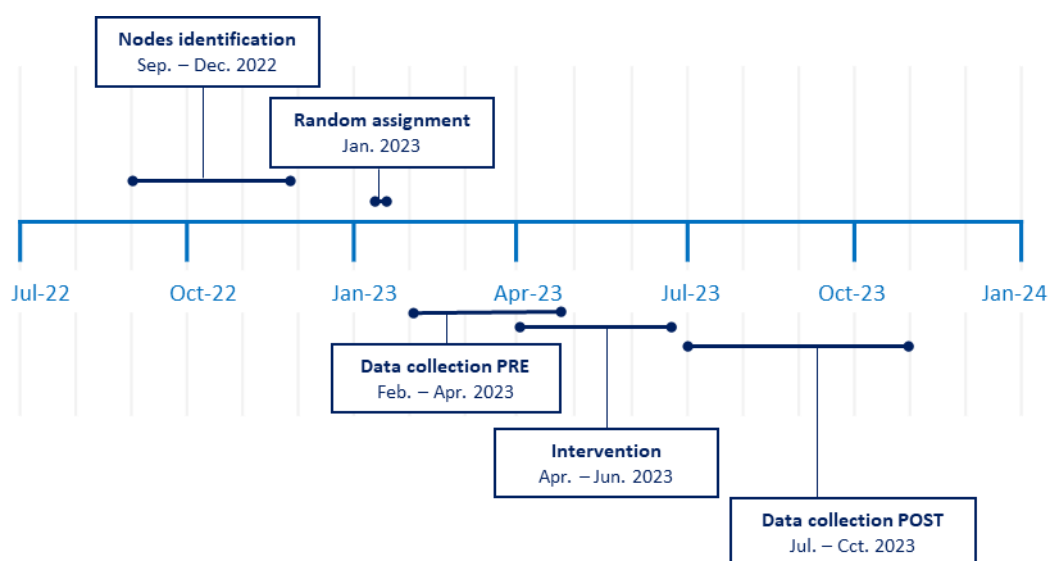


Figure 5 illustrates the implementation and evaluation of the project. The identification of the different nodes occurs between September and December 2022; in this phase, the evaluation finally selects the 400 ones that are part of the study. The SGI conducted the random allocation process in January 2023. The data collection phase through the baseline questionnaires occurs between February and April 2023. The intervention occurs from April to June 2023, performing the activities described (information and accompaniment on the one hand, and social media campaign on the other). Finally, the collection of exit data occurs between July and October 2023, through the endline survey.

Figure 5: Evaluation timeline



3 Description of the implementation of the intervention

This section describes the practical aspects of how the intervention was implemented as part of the evaluation design. It describes the results of the participant recruitment process and other relevant logistical aspects to contextualize the results of the evaluation.

3.1 Sample description

This section provides an overview of all the variables related with the intervention from both datasets at baseline. At the individual level, **Table 1** reports the number of respondents to the different surveys, and **Table 2** provides the distribution of respondents across groups.

A first telephone survey conducted to individuals residing in the 400 selected nodes before the intervention (baseline) collected 12,419 responses (**Table 1**). The survey company bought registers with telephone numbers of individuals in these census sections. Respondents were selected trying to get a representative sample in terms of age and sex. During the call, it was found that they did indeed reside in those census sections. The same individuals were contacted after the intervention, collecting 9,256 responses in the endline survey. To increase the sample size and balance it across groups, a new survey (adapted) was conducted to new individuals after the intervention¹⁵. In total, the surveys

¹⁵ This survey was adapted to contain the key questions from both the baseline and endline surveys. For that reason, some of the variables are not available for this subsample. In this new survey, representativeness was not ensured.

reached 13,167 individuals with the following distribution across the intervention groups: 3,330 live in nodes receiving the in-person intervention, 3,294 in nodes receiving the social media campaign, 3,258 in nodes where both interventions were implemented and 3,285 in control nodes (**Table 2**).

Table 1: Surveys and sample

Recruitment phase	Survey	Observations
First	Baseline	12,419
First	Endline	9,256
Second	Adapted	748
Total unique participants (baseline + adapted)		13,167

Table 2: Distribution of respondents across groups

Experimental group	Respondents	Share
G1	3,330	25.29%
G2	3,294	25.02%
G3	3,258	24.74%
GC	3,285	24.95%
Total unique participants (baseline + adapted)		100%

Characteristics of the final evaluation sample

The data available for this study can be organized in two levels, nodes and individuals, which correspond to our two levels of analysis. At the node level, administrative data on MIS applications before and after the intervention is available. At the individual level, the evaluation uses the data collected from telephone surveys conducted to the general population residing in the participating nodes, before and after the intervention, regardless of their participation in the outreach or guidance activities. Additionally, the study completes the node-level dataset with a set of socio-demographic variables from the National Institute of Statistics (*'Instituto Nacional de Estadística'*, INE): the Census (INE, 2023), which provides information on demographic characteristics, educational level and employment situation of the population of the census section, and the income distribution atlas (INE, 2023), which informs about the income distribution in the census section.

Table 3 presents the descriptive statistics of some of the variables at the node level at baseline, including socio-demographic characteristics at the census tract level obtained from INE and outcomes measured with administrative data provided by the SGI. These features allow to characterize the population of the areas where the program is tested. The **Descriptive statistics at baseline appendix** includes a table with the rest of the variables at the node level.

On average, the nodes have a population of 1,600 subjects, and 50% of men. The average node has a population with an average age of 41 years old. On average, the nodes have 19% of its population with foreign nationality and 22% born abroad. In terms of educational attainment, the average node has 3% of its population pursuing higher education. Regarding employment, the average node has an unemployment rate of 30%, and an activity rate of 54%. According to the Income distribution atlas

(INE, 2020), the average node has 22% of the population below 40% of the median income. Finally, 50% of the nodes are in urban agglomerations and 29% in urban centers ¹⁶.

The second panel of **Table 3** presents the summary statistics of the outcomes measured with administrative data at baseline. In this case, the study considers as baseline the 13 weeks previous to the intervention (January-March 2023), as it is a period of the same duration as the intervention. During that period, there are on average about 11 MIS applications per node, of which on average 10% were not admitted¹⁷. Moreover, of the applications during that period, on average 2,5 were approved and 2,4 were approved and still active on 31 December 2023. The project also analyzes the number of applications approved conditional on having at least one application in the node, and the number of approved applications still active on 31 December 2023 conditional on having at least one approved application in the node.

Descriptive statistics at baseline appendix reports a supplementary table with the summary statistics of the remaining.

Table 3: Summary statistics at baseline: nodes level (census data)

	Mean	Std. Dev.	Min.	Max.	N
Demographic variables (Census, 2021)					
Total Population	1,608.13	759.70	357.00	6,536	400
% Male population	0.50	0.02	0.44	0.60	400
Mean Age	41.61	4.12	26.87	59.57	400
% Population with Foreign Nationality	0.19	0.14	0.00	0.72	400
% Population Born Abroad	0.22	0.15	0.01	0.78	400
Education level (Census, 2021)					
% People Pursuing Higher Education	0.03	0.01	0.00	0.08	400
Employment (Census, 2021)					
Unemployment Rate	0.30	0.10	0.10	0.73	400
Activity Rate	0.54	0.06	0.28	0.73	400
Income (Income distribution atlas, 2020)					
% Population with Income Below 40 % Median	22.14	6.68	10.20	37.80	393
Rurality (EAPN-ES, based on Eurostat and INE)					
Urban agglomeration	0.50	0.50	0.00	1.00	400

¹⁶ This classification has been created by EAPN-ES based on the Eurostat proposal (explained here) and harmonized with the definition of urban municipality by INE. The criteria are the following: (1) Rural areas: cells located outside urban agglomerations (inhabited or not). (2) Urban agglomerations: cells with a minimum density of 300 inhabitants per km² and/or a minimum population size of 10,000 inhabitants. (3) Urban centers: cells with a minimum density of 1,500 inhabitants per km² and a minimum population of 50,000 inhabitants.

¹⁷ Not admitted applications are those that do not meet any of these criteria: (1) income criterion, (2) net worth without main residence, (3) the asset test, and (4) not being a director in law of a commercial company that has not ceased its activity.

	Mean	Std. Dev.	Min.	Max.	N
Urban area	0.29	0.45	0.00	1.00	400
Outcomes (Administrative data)					
Number of MIS applications					
MIS Applications (13 weeks)	10.86	7.46	0.00	55.00	382
% Not admitted applications (13 weeks)	0.10	0.14	0.00	1.00	382
(Un-conditional) % Not admitted applications (13 weeks)	0.10	0.14	0.00	1.00	382
Number of approved MIS applications					
Approved applications	2.51	2.66	0.00	19.00	382
Active approvals on December 2023	2.39	2.56	0.00	19.00	382
Conditional approved applications	2.57	2.66	0.00	19.00	373
Conditional active approvals	3.05	2.52	0.00	19.00	300

Table 4 shows the descriptive characteristics of some the variables at baseline¹⁸ from the telephone survey. This table provides descriptive statistics on demographic characteristics, household composition, employment status, income level, digital skills, status and profile related to the perception of the MIS, and rurality of the municipality. It consists of six columns, with the name of the variable, the mean, the standard deviation, the minimum value, the maximum value, and the number of observations. **Descriptive statistics at baseline appendix** includes a supplementary table with other variables of the categories indicated, as well as the educational level.

On average, participants are 48 years old and 59% are females. A majority of 93% hold Spanish nationality. The average household size is approximately 3 members, while the average number of adults in the household is around 2 and the number of children in the household 0.8. Regarding employment status, 46% of respondents are employed and 25% unemployed. According to the economic status of the respondents classified in four levels, where a higher level corresponds to a higher income, 75% of the participants are in the fourth income level. Regarding digital competences, indicators range between 1 and 5, where 1 means "None" and 5 "High". Internet use competences scored the highest average score (3.77). EAPN has identified those individuals who, from the survey information collected on income, household composition and situation relative to the MIS, might be eligible or in a NTU situation. According to this, 77% of respondents have a profile not eligible for the MIS, while 12% show a potential NTU profile and 11% are eligible for the MIS but do not have a NTU profile. Regarding the characteristics of the nodes, 50% of the subjects belong to an urban agglomeration and 29% to an urban area¹⁹.

¹⁸ As the adapted survey was conducted after the intervention, this subsample does not have actual baseline information. However, those socio-demographic variables invariant with the treatment have been considered as baseline information for them.

¹⁹ As explained in footnote 16, this variable has been constructed by EAPN-ES.

These features reveal that most of the population reached by the survey is not in a situation of NTU or even eligible for the MIS, which hinders the power of the survey data to capture any effect of the program on a population that differs to the one targeted by the intervention.

The second panel of **Table 4** shows the outcomes corresponding to the two hypotheses measured with qualitative questions of the baseline survey. All the outcomes are standardized, this is, have mean equal to zero and standard deviation equal to one, which allows to compare the size of the effects of the program on the different outcomes.

First, the evaluation measures the impact on knowledge and opinion on the MIS with a scale of knowledge about the MIS, an indicator on whether they consider the MIS to be appropriate for families in a similar situation, a scale of the difficulty of the application process, the satisfaction with the result of their MIS (for those who report to have applied), and the MIS general assessment. Second, the study analyzes the impact on trust of individuals in institutions with an index of trust in different public institutions, constructed both with average and inverse covariance weighting Anderson (2008) and the opinion on the capacity of the institutions to solve problems. **Descriptive statistics at baseline appendix** shows descriptive statistics of non-standardized baseline performance indicators.

Table 4: Summary statistics at baseline: individual level (survey data)

	Mean	Std. Dev.	Min.	Max.	N
Socio - demographic variables					
Male	0.41	0.49	0.00	1.00	13,164
Age	48.34	13.44	21.00	95.00	13,160
Spanish nationality	0.93	0.26	0.00	1.00	13,167
Household composition					
Household size	2.96	1.32	1.00	18.00	13,167
Number of adults in the household	2.18	0.91	1.00	14.00	13,167
Number of children in the household	0.80	1.00	0.00	7.00	13,167
Employment status					
Employed	0.46	0.50	0.00	1.00	13,167
Unemployed	0.25	0.43	0.00	1.00	13,167
Income level					
Fourth income level	0.75	0.43	0.00	1.00	11,594
Digital skills					
Internet use competences	3.77	1.41	1.00	5.00	12,419
MIS and NTU profile					
Non MIS profile	0.77	0.42	0.00	1.00	11,060
NTU profile	0.12	0.33	0.00	1.00	11,060
Non NTU profile	0.11	0.31	0.00	1.00	11,060
Characteristics of nodes					
Urban agglomeration	0.50	0.50	0.00	1.00	13,167

	Mean	Std. Dev.	Min.	Max.	N
Urban area	0.29	0.45	0.00	1.00	13,167
Non-standardized outcomes					
Knowledge of MIS	2.33	1.07	1.00	4.00	12,419
MIS appropriate	0.61	0.49	0.00	1.00	8,413
Easy application process	4.48	2.97	0.00	10.00	6,645
Satisfaction application result	4.26	3.04	0.00	10.00	5,653
MIS general assessment	6.71	2.73	0.00	10.00	11,471
Trust in institutions (Average)	5.39	2.16	0.00	10.00	12,374
Trust in institutions (Anderson)	-0.00	1.00	-2.51	2.17	12,374
Institutions capacity to solve problems	4.53	2.68	0.00	10.00	12,370

To measure to which extent the respondents of the telephone survey are representative of the population of the selected nodes, the evaluation aggregates the survey data at the node level and performs a mean comparison of some characteristics from the survey and the census data²⁰. Note that the survey does not use any weight, while the census data might do, so both datasets may not be fully comparable. **Table 5** shows that all differences are significant, suggesting that the sample collected with the survey is not perfectly representative of the whole population in the 400 nodes considered. In terms of characteristics, the survey sample displays a lower share of males, a higher number of individuals with Spanish nationality, and on average older people. In terms of education and employment rate instead the survey shows a slightly more educated sample, with a larger employment rate²¹.

Concerning the representativeness of the sample compared to the population described by the census data, having an older sample or a sample with more employed people might be a problem, as they would be less exposed to the intervention, and to the social media intervention for older people and to the in-person intervention for the employed population. Moreover, the higher share of people with Spanish nationality, with higher education and employment seems to indicate a sample of respondents with lower barriers to the application of the MIS and further from the target population of the program.

It is important to consider this conclusion about the survey to put the results of the survey into context.

²⁰ These are the only characteristics that are directly comparable from the two data sources.

²¹ The comparison between census and survey data is more difficult for the last two variables, as the survey and the census measure education and employment in different ways. In the census the shares are already defined, while in the survey, they have been constructed. Higher education has been defined as having attended university programs, either bachelor or masters/doctorate, but not high school. The employment rate instead, is defined as the share of people employed or self-employed, over the number of people above 16 years old.

Table 5: Comparison of census and survey data

	Mean survey	Mean census	P-value (diff in mean)
% Male	0.413	0.501	0.000
Age	48.279	41.614	0.000
% Spanish nationality	0.927	0.813	0.000
% higher education	0.256	0.177	0.000
% employed	0.547	0.377	0.000
% Population with Income Below 40 % Median	53.614	22.141	0.000
% Population with Income Below 50 % Median	75.218	31.022	0.000
% Population with Income Below 60 % Median	93.797	40.459	0.000

3.2 Random assignment results

Once defining the sample, the project randomly assigns the nodes. The randomization stratifies by location, type of point associated with the node, and poverty percentage. For the locality variable, the process uses the autonomous community, and in certain cases (Andalusia, the Canary Islands, the Valencian Community), for logistical reasons, the province served as the center of operations in that cluster. **Table 6** displays the results of the random assignment.

Table 6: Random assignment results

	Treatment Group 1	Treatment Group 2	Treatment Group 3	Control Group	Total
Andalucía (Granada)	4	4	4	4	16
Andalucía (Málaga)	6	6	6	6	24
Andalucía (Sevilla)	11	10	10	11	42
Aragón	1	1	2	2	6
Asturias	2	2	2	2	8
Balears, Illes	2	2	2	2	8
Canarias (Las Palmas)	3	3	3	3	12
Canarias (Santa Cruz de Tenerife)	4	3	3	4	14
Cantabria	2	2	2	2	8
Castilla - La Mancha	5	5	6	6	22
Castilla y León	5	5	4	4	18
Cataluña	14	14	13	13	54
Ceuta y Melilla	1	1	1	1	4
Comunidad Foral de Navarra	2	2	1	1	6
Comunitat Valenciana (Alicante)	3	3	4	4	14
Comunitat Valenciana (Valencia)	9	10	10	9	38
Comunidad de Madrid	10	10	10	10	40
Euskadi	3	3	3	3	12
Extremadura	3	4	4	3	14
Galicia	6	6	5	5	22
La Rioja	1	1	1	1	4

Murcia, Región de	3	3	4	4	14
Total	100	100	100	100	400

To evaluate the comparability of the treatment and control groups, the study conducts balance tests on the variables described earlier, all measured before the intervention. **Figure 6** and **Figure 7** present the results of these tests, with the mean value of the variable for each experimental group and the p-value resulting from a mean difference test (using Student's t-statistic)²².

For each observable variable, the difference between the mean of that variable in the treatment and control group is represented by a dot and focused on it, the 95% confidence interval of that difference. A confidence interval containing zero, i.e., the vertical axis, will indicate that the mean difference between groups is not statistically significant or, in other words, is not statistically different from zero, meaning that the intervention groups are balanced. In case the confidence interval of the mean difference does not contain zero, the difference is statistically significant meaning the groups are unbalanced in this characteristic.

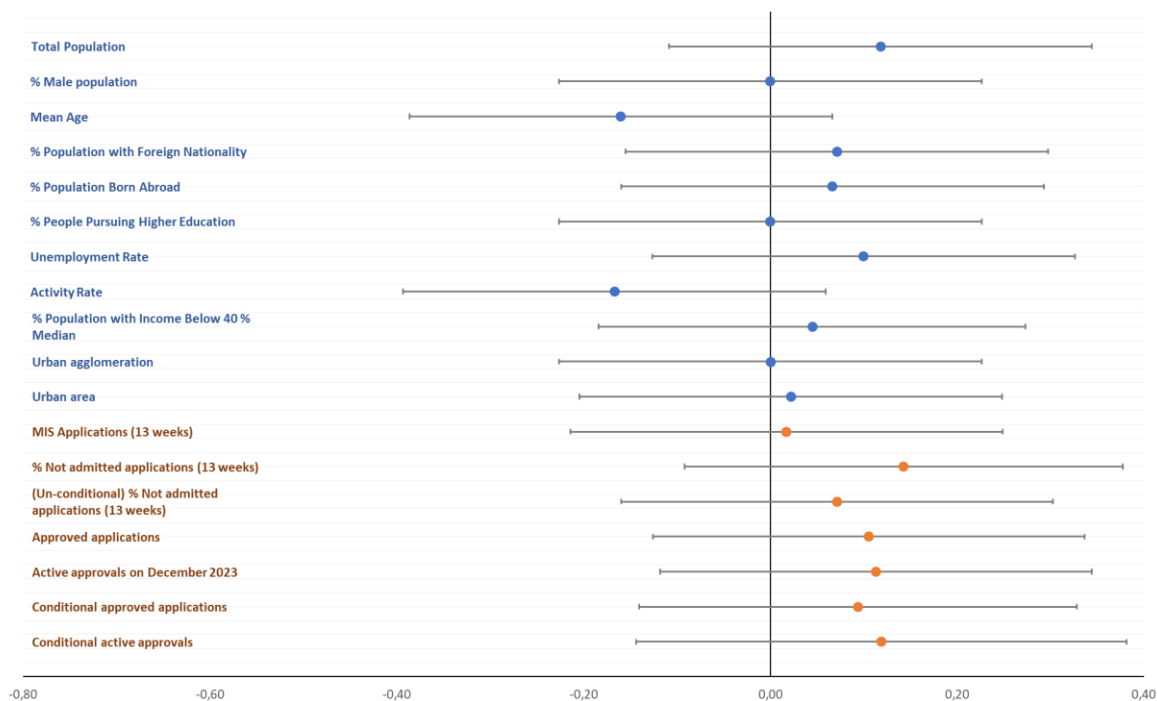
Figure 6 reports the balance tests for the node level data presented in **Table 3**. Encouragingly, this report does not find any statistically significant differences between the treatment and control groups across these variables, except for the percentage of population younger than 16 years old, and the percentage of population with income above 200% of the median ($p < 0.1$). Mean comparison tests across the four intervention groups show significant differences in average age, share of population younger than 16, share of population older than 64, percentage of retirement pensioners over the population aged 16 and older, and percentage of students over the population aged 16 and older.

Figure 7 displays the balance tests for socio-demographic covariates from the survey telephone data presented in **Table 4**. It shows that, for the most part, the treatment and control groups exhibit no statistically significant differences in these variables. However, it shows a slight yet significant difference between the two groups in the household size and the number of children in the household ($p < 0.1$). While these differences are statistically significant, their magnitude remains minimal. Mean comparison tests across the four intervention groups reveal significant differences in household size, number of children in the family, share of the retired population, and share of respondents in the first income level.

Overall, the groups show an adequate degree of balance in the main variables, except for a slight imbalance in age composition. As will be shown later, the results remain robust when using the variables with some imbalance between groups as controls.

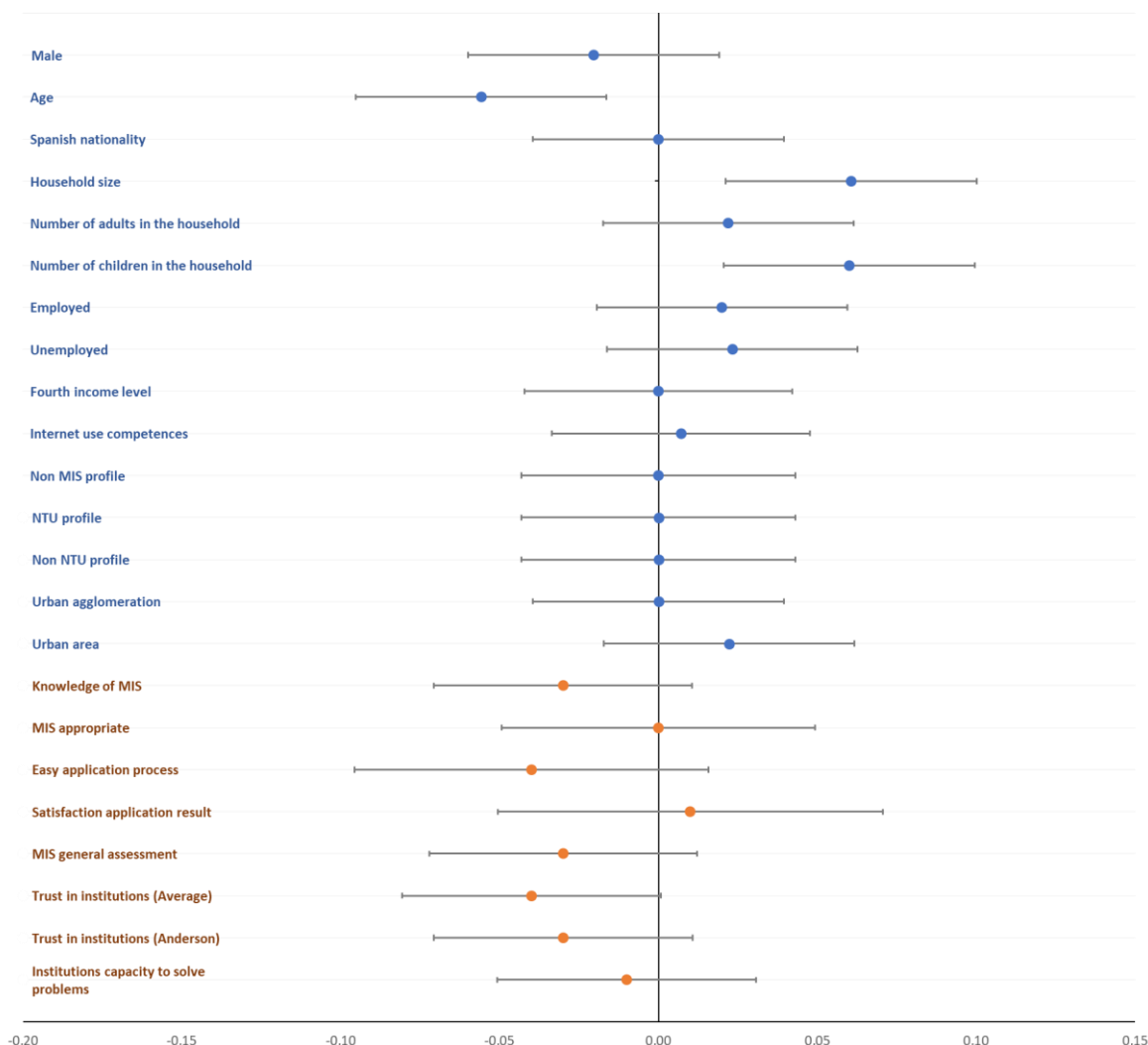
²² See **Balance tests appendix** for balance test tables.

Figure 6: Difference between standardized means between treatment and control group (confidence interval at 95%) - Census and administrative data



Note: in blue, sociodemographic variables; and in orange, the specific indicators used for project evaluation.

Figure 7: Difference between standardized means between treatment and control group (confidence interval at 95%) - Survey data



Note: in blue, sociodemographic variables; and in orange, the specific indicators used for project evaluation.

3.3 Degree of participation and attrition by groups

It is convenient to analyze the degree of participation in the program, since the estimation of results will focus on the average effects of offering it, given the degree of participation. On the other hand, this section examines whether the non-completion of the final survey by some of the participants reduces the comparability of the treatment and control groups after the intervention, if the response rate is different between groups or according to the demographic characteristics of the participants in each group.

Degree of participation

During the fieldwork and the implementation of the methodology, the project distributed a total of 135,926 diptychs through intensive communication actions and mailing in the homes of the nodes of

treatment group 1. On the other hand, targeted communication actions resulted in the distribution of 46,798 diptychs, of which 53.85% were delivered to people through direct actions and 46.15% to key interlocutors or agents through indirect actions. In relation to posters, a total of 7,517 posters were placed in the 200 nodes of this treatment. In addition, 24,529 cards were distributed by local field teams, of which 49.57 per cent were distributed to individuals and 50.43 per cent to key interlocutors or actors.

The main results of the localized campaign were the interactions at street level (7,505 interactions), the calls to the corporate telephones of the local field teams by people interested in information related to the MIS (3,369 calls), and the appointments managed from the communication actions to refer people to the attention actions (2,519 appointments) to be able to advise and accompany potentially eligible people in the processing of the MIS.

On the other hand, the theoretical presence was defined as once a week for each treatment node, which, in thirteen weeks, should be thirteen (theoretical) presences. However, the festivities have reduced this presence and, in order to adjust to reality, the effective presence in the nodes has been analyzed, discounting the holidays from the operation of the fieldwork.

The analysis of the effective presence data shows that, in most of the nodes (81.5%), the presence has been equal to that expected while in other cases the presence has been lower (11.5%) or higher (7%) than expected during the design (**Table 7**). Of the 23 nodes that are below the expected average, 15 of them have some justification for absences due to work contingencies such as medical leave or attendance at seminars. The remaining eight nodes that are not justified by the available verification sources have an effective presence of 11 weeks. On the contrary, the fact that there are nodes with a greater presence than expected is because, in some cases, the technical people went in pairs as in Aragon and the Balearic Islands and, in other cases, there was only one technical person who could go two or more times a week since only one node corresponded to him or her. Finally, there may be a greater presence than expected in those nodes that, due to distance, required overnight stays by the technical team, as has happened in the nodes of Extremadura.

Table 7: Average effective presence of technical people at nodes of treatment group 1

	Frequency	Valid percentage	Accumulated percentage
Lower presence than expected	23	11.50	11.50
Equal presence than expected	163	81.50	93.00
Higher presence than expected	14	7.00	100.00
Total	200	100	

Finally, in relation to the operational results of care, during the fieldwork, 2,023 individuals attended the personalized counseling process and, of all of them, informed consent was obtained. In total, the project performed 2,021 initial assessments, collecting information on the NTU phenomenon and the eligibility criteria of the MIS. The project also conducted a total of 1,177 processing itineraries to support the management of the application and the compilation of the necessary documentation to

process the MIS. In relation to accompaniment, the intervention performed 945 follow-ups and a total of 494 orientations.

During the fieldwork, the project conducted 417 coordination, of which 125 to support people in requesting an appointment with the administration or institutions issuing the necessary documentation to process the MIS, which represents 29.98% of the total. Another 285 consultations with administrations, entities and/or public or private institutions that represent proximity services, represents 68.34% of the total coordination performed.

During the fieldwork, 1,204 individuals managed to process the application for the MIS, which represents 59.5% of the total number of people served. Of these, 1,182 processed their application completely and 22 processed it in the absence of submitting any necessary documentation, ending their participation in the project due to dropout (9 cases) or orientation (13 cases).

During the implementation of the outreach methodology, 819 people did not process the MIS for several reasons, which represents 40.5% of the total number of people who attended. The local field teams assisted 330 individuals who did not meet any of the eligibility criteria of the MIS: 273 did not meet the target audience of the project as they were not in a situation of primary NTU, that is, they had already applied for the MIS, 130 individuals left voluntarily without completing the accompaniment, and 86 were directed to other services.

Attrition by groups

As it was shown in **Table 1**, only 9,256 of the 12,419 respondents to the baseline survey could be contacted at the endline. This means an attrition rate of 25.5% in the survey data.

To analyze whether attrition introduces bias to estimations, it is essential to explore two key aspects: (1) whether attrition varies between the intervention groups, termed differential attrition, and (2) whether characteristics of the individuals who dropped out differ significantly between the groups, referred to as selective attrition.

In the case of administrative records, to test whether the differential attrition between groups is significant, the evaluation estimates equations (1) to (4), where $Attrition_i$ is a variable that takes value 1 if there is administrative record information from the node and 0 if not, $Treatment_i$ is the treatment indicator, G_1 is the indicator for the in-person treatment, G_2 is the indicator for the social media treatment, G_3 is the indicator for the combined treatment, and γ_i strata fixed effects. The standard errors are clustered at the node level as it was the unit of randomization.

$$Attrition_i = \alpha + \beta Treatment_i + \varepsilon_i \quad (1)$$

$$Attrition_i = \alpha + \beta Treatment_i + \gamma_i + \varepsilon_i \quad (2)$$

$$Attrition_i = \alpha + \beta_1 G1_i + \beta_2 G2_i + \beta_3 G3_i + \varepsilon_i \quad (3)$$

$$Attrition_i = \alpha + \beta_1 G1_i + \beta_2 G2_i + \beta_3 G3_i + \gamma_i + \varepsilon_i \quad (4)$$

Columns (1)-(4) in **Table 8** present the results of equations (1)-(4). It is checked whether the attritors in treatment and control differ in any of the observable characteristics or outcomes from baseline. The fifth column in **Table 8** shows the estimation results of equation (5), where X_k are observable characteristics and δ_k the parameters of interest. A significant δ_k coefficient would indicate that attritors from the control and the treatment group significantly differ in characteristics X_k .

$$Attrition_i = \alpha + \beta Treatment_i + \sum_k \beta_k X_{ik} + \sum_k \delta_k X_{ik} \times Treatment_i + \varepsilon_i \quad (5)$$

In this case, data is not available for the 18 nodes in the Basque Country and Navarra. The missing data represent 4.5% of observations, 4% in the control group, 5% in treatment group 1, 5% in treatment group 2, and 4% in treatment group 3, but differences are not statistically significant (columns (1) and (2)). The fact that the region is one of the stratification variables has been decisive in avoiding differential attrition. Column (3) reveals there is no selective attrition, except in terms of rurality. The missing nodes in the treatment group that are in urban areas are a larger proportion than those missing in the control group. Selective attrition for the different experimental groups is analyzed and we observe selective attrition for the share of population with income below 40% median²³.

Table 8: Attrition analysis - Administrative data

	Missing administrative data		
	Differential attrition		Selective attrition
	(1)	(2)	(3)
Treatment	0.01 (0.02)		
In-person intervention		0.01 (0.03)	
Social media intervention		0.01 (0.03)	
In-person and social media intervention		0.00 (0.03)	
Treatment			-6.70 (7.72)
Treatment x Total Population			0.00 (0.00)
Treatment x % Female population			-1.00 (1.36)
Treatment x Mean Age			0.01 (0.01)

²³ Further research could estimate Lee Bounds.

	Missing administrative data		
	Differential attrition		Selective attrition
	(1)	(2)	(3)
Treatment x % Population with Foreign Nationality			0.01 (0.22)
Treatment x % People with Higher Education			-0.05 (0.51)
Treatment x Unemployment Rate			1.69 (1.70)
Treatment x Activity Rate			3.70 (7.02)
Treatment x % Population with Income Below 40% Median			-0.01 (0.00)
Treatment x Urban agglomeration			0.09* (0.05)
Observations	400	400	393
R ²	0.00	0.00	0.19
Control group mean	0.04	0.04	0.03

Note: Robust standard errors in parentheses. The regression (3) also includes the interaction of the treatment with the following variables: years of education, self-employed, retired/pensioner, first income level, second income level, third income level, social network competences and administrative procedure skills. * p<0.1, ** p<0.05, *** p<0.01.

For survey data, this project performed an analysis equivalent to administrative data. To test whether the differential attrition between groups is significant, this report estimates equations (1) to (4), where the $Attrition_i$ is an indicator variable that takes the value 1 if an individual i has dropped out and 0 if has not, $Treatment_i$ is the treatment indicator, G_1 is the indicator for the in-person treatment, G_2 is the indicator for the social media treatment, G_3 is the indicator for the combined treatment, and γ_i strata fixed effects. The standard errors are clustered at the node level as it was the unit of randomization.

Attrition rates are 25% in the control group, 26% in G1, 25% in G2 and 24% in G3, but these differences are not statistically different even when strata fixed effects are incorporated.

The evaluation does not observe any significant interaction term, indicating no selective attrition²⁴.

²⁴ The evaluation does not observe selective attrition for any of the outcomes at baseline.

Table 9: Attrition analysis - Survey data

	Dropped out in the endline survey				
	(1)	(2)	(3)	(4)	(5)
Treatment	0.00 (0.01)	0.00 (0.01)			-0.07 (0.11)
In-person intervention			0.01 (0.01)	0.01 (0.01)	
Social media intervention			0.00 (0.01)	0.00 (0.01)	
In-person and social media intervention			-0.01 (0.01)	-0.01 (0.01)	
Treatment x Spanish nationality					-0.03 (0.05)
Treatment x Employed					0.03 (0.05)
Treatment x Unemployed					0.04 (0.05)
Treatment x Non MIS profile					0.00 (0.08)
Treatment x NTU profile					0.02 (0.05)
Treatment x Knowledge of MIS					0.01 (0.02)
Treatment x MIS appropriate					0.01 (0.01)
Treatment x Trust in institutions (average)					0.00 (0.02)
Treatment x Institutions capacity to solve problems					0.00 (0.02)
Observations	12,419	12,419	12,419	12,419	7,497
R ²	0.00	0.00	0.00	0.00	0.02
Control group mean	0.25	0.25	0.25	0.25	0.22
Strata fixed effect	No	Yes	No	Yes	Yes

Standard errors in parentheses have been clustered at the node level. There are 400 clusters corresponding to the 400 nodes that were randomized. Regressions (1)-(4) do not include any controls. Regression (5) also includes the interaction of the treatment with the following variables: years of education, self-employed, retired/pensioner, first income level, second income level, third income level, social network competencies, and administrative procedure competencies. Significance: * p<0.1, ** p<0.05, *** p<0.01.

4 Results of the evaluation

Random assignment of the experimental sample to the control and treatment groups ensures that, with a sufficiently large sample, the groups are statistically comparable. Therefore, any differences observed after the intervention can be causally associated with the treatment. Econometric analysis provides essentially this comparison. Nevertheless, this analysis has the advantages of allowing the inclusion of other variables to gain precision in the estimates, and of providing confidence intervals for the estimates. This section presents the econometric analysis conducted, the estimated regressions, and the analysis of the results obtained.

4.1 Description of the econometric analysis: estimated regressions

The regression model specified to estimate the causal effect of an intervention in a randomized experiment estimates the difference in the average of the outcome of interest between the treatment and control groups after the treatment. This difference is what is called the impact of the project. This estimate captures the causal impact of the intervention since the randomization procedure ensures that, on average, the treatment and control groups are comparable, and any difference observed in the outcomes between the two groups can be attributed to the intervention.

The analysis will focus on the intent to treat (ITT) estimate, which compares those individuals or nodes assigned to treatment with those assigned to control. This is generally the policy-relevant estimate of the impact of the program since, in most cases, compliance with the program cannot be enforced.

The evaluation will measure intent-to-treat (ITT) impacts through ANCOVA specifications, which include the value of the outcome at baseline as a regressor, as well as a set of controls, including strata fixed effects. The inclusion of those regressors allows us to improve the accuracy of the estimates, as well as to avoid imbalances across groups biasing our estimated effects.

In a first econometric specification, the analysis combines the three treatment groups into a single group and compares it to the control group. In particular, T_{ic} is an indicator that takes value 1 if the individual i lives in node c , assigned to treatment groups 1, 2, or 3 (i.e., the in-person intervention, the online intervention, or both). The specification estimated to obtain the average difference in means in the post treatment period between treatment group and the control group is:

$$Y_{ic,post} = \alpha + \beta T_{ic} + Y_{ic,pre} + X'_{ic}\delta + u_{ic}$$

where $Y_{ic,post}$ is the outcome of interest measured at endline at either the individual level or the node level, $Y_{ic,pre}$ is the outcome of interest measured at baseline, and X'_{ic} is a vector of controls, including fixed effects. β will capture the impact of being assigned to any of the treatment groups.

The analysis will also examine if the effects are different depending on whether individuals (or nodes) received treatments 1, 2 or 3:

$$Y_{ic,post} = \alpha + \beta_1 G1_{ic} + \beta_2 G2_{ic} + \beta_3 G3_{ic} + Y_{ic,pre} + X'_{ic}\delta + u_{ic}$$

β_1 will capture the impact of being assigned to only in-person intervention, β_2 the impact of online intervention only, and β_3 the effect of both interventions jointly. The comparison between β_3 and β_1 and β_2 will allow us to analyze if there are complementarities or synergies in offering both interventions together.

4.2 Analysis of the results

4.2.1 Main and secondary outcomes

Visibility of the campaign

This evaluation first analyzes whether the different interventions influenced the amount of information received by the endline survey respondents about the benefit through different channels. In other words, it analyzes whether information is received significantly more for those living in the treatment nodes than in the control ones. **Tables 10, 11 and 12** present the impact of the intervention on indicators of whether in the last months they received information on the benefit through different channels related to the social media and the in-person campaigns²⁵. These tables show the results including controls and strata fixed effects²⁶.

Regarding the in-person intervention, for both specifications, subjects living in nodes with the in-person campaign (and both) received information about the benefit by diptychs in the mailbox, posters on the street and diptychs in shops with a probability 2% ($p < 0.01$), 1-3% ($p < 0.05$), and 1-2% ($p < 0.05$) significantly higher, respectively, than those in the control nodes. However, a low share of respondents in the treatment nodes report receiving information through these channels: 4% ($0,02+0,02$) through diptychs in the mailbox, 6-8% ($0,05+0,01$, $0,05+0,03$) on posters and 3-4% ($0,02+0,01$, $0,02+0,02$) through diptychs in shops. Moreover, respondents did not receive information from the workers of the program on the street, in social centers, from people in their neighborhood or through the MIS bus with a significantly higher probability than those in the control (3%, 18%, 19%). When we sum all the possible channels, respondents did not seem to receive information with a higher probability than those in the control nodes. Regarding the social media intervention, this evaluation does not observe that respondents in nodes in treatment group 1 and 3 receive information on social media with higher probability than those in the control nodes, where 30% of respondents claim to have received information on the MIS on social media.

This analysis reveals that only a modest share of respondents of the telephone surveys received the information of the in-person and social media campaigns, and that, for most of the channels, they did not receive it in a differential way in comparison with the control. In addition to the previous comparison between the survey and the census data, these results may indicate that the respondents of the survey are not representative of the target population of the program, which will hinder the

²⁵ The question was only asked during the endline survey. See the Appendix for a description of the variables and the summary of statistics.

²⁶ The estimation without controls can be found in the **Analysis of the results appendix**.

finding of effects on the knowledge, opinion and trust indicators measured with the survey. Furthermore, these findings reveal that television and radio are some of the channels through which respondents receive more information related to the benefit, although the program is not related to those. Therefore, a considerable share of respondents received information related to the MIS regardless of the node, which may have contaminated respondents in the control group. The large amount of information on the benefit during the months of the intervention and the collection of the endline data might respond to the two electoral campaigns that occurred during that period²⁷.

Table 10: Impact on information received on the MIS (1/3) - With controls and strata fixed effects

In the last months, they received information on MIS on:						
	Television	Radio	Social networks	Leaflets in mailbox	Poster	Leaflets in shops
In-person intervention	0.01 (0.01)	0.00 (0.01)	-0.01 (0.02)	0.02*** (0.01)	0.02** (0.01)	0.01** (0.01)
Social media intervention	-0.01 (0.01)	0.01 (0.01)	-0.01 (0.01)	-0.00 (0.00)	-0.01 (0.01)	0.00 (0.00)
In-person and social media intervention	-0.01 (0.01)	-0.00 (0.01)	-0.03** (0.01)	0.02*** (0.01)	0.03*** (0.01)	0.02*** (0.00)
Observations	8,768	8,826	8,821	8,886	8,844	8,885
R ²	0.01	0.02	0.08	0.03	0.02	0.01
Control group mean	0.31	0.14	0.33	0.02	0.05	0.02

Note: Standard errors in parentheses clustered at the node level. There are 400 clusters corresponding to the 400 nodes that have been randomized. Regressions (2), (4), and (6) include fixed effects by stratum and controls for age, number of children and adults in the household, employment status, and income level. * p<0.1, ** p<0.05, *** p<0.01.

Table 11: Impact on information received on the MIS (2/3) - With controls and strata fixed effects

In the last months, they received information on MIS on:						
	Workers	Social centers	People in the neighborhood	MIS bus	Another channel	Any channel
In-person intervention	-0.00 (0.00)	0.00 (0.01)	-0.01 (0.01)	-0.01 (0.01)	0.00 (0.00)	-0.00 (0.02)
Social media intervention	-0.00	-0.00	-0.02*	0.00	-0.00	-0.01

²⁷ Local elections were held across Spain on the 28th of May 2023, and elections to the parliament were held on the July 23rd, 2023.

In the last months, they received information on MIS on:						
	Workers	Social centers	People in the neighborhood	MIS bus	Another channel	Any channel
	(0.01)	(0.01)	(0.01)	(0.01)	(0.00)	(0.02)
In-person and social media intervention	0.00	0.01	0.01	0.00	-0.00	-0.01
	(0.01)	(0.01)	(0.01)	(0.01)	(0.00)	(0.02)
Observations	8,862	8,719	8,873	8,885	8,904	8,912
R ²	0.01	0.04	0.06	0.02	0.01	0.04
Control group mean	0.03	0.18	0.20	0.03	0.00	0.62

Note: Standard errors in parentheses clustered at the node level. There are 400 clusters corresponding to the 400 nodes that have been randomized. Regressions (2), (4), and (6) include fixed effects by stratum and controls for age, number of children and adults in the household, employment status, and income level. * p<0.1, ** p<0.05, *** p<0.01.

Table 12: Impact on information received on the MIS (3/3) - With controls and strata fixed effects

In the last months, they received information on MIS on:			
	Facebook	Instagram	Another social network
In-person intervention	0.01	0.01	-0.01
	(0.01)	(0.01)	(0.01)
Social media intervention	-0.01	-0.00	-0.00
	(0.01)	(0.01)	(0.01)
In-person and social media intervention	-0.03**	0.01	-0.01
	(0.01)	(0.01)	(0.01)
Observations	8,884	8,884	8,884
R ²	0.06	0.03	0.03
Control group mean	0.21	0.07	0.10

Note: Standard errors in parentheses clustered at the node level. There are 400 clusters corresponding to the 400 nodes that have been randomized. Regressions (2), (4), and (6) include fixed effects by stratum and controls for age, number of children and adults in the household, employment status, and income level. * p<0.1, ** p<0.05, *** p<0.01.

Number of MIS applications

Table 13 reports the effect of the interventions on the number of MIS applications made in the analyzed nodes (or census sections), as well as the percentage of not admitted applications using administrative data. It measures the impact of the program in three periods: 13 weeks since the beginning of the intervention, which coincides with the period of the implementation, 18 weeks since the beginning of the intervention and 31 weeks since the beginning of the intervention.

Columns (1)-(6) in **Table 13** report the effects on the number of applications. For the 13-weeks period, when comparing the treatment nodes to the control ones, the intervention has an effect of 0.83 additional applications per node (11.2% increase). The in-person intervention significantly increases

the number of applications per node in 19.5% (1,4 applications, $p < 0.01$) and the incremental intervention in 16% (1.2 applications, $p < 0.05$), although when we test the equality of coefficients, it cannot be rejected that the effect of the two interventions is the same (in the test $T3=T1$, p -value equals to 0.66). In contrast, the social media intervention does not show a significant effect. For the 18-weeks period, the in-person campaign significantly increases the number of applications in 14.7% (1.4 applications, $p < 0.05$) and the incremental intervention in 12% (1.14 applications, $p < 0.1$). Again, it cannot be rejected that the two effects are identical, while the social media campaign does not show a significant effect. Finally, for the 31-weeks period, receiving any treatment has an effect of 1.3 additional applications (8.9%, $p < 0.1$) and when it is disaggregated, the in-person intervention has a significant effect of 10.3% (1.4 applications, $p > 0.1$) and the incremental treatment of 11.3% (1.6, $p < 0.1$). In this case, the social media campaign would have a positive but not significant effect, and we cannot reject that the effect of the three treatments is the same.

These findings suggest that the in-person treatment only has an effect on the number of applications while the intervention is being implemented, with no additional effects once the campaign finishes. During the 13 weeks of intervention, the increase in applications in the treatment group compared to the control was 1.4 applications per node. In the next periods, the size of the effects remains equal to 1.4, indicating that the analysis is capturing the same difference in applications observed during the intervention. Because the number of applications increases in the control nodes with time, the magnitude of the effect as a percentage of this number decreases with time.

Columns (7)-(12) in **Table 13** report the impacts on the percentage of not admitted applications of those made during the corresponding period. To deal with the issue that some census sections did not have any application during some periods, the analysis imputes a value 0 in this indicator for those nodes and in the regressions, this study includes a dummy taking value 1 for those observations. The results do not show any significant effects of any of the interventions on the percentage of not admitted applications, indicating that the increase in the number of applications does not lead to an increase in share of not admitted applications. This suggests that the additional applications achieved by the intervention are not less rigorous or appropriate than those made in the control nodes but respond to actual potential beneficiaries.

Table 13: Impact on applications - Census tract level

	Applications						% Not admitted applications					
	13 weeks		18 weeks		31 weeks		13 weeks		18 weeks		31 weeks	
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
Treatment	0.83*		0.75		1.25*		0.01		-0.01		-0.01	
	(0.43)		(0.50)		(0.64)		(0.02)		(0.01)		(0.01)	
In-person intervention		1.45***		1.40**		1.44*		0.02		-0.01		-0.01
		(0.51)		(0.59)		(0.73)		(0.03)		(0.01)		(0.01)
Social media intervention		-0.10		-0.26		0.75		-0.01		-0.01		-0.00
		(0.52)		(0.61)		(0.81)		(0.02)		(0.01)		(0.01)

	Applications						% Not admitted applications					
	13 weeks		18 weeks		31 weeks		13 weeks		18 weeks		31 weeks	
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
In-person and social media intervention		1.19** (0.58)		1.14* (0.68)		1.59* (0.87)		0.02 (0.02)		-0.01 (0.01)		-0.00 (0.01)
Observations	381	381	381	381	381	381	381	381	381	381	381	381
R ²	0.64	0.65	0.67	0.67	0.74	0.74	0.21	0.22	0.20	0.20	0.17	0.18
Control group mean	7.44	7.44	9.52	9.52	14.03	14.03	0.12	0.12	0.03	0.03	0.04	0.04
T3=T1 (p-value)		0.66		0.69		0.86		0.92		0.97		0.38
T3=T2 (p-value)		0.03		0.04		0.36		0.17		0.63		0.87
T3=T1=T2 (p-value)		0.01		0.01		0.59		0.29		0.87		0.50
T3=T1+T2 (p-value)		0.84		1.00		0.61		0.80		0.36		0.47

Note: robust standard errors in parentheses. Regressions include strata fixed effects, and control for the indicator at baseline, and unbalanced covariates: average age, share of population older than 64, share of population younger than 16, share of population with income above 200% of the median income, share of retired population over population aged 16 years and older, and share of student population over population aged 16 and older. Columns (7)-(12) include a dummy equal to one for those nodes with zero applications. Significance: * p<0.1, ** p<0.05, *** p<0.01.

This project confirmed that the social media campaign does not have a significant effect at the zip code level either. Indeed, the only effect that remains significant at this level is the one of the in-person intervention during the implementation period, as shown in **Analysis of the results appendix**.

In relation to the number of approved MIS applications, no significant effect is observed on any of the results at both census tract and postal code level, as described in **Analysis of the results appendix (Tables 20, 21 and 22)**.

Knowledge and opinion regarding the MIS

Table 14 exhibits estimated regressions for the first block of outcomes. Odd columns show the effect for any treatment group and even columns report the impact separately for each treatment group. There are no significant impacts on the indicators of knowledge and opinion on the benefit and the application and resolution process for any of the intervention groups. Moreover, the coefficients are close to zero and mostly negative, and some of them become significant in an alternative specification that does not control the baseline outcome.

As shown in the descriptive section, most respondents to the survey do not have a profile compatible with being eligible for the benefit and, therefore, the evaluation sample is far from being representative of the target population, which is identified as the main reason to explain the lack of significant impacts on these outcomes.

Table 14: Impact on opinion and knowledge on the MIS

	Knowledge of MIS		MIS appropriate		Easy application		Satisfaction resolution		MIS general assessment	
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
Treatment	-0.01 (0.02)		-0.01 (0.03)		-0.05 (0.04)		-0.02 (0.04)		-0.01 (0.02)	
In-person intervention		-0.01 (0.03)		-0.01 (0.04)		-0.05 (0.05)		0.00 (0.05)		-0.04 (0.03)
Social media intervention		-0.03 (0.03)		-0.02 (0.04)		-0.05 (0.04)		-0.03 (0.05)		0.01 (0.03)
In-person and social media intervention		0.01 (0.02)		-0.01 (0.04)		-0.04 (0.04)		-0.02 (0.05)		-0.00 (0.03)
Observations	8,305	8,305	5,106	5,106	3,800	3,800	3,129	3,129	7,430	7,430
R ²	0.29	0.29	0.32	0.32	0.16	0.16	0.25	0.25	0.31	0.31
Control group mean	0.09	0.09	0.02	0.02	0.07	0.07	-0.04	-0.04	0.04	0.04

Note: standard errors in parenthesis have been clustered at the node level. There are 400 clusters corresponding to the 400 nodes that were randomized. Regressions include strata fixed effects, the indicator at baseline, and controls for age, number of adults and children in the household, working status, and income level. Dependent variables have been standardized with variance one and mean zero. * p<0.1, ** p<0.05, *** p<0.01.

Trust in institutions

No significant effect on any of the outcomes is observed for any of the interventions, as can be found in **Analysis of the results appendix (Table 26)**.

4.2.2 Heterogeneity analysis

The evaluation performs a heterogeneity analysis but finds no evidence in any case that allows for conclusive statements. Nonetheless, the study specifically examines the impact on MIS applications based on the type of node, whether rural or not. To achieve this, the evaluation specifies regressions identical to those in the previous section but includes additional variables to estimate the heterogeneous effects and their interaction with the treatment indicator.

Heterogeneity by rurality

This section discusses whether the effect of the program on the final results of the administrative data differs according to the rurality of the node municipality. The coefficient of interest in this case

corresponds to the interaction between the treatment and the binary variable indicating a rural area (Treatment*Rural), which captures the difference in the effect on those nodes in rural areas compared to the effect on those in urban areas (or urban agglomerations). The treatment variable coefficient estimates the effect of treatment in urban areas.

There are no significantly different effects on the number of MIS applications or approved applications in rural and urban areas, as shown in **Heterogeneity analysis appendix (Table 27)**.

5 Conclusions of the evaluation

Non-take-up (NTU) is a phenomenon affecting different social benefits worldwide and a key policy issue, as it can undermine the effectiveness, efficiency, and equity of such social policies. Previous literature suggests that the NTU could be explained by a lack of awareness of the regulation, not recognizing oneself as a possible recipient, the lack of proximity of the administration, stigmatization, socio-economic and socio-cultural barriers, participation in the informal economy, and mistrust in public authorities.

This study aims to test the effectiveness of a social media campaign and an in-person intervention to reduce the NTU of the national Minimum Income Scheme in Spain. The benefit, introduced in May 2020, presents a NTU rate of around 57% (AIREF, 2022). The starting hypothesis is that there are three domains of factors that determine NTU in the reference population: lack of knowledge and/or misunderstanding of its nature and its compatibility with employment and with other benefits, the socio-economic and socio-cultural barriers, and the lack or insufficiency contact with social entities that provide the assistance.

The research questions of the study are: first, whether an informational social media campaign or in-person assistance in the application process can reduce the NTU; second, which intervention is most efficient in reducing NTU; third, if there are synergies in implementing both interventions simultaneously; and fourth, which are the underlying causes of the NTU.

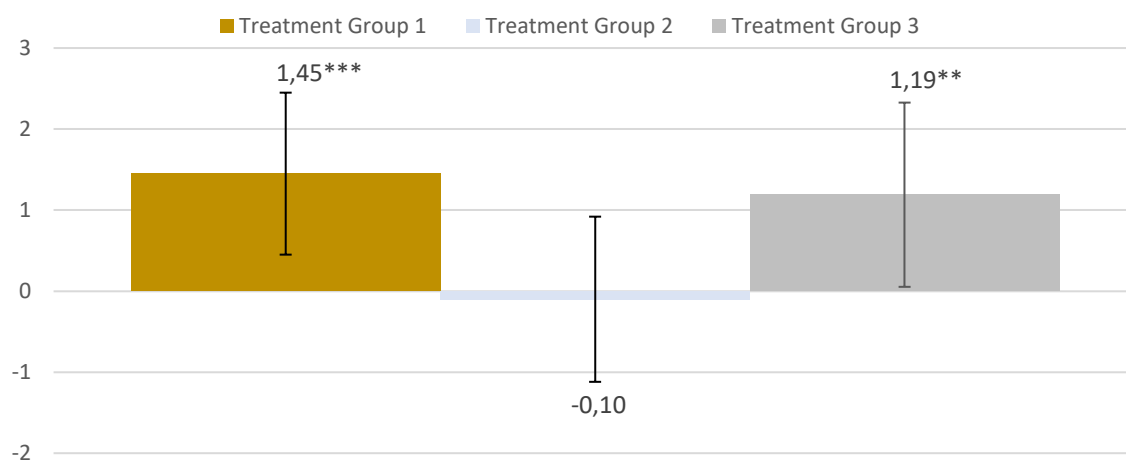
A randomized control trial implemented by EAPN-ES and coordinated by the SGI, allocated 400 low-income neighborhoods in Spain to one of the following possible treatments: an in-person intervention, a social media intervention, or both. A fourth group serves as pure control. While the in-person intervention includes outreach activities to raise awareness, advisory services, support in obtaining necessary administrative documentation, guidance and coordination between the individual and the administration, the social media campaign consisted of a social ads campaign in Facebook and Instagram.

Figure 8 shows graphically the impacts on the indicators of MIS applications. The administrative data of the service reveal that the face-to-face intervention significantly increased the number of requests in those nodes where it was implemented by 19.5% during the 13 weeks of intervention. On the other hand, no significant effect of the campaign is observed on social media. In addition, the effect of face-

to-face treatment is statistically indistinguishable from treatment that combined face-to-face and social media intervention.

In conclusion, the face-to-face intervention demonstrates a significant and positive effect on the number of applications. However, adding the social media campaign does not lead to further improvement, probably because participants had already received general information through other channels. It is important to note that the increase in the number of applications does not imply an increase in the percentage of unsupported applications, suggesting that additional requests do not involve less suitable profiles. This study did not find any significant effects on the number of approved applications or resolution time, likely due to the short period since application submission. Future research, with available data, will seek to track new applications and investigate the reasons behind the lack of increase in approvals.

Figure 8: Effect of the intervention on MIS application indicators – 13 weeks



Note: dark color denotes indicators for which the treatment effect is significant at the 1% level; intermediate color denotes indicators for which the treatment effect is significant at the 10% level; light color denotes non-significant indicators. The effects depicted in the graphs refer to regressions with strata fixed effects, the indicator at baseline, and controlling for unbalanced covariates.

This study proves the importance of raising awareness about the benefits, providing advisory services, support and guidance in the application process, and coordination with the administrations to reduce the NTU rate. Furthermore, the experiment reveals that social media informational campaigns without complementary assistance may be insufficient to tackle the issue, with causes going beyond the lack of information.

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Appendix

Economic and regulatory management

1. Introduction

Within the framework of the National Recovery, Transformation, and Resilience Plan, the General Secretariat for Inclusion (SGI) of the Ministry of Inclusion, Social Security, and Migration participates significantly in Component 23, "New public policies for a dynamic, resilient, and inclusive labor market," framed in policy area VIII, "New care economy and employment policies."

Investment 7: "Promotion of Inclusive Growth by linking socio-labor inclusion policies to the Minimum Income Scheme" is one of the reforms and investments proposed in this Component 23. Investment 7 promotes the implementation of a new inclusion model based on the Minimum Income Scheme (MIS), which reduces income inequality and poverty rates. To achieve this objective, the development of pilot projects has been proposed, among others, for the implementation of social inclusion pathways with autonomous communities, local entities, and Third Sector of Social Action organizations, as well as with the different social agents.

Royal Decree 938/2021, of October 26, which regulates the direct granting of subsidies from the Ministry of Inclusion, Social Security, and Migrations in the field of social inclusion, for an amount of €109,787,404, within the framework of the Recovery, Transformation, and Resilience Plan²⁸, contributed to meeting milestone 350 for the first quarter of 2022 as outlined in the Implementing Decision of the Council: "Improve the rate of access to the Minimum Income Scheme, and increase the effectiveness of the MIS through inclusion policies, which, according to its description, will translate into supporting the socio-economic inclusion of the beneficiaries of the MIS through itineraries: eight collaboration agreements signed with subnational public administrations, social partners and entities of the Third Sector of Social Action to conduct the pathways. The objectives of these partnership agreements are: (i) improve the MIS access rate; ii) increase the effectiveness of the MIS through inclusion policies". Likewise, along with Royal Decree 378/2022, of May 17²⁹, "at least 10 additional collaboration agreements signed with subnational public administrations, social partners and entities of the Third Sector of Social Action to implement pilot projects to support the socio-economic inclusion of the beneficiaries of MIS through itineraries" contributed to compliance with

²⁸ Royal Decree 938/2021, of October 26, regulating the direct granting of subsidies from the Ministry of Inclusion, Social Security, and Migrations in the field of social inclusion, for an amount of €109,787,404, within the framework of the Recovery, Transformation, and Resilience Plan (BOE-A-2021-17464). It can be consulted at the following link: https://www.boe.es/diario_boe/txt.php?id=BOE-A-2021-17464

²⁹ Royal Decree 378/2022, of May 17, 2022, regulating the direct granting of subsidies from the Ministry of Inclusion, Social Security and Migration in the field of social inclusion, for an amount of €102,036,066, within the framework of the Recovery, Transformation and Resilience Plan (BOE-A-2022-8124). It can be consulted at the following link: https://www.boe.es/diario_boe/txt.php?id=BOE-A-2022-8124

monitoring indicator number 351.1 in the first quarter of 2023, linked to the Operational Arrangements document³⁰.

Furthermore, following the execution and evaluation of each of the subsidized pilot projects, an assessment will be conducted to evaluate the coverage, effectiveness, and success of the minimum income schemes. The publication of this evaluation, which will include specific recommendations to improve the access rate to the benefit and enhance the effectiveness of social inclusion policies, contributes to the achievement of milestone 351 of the Recovery, Transformation, and Resilience Plan scheduled for the first quarter of 2024.

In accordance with Article 3 of Royal Decree 938/2021, dated October 26, subsidies will be granted through a resolution accompanied by an agreement of the head of the Ministry of Inclusion, Social Security and Migration as the competent authority for granting them, without prejudice to the existing delegations of competence in the matter, upon request by the beneficiary organizations.

On **August 31, 2022**, the European Anti-Poverty Network in Spain (EAPN-ES) was notified of the Resolution from the General Secretariat of Objectives and Policies for Inclusion and Social Welfare, granting a subsidy of €7,647,534 and, on **September 1, 2022**, a Convention was signed between the General Administration of the State, represented by the General Secretariat of Objectives and Policies for Inclusion and Social Welfare, and EAPN-ES, for the implementation of a social inclusion project within the framework of the Recovery, Transformation, and Resilience Plan. This Convention was published in the "Boletín Oficial del Estado" on **September 16, 2022** (BOE No. 223)³¹.

2. Timeline of the intervention

Article 17(1) of Royal Decree 378/2022, dated May 17, established that the execution period for the pilot projects of social inclusion itineraries subject to the subsidies provided for in this text shall not exceed the deadline of November 30, 2023, while their evaluation, the subject of the subsidy, shall not extend beyond the deadline of March 31, 2024, in order to meet the milestones set by the Recovery, Transformation, and Resilience Plan regarding inclusion policy.

Within this generic time frame, the execution begins on **April 3, 2023**, with the start of the intervention itinerary, continuing the execution tasks until **November 30, 2023**, and subsequently, only tasks related to project dissemination and evaluation are conducted until **March 31, 2024**

³⁰ Decision of the European Commission approving the document 'Operational Provisions of the Recovery, Transformation and Resilience Plan', which can be consulted at the following link: <https://www.lamoncloa.gob.es/serviciosdeprensa/notasprensa/hacienda/Documents/2021/101121-CountersignedESFirstCopy.pdf>.

³¹Resolution of September 5, 2022, of the General Secretariat for Objectives and Policies of Inclusion and Social Provision, publishing the Agreement with the European Anti-Poverty Network in Spain (EAPN-ES) for the implementation of a project for social inclusion within the framework of the Recovery, Transformation, and Resilience Plan. It can be consulted at the following link: <https://www.boe.es/boe/dias/2022/09/16/pdfs/BOE-A-2022-15166.pdf>

3. Relevant Agents

Among the relevant agents for the implementation of the project are:

- The **European Anti-Poverty Network in Spain (EAPN-ES)**, the beneficiary entity, responsible for project coordination.
- **17 territorial entities that make up EAPN-ES** (as set out in article 11.2 of the General Law on Subsidies) with whom it agreed as executors and beneficiaries of the project: 15 autonomous communities (Andalusia, Aragon, Asturias, Balearic Islands, Canary Islands, Cantabria, Castilla la Mancha, Catalonia, Extremadura, Galicia, Madrid, Murcia, Basque Country, La Rioja, Valencia) and the 2 autonomous cities (Ceuta and Melilla)
- The **Ministry of Inclusion, Social Security and Migration (MISSM)** as the project sponsor and the main responsible entity for the RCT evaluation process. To fulfill this role, the General Secretariat of Inclusion (SGI) assumes the following commitments:
 - a) Assist the beneficiary entity in the design of the activities to be carried out for the implementation and monitoring of the object of the grant, as well as for the profiling potential participants in the pilot project.
 - b) Design the randomized controlled trial (RCT) methodology of the pilot project in coordination with the beneficiary entity.
 - c) Evaluate the pilot project in coordination with the beneficiary entity.
- The **Complutense University of Madrid, Bru Laín Escandell and Fundació Bosch i Gimpera**, subcontracted for the formation of the Academic Committee for the accompaniment, monitoring, and reorientation of the actions.
- **Other agents:** Social Security, regional and local administrations, provincial councils, municipal social services, citizen participation agents (neighborhood associations), and social action services (soup kitchens, hostels, etc.).
- The **University of Alcalá**, for the technical and methodological support of the "Actividad de Cátedra" project.
- **CEMFI and J-PAL Europe**, as scientific and academic institutions that support the MISSM in the design and RCT evaluation.

Social media campaign

FASE 1. 17 de abril a 7 de mayo		FASE 2. 8 de mayo a 4 de junio		FASE 3. 5 de junio a 25 de junio	
<p>Grupo A</p>	<p>Grupo B</p>	<p>Grupo A</p>	<p>Grupo B</p>	<p>Grupo A</p>	<p>Grupo B</p>

Descriptive statistics at baseline

Table 15: Summary statistics at baseline: nodes level (census data)

	Mean	Std. Dev.	Min.	Max.	N
Demographic variables (Census, 2021)					
% Female population	0.50	0.02	0.40	0.56	400
% Population Younger than 16	0.17	0.04	0.07	0.37	400
% Population of Age 16 up to 64	0.66	0.04	0.44	0.82	400
% Population Older than 64	0.18	0.06	0.04	0.49	400
Education level (Census, 2021)					
% Population Pursuing University Education	0.02	0.01	0.00	0.06	400
% People with Higher Education	0.18	0.08	0.02	0.52	400
Employment (Census, 2021)					
Employment Rate	0.38	0.07	0.17	0.60	400
% Disability Pensioner over Population aged 16 and older	0.04	0.02	0.00	0.11	400
% Retirement Pensioner over Population aged 16 and older	0.15	0.05	0.04	0.40	400
% Other inactive population over Population aged 16 and older	0.23	0.06	0.09	0.42	400
% Student Population over Population aged 16 and older	0.06	0.02	0.03	0.16	400
Income (Income distribution atlas, 2020)					
% Population with Income Below 50% Median	31.02	8.26	14.10	49.50	393
% Population with Income Below 60% Median	40.46	9.43	20.50	61.20	393
% Population with Income Above 140% Median	12.00	7.19	0.60	41.80	393
% Population with Income Above 160% Median	7.82	5.57	0.20	35.10	393
% Population with Income Above 200% Median	3.45	3.14	0.00	23.30	393
Rurality (EAPN-ES, based on Eurostat and INE)					
Rural area	0.21	0.41	0.00	1.00	400

Table 16: Summary statistics at baseline: individual level (survey data)

	Mean	Std. Dev.	Min.	Max.	N
Household highest education level					
Years of education	11.13	4.37	0.00	19.00	12,834
Employment status					
Self-employed	0.09	0.29	0.00	1.00	13,167
Retired/pensioner	0.16	0.37	0.00	1.00	13,167
Student	0.00	0.06	0.00	1.00	13,167
Informal economy	0.00	0.07	0.00	1.00	13,167
Other	0.04	0.19	0.00	1.00	13,167
Income level					
First income level	0.03	0.18	0.00	1.00	11,594
Second income level	0.07	0.25	0.00	1.00	11,594
Third income level	0.15	0.36	0.00	1.00	11,594
Digital skills					
Social networks competences	3.37	1.48	1.00	5.00	12,419
On-line shopping competences	3.19	1.65	1.00	5.00	12,419
Administrative procedures competences	3.07	1.53	1.00	5.00	12,419
Characteristics of nodes					
Rural area	0.22	0.41	0.00	1.00	13,167
Total Population	1,610.53	760.33	357.00	6,536.00	13,167
Non standardized outcomes					
Knowledge of MIS	0.00	1.00	-1.25	1.56	12,419
MIS appropriate	0.00	1.00	-1.26	0.80	8,413
Easy application process	0.00	1.00	-1.51	1.86	6,645
Satisfaction application result	0.00	1.00	-1.40	1.89	5,653
MIS general assessment	0.00	1.00	-2.46	1.21	11,471
Trust in institutions (average)	0.00	1.00	-2.50	2.14	12,374
Trust in institutions (Anderson)	0.00	1.00	-2.51	2.17	12,374
Institutions capacity to solve problems	0.00	1.00	-1.69	2.04	12,370

Balance tests

Table 17: Balance test, census and administrative data

Variable	(1) Control		(2) Treatment		(2)-(1) Pairwise t-test	
	N/Clusters	Mean/(Var)	N/Clusters	Mean/(Var)	N/Clusters	P-value
Total Population	100	1,540.82 (454,427.87)	300	1,630.56 (617,691.67)	400	0.27
% Female population	100	0.50 (0.00)	300	0.50 (0.00)	400	0.77
% Male population	100	0.50 (0.00)	300	0.50 (0.00)	400	0.77
Mean Age	100	42.11 (15.32)	300	41.45 (17.45)	400	0.15
% Population Younger than 16	100	0.16 (0.00)	300	0.17 (0.00)	400	0.08*
% Population of Age 16 up to 64	100	0.66 (0.00)	300	0.66 (0.00)	400	0.65
% Population Older than 64	100	0.18 (0.00)	300	0.18 (0.00)	400	0.38
% Population with Foreign Nationality	100	0.18 (0.02)	300	0.19 (0.02)	400	0.61
% Population Born Abroad	100	0.22 (0.02)	300	0.23 (0.02)	400	0.74
% People Pursuing Higher Education	100	0.03 (0.00)	300	0.03 (0.00)	400	0.36
% People Pursuing University Education	100	0.02 (0.00)	300	0.02 (0.00)	400	0.33
% People with Higher Education	100	0.19 (0.01)	300	0.17 (0.01)	400	0.11
Unemployment Rate	100	0.29 (0.01)	300	0.30 (0.01)	400	0.66
Employment Rate	100	0.38 (0.00)	300	0.38 (0.00)	400	0.48
Activity Rate	100	0.54 (0.00)	300	0.53 (0.00)	400	0.46
% Disability Pensioner over WAP	100	0.04 (0.00)	300	0.04 (0.00)	400	0.63

Variable	(1) Control		(2) Treatment		(2)-(1) Pairwise t-test	
	N/Clusters	Mean/(Var)	N/Clusters	Mean/(Var)	N/Clusters	P-value
% Retirement Pensioner over WAP	100	0.15 (0.00)	300	0.15 (0.00)	400	0.34
% Other inactive population over WAP	100	0.22 (0.00)	300	0.23 (0.00)	400	0.17
% Student Population over WAP	100	0.06 (0.00)	300	0.06 (0.00)	400	0.64
% Population with Income Below 40% Median	98	21.92 (43.85)	295	22.22 (44.94)	393	0.70
% Population with Income Below 50% Median	98	30.73 (64.15)	295	31.12 (69.67)	393	0.68
% Population with Income Below 60% Median	98	40.03 (84.60)	295	40.60 (90.49)	393	0.59
% Population with Income Above 140% Median	98	12.65 (62.43)	295	11.78 (48.15)	393	0.33
% Population with Income Above 160% Median	98	8.53 (41.08)	295	7.59 (27.62)	393	0.19
% Population with Income Above 200% Median	98	4.00 (14.77)	295	3.27 (8.15)	393	0.08*
Rural area	100	0.22 (0.17)	300	0.21 (0.17)	400	0.89
Urban agglomeration	100	0.50 (0.25)	300	0.50 (0.25)	400	0.95
Urban area	100	0.28 (0.20)	300	0.29 (0.21)	400	0.85
MIS Applications (13 weeks)	96	10.77 (54.18)	286	10.90 (56.4)	382	0.89
% Not admitted applications (13 weeks)	93	0.09 (0.01)	280	0.11 (0.02)	373	0.32
(Unconditional) % Not admitted applications (13 weeks)	96	0.09 (0.01)	286	0.10 (0.02)	382	0.29

Variable	(1) Control		(2) Treatment		(2)-(1) Pairwise t-test	
	N/Clusters	Mean/(Var)	N/Clusters	Mean/(Var)	N/Clusters	P-value
Approved applications (13 weeks)	96	2.30 (5.52)	286	2.58 (7.61)	382	0.34
Active approvals (13 weeks)	96	2.18 (5.35)	286	2.47 (6.98)	382	0.31
Conditional approved applications	93	2.38 (5.52)	280	2.63 (7.63)	373	0.38
Conditional active approvals	74	2.82 (5.11)	226	3.12 (6.79)	300	0.35

Standard errors are robust. Significance: ***=.01, **=.05, *=.1.

Table 18: Balance test, survey data

Variable	(1) Control		(2) Treatment		(2)-(1) Pairwise t-test	
	N/Clusters	Mean/(Var)	N/Clusters	Mean/(Var)	N/Clusters	P-value
Male	3,283 100	0.42 (8.09)	9,881 300	0.41 (8.01)	13,164 400	0.56
Age	3,285 100	48.91 (6,161.55)	9,875 300	48.16 (5,907.54)	13,160 400	0.12
Spanish nationality	3,285 100	0.93 (2.20)	9,882 300	0.93 (2.28)	13,167 400	0.68
Household size	3,285 100	2.90 (56.13)	9,882 300	2.98 (58.40)	13,167 400	0.05*
Number of adults in the household	3,285 100	2.16 (27.87)	9,882 300	2.18 (27.04)	13,167 400	0.42
Number of children in the household	3,285 100	0.76 (31.41)	9,882 300	0.82 (33.76)	13,167 400	0.07*
Years of education	3,196 100	11.17 (634.97)	9,638 300	11.11 (611.12)	12,834 400	0.74
Employed	3,285 100	0.45 (8.20)	9,882 300	0.46 (8.21)	13,167 400	0.35
Self-employed	3,285 100	0.09 (2.80)	9,882 300	0.09 (2.71)	13,167 400	0.7
Unemployed	3,285 100	0.24 (6.09)	9,882 300	0.25 (6.16)	13,167 400	0.65
Retired/pensioner	3,285 100	0.17 (4.76)	9,882 300	0.15 (4.32)	13,167 400	0.1

Variable	(1) Control		(2) Treatment		(2)-(1) Pairwise t-test	
	N/Clusters	Mean/(Var)	N/Clusters	Mean/(Var)	N/Clusters	P-value
Student	3,285	0.00	9,882	0.00	13,167	0.88
	100	(0.13)	300	(0.14)	400	
Informal economy	3,285	0.00	9,882	0.00	13,167	0.34
	100	(0.12)	300	(0.16)	400	
Other	3,285	0.04	9,882	0.04	13,167	0.73
	100	(1.21)	300	(1.25)	400	
First income level	2,879	0.04	8,715	0.03	11,594	0.42
	100	(0.98)	300	(0.90)	400	
Second income level	2,879	0.07	8,715	0.07	11,594	0.86
	100	(1.82)	300	(1.80)	400	
Third income level	2,879	0.15	8,715	0.16	11,594	0.53
	100	(3.68)	300	(3.82)	400	
Fourth income level	2,879	0.75	8,715	0.75	11,594	0.88
	100	(5.46)	300	(5.51)	400	
Internet use competences	3,106	3.76	9,313	3.77	12,419	0.8
	100	(62.61)	300	(61.64)	400	
Social networks competences	3,106	3.35	9,313	3.38	12,419	0.51
	100	(70.31)	300	(67.89)	400	
On-line shopping competences	3,106	3.17	9,313	3.20	12,419	0.56
	100	(84.17)	300	(84.87)	400	
Administrative procedures competences	3,106	3.07	9,313	3.08	12,419	0.87
	100	(74.12)	300	(73.24)	400	
Non MIS profile	2,755	0.77	8,305	0.77	11,060	0.83
	100	(4.89)	300	(4.92)	400	
NTU profile	2,755	0.12	8,305	0.12	11,060	0.87
	100	(2.94)	300	(2.96)	400	
Non NTU profile	2,755	0.11	8,305	0.11	11,060	0.88
	100	(2.66)	300	(2.69)	400	
Rural area	3,285	0.22	9,882	0.21	13,167	0.93
	100	(5.67)	300	(5.57)	400	
Urban agglomeration	3,285	0.50	9,882	0.50	13,167	0.98
	100	(8.30)	300	(8.26)	400	
Urban area	3,285	0.28	9,882	0.29	13,167	0.91
	100	(6.73)	300	(6.78)	400	
Total population	3,285	1,546.88	9,882	1,631.69	13,167	0.3
	100	(1.52E+07)	300	(2.04E+07)	400	
Knowledge of MIS	3,106	0.02	9,313	-0.01	12,419	0.48
	100	(31.63)	300	(31.06)	400	

Variable	(1) Control		(2) Treatment		(2)-(1) Pairwise t-test	
	N/Clusters	Mean/(Var)	N/Clusters	Mean/(Var)	N/Clusters	P-value
MIS appropriate	2,105	0.00	6,308	0.00	8,413	0.85
	100	(21.3)	300	(21.08)	400	
Easy application process	1,648	0.03	4,997	-0.01	6,645	0.3
	100	(15.93)	300	(16.94)	400	
Satisfaction application result	1,387	-0.01	4,266	0.00	5,653	0.51
	100	(13.38)	300	(14.47)	400	
MIS general assessment	2,895	0.02	8,576	-0.01	11,471	0.28
	100	(28.70)	300	(28.85)	400	
Trust in institutions (average)	3,095	0.03	9,279	-0.01	12,374	0.12
	100	(30.32)	300	(31.33)	400	
Trust in institutions (Anderson)	3,095	0.02	9,279	-0.01	12,374	0.17
	100	(30.49)	300	(31.28)	400	
Institutions capacity to solve problems	3,094	0.01	9,276	0.00	12,370	0.52
	100	(30.40)	300	(31.3)	400	

Standard errors have been clustered at the node level. There are 400 clusters corresponding to the 400 nodes that were randomized. Significance: ***=.01, **=.05, *=.1.

Analysis of the results

Number of MIS applications

As the social media campaign was implemented at the zip code level, instead of at the census section level for logistical reasons, this study repeated the analysis with administrative data on the number of applications made in the zip codes of the analyzed nodes. **Table 19** confirms that the social media campaign does not have a significant effect at the zip code level either, or the only effect that remains significant at this level is the one of the in-person intervention during the implementation period. As this analysis includes applications from census sections where this intervention was not implemented, the effect decreases to 3.3% increase (5.7 additional applications in comparison with 171.5 in the control, $p < 0.1$). This project does not observe any effect in the percentage of not admitted applications either.

Table 19: Impact on applications - Zip code level

	Applications						% Not admitted applications					
	13 weeks		18 weeks		31 weeks		13 weeks		18 weeks		31 weeks	
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
Treatment	3.62		3.42		6.30		0.00		-0.00		-0.00	
	(2.60)		(3.26)		(5.11)		(0.01)		(0.00)		(0.01)	
In-person intervention		5.66*		5.42		9.39		0.01		-0.00		-0.00

	Applications						% Not admitted applications					
	13 weeks		18 weeks		31 weeks		13 weeks		18 weeks		31 weeks	
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
		(3.12)		(4.15)		(6.48)		(0.01)		(0.00)		(0.01)
Social media intervention		2.43		3.03		4.33		-0.01		-0.01		-0.00
		(3.20)		(4.01)		(6.02)		(0.01)		(0.00)		(0.01)
In-person and social media intervention		2.72		1.76		5.11		0.00		-0.00		-0.00
		(3.48)		(4.34)		(6.39)		(0.01)		(0.00)		(0.01)
Observations	381	381	381	381	381	381	381	381	381	381	381	381
R ²	0.98	0.98	0.98	0.98	0.98	0.98	0.27	0.28	0.20	0.21	0.21	0.21
Control group mean	171.46	171.46	218.00	218.00	331.12	331.12	0.15	0.15	0.04	0.04	0.06	0.06
T3=T1 (p-value)		0.41		0.43		0.52		0.55		0.34		0.66
T3=T2 (p-value)		0.93		0.78		0.90		0.19		0.23		0.82
T3=T1=T2 (p-value)		0.55		0.72		0.70		0.21		0.49		0.91
T3=T1+T2 (p-value)		0.26		0.28		0.34		0.97		0.10		0.61

Note: robust standard errors in parentheses. Regressions include strata fixed effects, and controls for the indicator at baseline, and unbalanced covariates: average age, share of population older than 64 years old, share of population younger than 16, share of population with income above 200% of the median income, share of retired population over population aged 16 and older, and share of student population over population aged 16 and older. Columns (7)-(12) include a dummy equal to one for those nodes with zero applications. Significance: * p<0.1, ** p<0.05, *** p<0.01.

Number of approved MIS applications

Further research will aim to track applications and analyze the reasons why the increase in the number of applications does not lead to an increase in the number of approved applications. At the time the data were extracted from administrative records to carry out the study, there were a few files that were still being processed. It may be needed a longer period to observe the resolution of all the applications done during the intervention period and be able to capture that effect.

The following tables show the impact of the interventions on the number of approved applications of those made during each period³², on the number of approved applications that remained active (not denied) as of December 31, 2023, and on the resolution time³³. This study does not observe any significant effect on any of the outcomes at both the census section and zip code level. Moreover, this report estimates the effect of the program on the number of approved applications conditional on a positive number of applications made, this is, the number of approved applications only defined for those nodes where there is at least one application. Similarly, this project estimates the effect on the number of approved applications active on December 31st, 2023, conditional on a positive number of approved applications in the node (conditional active approved applications). This study does not

³² At the time of this report, the administrative data is available until December 31st, 2023. This means that the approved applications are those that have been approved at some point between the application and that date.

³³ The 13-week period is the only one currently available for the resolution time. Therefore, regressions (13) and (14) do not include the resolution time at baseline.

observe any significant effects for conditional approved applications or conditional active approved applications at both the census tract and zip code level.

Table 20: Impact on approved applications - Census tract level

	Approved applications						Active approvals						Resolution time	
	13 weeks		18 weeks		31 weeks		13 weeks		18 weeks		31 weeks		13 weeks	
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)
Treatment	-0.03		-0.11		-0.01		0.01		-0.08		0.02		-0.52	
	(0.18)		(0.22)		(0.24)		(0.17)		(0.21)		(0.23)		(6.51)	
In-person intervention		0.08		-0.01		-0.05		0.15		0.06		0.03		0.58
		(0.20)		(0.25)		(0.27)		(0.19)		(0.24)		(0.27)		(7.90)
Social media intervention		-0.12		-0.20		-0.01		-0.11		-0.19		-0.01		-0.54
		(0.23)		(0.27)		(0.30)		(0.22)		(0.27)		(0.29)		(8.03)
In-person and social media intervention		-0.05		-0.13		0.03		-0.03		-0.11		0.04		-1.53
		(0.22)		(0.26)		(0.30)		(0.21)		(0.25)		(0.29)		(7.46)
Observations	381	381	381	381	381	381	381	381	381	381	381	381	364	364
R ²	0.42	0.43	0.42	0.42	0.50	0.50	0.43	0.43	0.42	0.42	0.50	0.50	0.18	0.18
Control group mean	1.38	1.38	1.74	1.74	2.22	2.22	1.33	1.33	1.67	1.67	2.15	2.15	99.18	99.18
T3=T1 (p-value)		0.47		0.60		0.79		0.32		0.45		0.99		0.77
T3=T2 (p-value)		0.72		0.79		0.91		0.68		0.74		0.89		0.89
T3=T1=T2 (p-value)		0.55		0.74		0.97		0.36		0.56		0.99		0.96
T3=T1+T2 (p-value)		0.97		0.82		0.85		0.81		0.95		0.98		0.89

Note: robust standard errors in parentheses. Regressions (1)-(12) include strata fixed effects, and controls for the baseline indicator and unbalanced covariates: average age, percentage of population over 64 years old, percentage of population under 16 years old, percentage of population with income over 200% of the median, percentage of retired population over population aged 16 and older, and percentage of student population over population aged 16 and older. Regressions (13) and (14) exclude baseline outcomes due to unavailability. Significance: * p<0.1, ** p<0.05, *** p<0.01.

Table 21: Impact on applications - Zip code level

	Applications						% Not admitted applications					
	13 weeks		18 weeks		31 weeks		13 weeks		18 weeks		31 weeks	
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
Treatment	3.62		3.42		6.30		0.00		-0.00		-0.00	
	(2.60)		(3.26)		(5.11)		(0.01)		(0.00)		(0.01)	
In-person intervention		5.66*		5.42		9.39		0.01		-0.00		-0.00
		(3.12)		(4.15)		(6.48)		(0.01)		(0.00)		(0.01)
Social media intervention		2.43		3.03		4.33		-0.01		-0.01		-0.00
		(3.20)		(4.01)		(6.02)		(0.01)		(0.00)		(0.01)
In-person and social media intervention		2.72		1.76		5.11		0.00		-0.00		-0.00
		(3.48)		(4.34)		(6.39)		(0.01)		(0.00)		(0.01)
Observations	381	381	381	381	381	381	381	381	381	381	381	381

	Applications						% Not admitted applications					
	13 weeks		18 weeks		31 weeks		13 weeks		18 weeks		31 weeks	
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
R ²	0.98	0.98	0.98	0.98	0.98	0.98	0.27	0.28	0.20	0.21	0.21	0.21
Control group mean	171.46	171.46	218.00	218.00	331.12	331.12	0.15	0.15	0.04	0.04	0.06	0.06
T3=T1 (p-value)		0.41		0.43		0.52		0.55		0.34		0.66
T3=T2 (p-value)		0.93		0.78		0.90		0.19		0.23		0.82
T3=T1=T2 (p-value)		0.55		0.72		0.70		0.21		0.49		0.91
T3=T1+T2 (p-value)		0.26		0.28		0.34		0.97		0.10		0.61

Note: robust standard errors in parentheses. Regressions include strata fixed effects, and control for the indicator at baseline, and unbalanced covariates: average age, share of population older than 64, share of population younger than 16, share of population with income above 200% of the median income, share of retired population over population aged 16 and older, and share of student population over population aged 16 and older. Columns (7)-(12) include a dummy equal to one for those nodes with zero applications. Significance: * p<0.1, ** p<0.05, *** p<0.01.

Table 22: Impact on approved applications - Zip code level

	Approved applications						Active approvals						Resolution time	
	13 weeks		18 weeks		31 weeks		13 weeks		18 weeks		31 weeks		13 weeks	
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)
Treatment	0.66		0.65		1.17		0.77		0.81		1.43		0.66	
	(0.89)		(1.08)		(1.72)		(0.88)		(1.09)		(1.72)		(0.89)	
In-person intervention		0.81		0.84		1.59		1.06		1.25		2.08		0.81
		(1.09)		(1.36)		(2.19)		(1.10)		(1.38)		(2.21)		(1.09)
Social media intervention		-0.01		0.01		-0.43		0.18		0.27		-0.05		-0.01
		(1.23)		(1.47)		(2.17)		(1.21)		(1.45)		(2.11)		(1.23)
In-person and social media intervention		1.19		1.09		2.37		1.09		0.92		2.26		1.19
		(1.17)		(1.40)		(2.27)		(1.13)		(1.38)		(2.25)		(1.17)
Observations	381	381	381	381	381	381	381	381	381	381	381	381	381	381
R ²	0.92	0.92	0.93	0.93	0.92	0.92	0.92	0.92	0.93	0.93	0.92	0.92	0.92	0.92
Control group mean	24.52	24.52	30.96	30.96	42.04	42.04	23.76	23.76	30.03	30.03	40.86	40.86	24.52	24.52
T3=T1 (p-value)		0.77		0.87		0.76		0.98		0.83		0.95		0.77
T3=T2 (p-value)		0.37		0.49		0.24		0.48		0.67		0.32		0.37
T3=T1=T2 (p-value)		0.66		0.77		0.44		0.73		0.81		0.49		0.66
T3=T1+T2 (p-value)		0.83		0.91		0.72		0.93		0.78		0.95		0.83

Note: robust standard errors in parentheses. Regressions (1)-(12) include strata fixed effects, and controls for the indicator at baseline, and unbalanced covariates: average age, share of population older than 64, share of population younger than 16, share of population with income above 200% of the median income, share of retired population over population aged 16 and older, and share of student population over population aged 16 and older. Regressions (13) and (14) do not include the baseline outcome due to unavailability. Significance: * p<0.1, ** p<0.05, *** p<0.01.

Knowledge and opinion regarding the MIS

Table 23: Impact on information received on the MIS (1/3). No controls or strata fixed effects

	In the last months, they received information on MIS on					
	Television	Radio	Social networks	Diptychs in mailbox	Poster	Diptychs in shops
In-person intervention	-0.00 (0.01)	-0.00 (0.01)	-0.00 (0.02)	0.02*** (0.01)	0.01** (0.01)	0.01** (0.00)
Social media intervention	-0.02 (0.01)	0.00 (0.01)	0.00 (0.02)	0.00 (0.00)	-0.01 (0.01)	0.00 (0.00)
In-person and social media intervention	-0.01 (0.01)	-0.01 (0.01)	-0.01 (0.02)	0.02*** (0.01)	0.03*** (0.01)	0.02*** (0.00)
Observations	9,840	9,908	9,898	9,971	9,926	9,971
R ²	0.00	0.00	0.00	0.00	0.00	0.00
Control group mean	0.30	0.14	0.32	0.02	0.05	0.02

Note: standard errors in parenthesis have been clustered at the node level. There are 400 clusters corresponding to the 400 nodes that were randomized. Regressions (2), (4), and (6) include strata fixed effects and controls for age, number of children and adults in the household, working status, and income level. * p<0.1, ** p<0.05, *** p<0.01.

Table 24: Impact on information received on the MIS (2/3). No controls or strata fixed effects

	In the last months, they received information on MIS on:					
	Workers	Social centers	People in neighborhood	MIS bus	Another channel	Any channel
In-person intervention	-0.00 (0.01)	0.00 (0.01)	-0.01 (0.02)	-0.00 (0.00)	-0.00 (0.00)	-0.00 (0.02)
Social media intervention	-0.00 (0.01)	-0.00 (0.01)	-0.02 (0.01)	0.00 (0.01)	-0.00 (0.00)	-0.00 (0.02)
In-person and social media intervention	0.00 (0.01)	0.01 (0.01)	0.01 (0.02)	0.01 (0.01)	-0.00 (0.00)	-0.00 (0.02)
Observations	9,948	9,797	9,961	9,970	9,993	10,002
R ²	0.00	0.00	0.00	0.00	0.00	0.00
Control group mean	0.03	0.18	0.19	0.03	0.00	0.61

Note: standard errors in parenthesis have been clustered at the node level. There are 400 clusters corresponding to the 400 nodes that were randomized. Regressions (2), (4), and (6) include strata fixed effects and controls for age, number of children and adults in the household, working status, and income level. * p<0.1, ** p<0.05, *** p<0.01.

Table 25: Impact on information received on the MIS (3/3). No controls or strata fixed effects

	In the last months, they received information on MIS on		
	Facebook	Instagram	Another social network
In-person intervention	0.01 (0.02)	0.01 (0.01)	-0.01 (0.01)
Social media intervention	-0.01 (0.01)	-0.00 (0.01)	0.00 (0.01)
In-person and social media intervention	-0.01 (0.02)	0.01 (0.01)	-0.01 (0.01)
Observations	9,970	9,970	9,970
R ²	0.00	0.00	0.00
Control group mean	0.20	0.07	0.09

Note: standard errors in parenthesis have been clustered at the node level. There are 400 clusters corresponding to the 400 nodes that were randomized. Regressions (2), (4), and (6) include strata fixed effects and controls for age, number of children and adults in the household, working status, and income level. * p<0.1, ** p<0.05, *** p<0.01.

Trust in institutions

With the alternative specification that does not include the outcome at baseline, the negative effect of the social media intervention on trust (computed with an average of questions) and the opinion on the capacity of the institution to solve problems becomes significant, although very small in magnitude (0.05 standard deviations). Again, the negative effect on the opinion on the capacity of the institutions to solve problems may reflect an increase in the perception of the complexity of the benefit, and its application process when information is provided without additional support. The aforementioned factors may also explain the lack of results in these outcomes.

Table 26: Impact on trust in institutions

	Trust in institutions (average)		Trust in institutions (Anderson)		Institutions capacity to solve problems	
	(1)	(2)	(3)	(4)	(5)	(6)
Treatment	0.01 (0.02)		0.01 (0.02)		-0.03 (0.02)	
In-person intervention		0.02 (0.02)		0.02 (0.02)		-0.03 (0.02)
Social media intervention		-0.02 (0.02)		-0.01 (0.02)		-0.04 (0.03)
In-person and social media intervention		0.02 (0.02)		0.01 (0.02)		-0.02 (0.02)
Observations	8,293	8,293	8,293	8,293	8,293	8,293
R ²	0.47	0.47	0.47	0.47	0.33	0.33

	Trust in institutions (average)		Trust in institutions (Anderson)		Institutions capacity to solve problems	
	(1)	(2)	(3)	(4)	(5)	(6)
Control group mean	0.03	0.03	0.03	0.03	0.05	0.05

Note: standard errors in parenthesis have been clustered at the node level. There are 400 clusters corresponding to the 400 nodes that were randomized. Regressions include strata fixed effects, the indicator at baseline, and controls for age, number of adults and children in the household, working status, and income level. Dependent variables have been standardized with variance one and mean zero. * p<0.1, ** p<0.05, *** p<0.01.

Heterogeneity analysis

Table 27: Heterogeneous impact on the number of MIS applications by rurality

	Applications						% Unaccepted applications					
	13 weeks		18 weeks		13 weeks		18 weeks		13 weeks		31 weeks	
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
Treatment	0.98**		0.97*		1.41*		0.02		-0.01		-0.00	
	(0.48)		(0.57)		(0.72)		(0.02)		(0.01)		(0.01)	
Rural area	0.73	0.76	0.77	0.79	0.08	0.15	0.04	0.03	0.01	0.01	-0.01	-0.01
	(1.07)	(1.08)	(1.25)	(1.25)	(1.70)	(1.71)	(0.05)	(0.05)	(0.02)	(0.02)	(0.02)	(0.02)
Treatment x Rural area	-0.65		-1.02		-0.73		-0.02		-0.00		-0.02	
	(1.23)		(1.40)		(1.82)		(0.06)		(0.02)		(0.02)	
In-face intervention		1.38**		1.38**		1.26		0.02		-0.00		-0.00
		(0.55)		(0.66)		(0.81)		(0.03)		(0.01)		(0.01)
In-face intervention x Rural area		0.08		-0.12		0.53		-0.00		-0.02		-0.03
		(1.49)		(1.66)		(2.10)		(0.08)		(0.02)		(0.02)
Intervention in social media		0.36		0.31		1.35		-0.01		-0.02		-0.00
		(0.58)		(0.69)		(0.92)		(0.03)		(0.01)		(0.01)
Intervention in social media x Rural area		-1.97		-2.48		-2.63		0.00		0.01		-0.00
		(1.39)		(1.63)		(2.24)		(0.07)		(0.02)		(0.03)
In-face intervention and social media		1.23*		1.26		1.61		0.04		-0.01		0.00
		(0.66)		(0.77)		(0.98)		(0.02)		(0.01)		(0.01)
In-face intervention and social media x Rural area		-0.03		-0.49		-0.06		-0.10		-0.01		-0.03

	Applications						% Unaccepted applications					
	13 weeks		18 weeks		13 weeks		18 weeks		13 weeks		31 weeks	
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
	(1.60)		(1.85)		(2.31)		(0.08)		(0.02)		(0.02)	
Observations	381	381	381	381	381	381	381	381	381	381	381	381
R ²	0.64	0.65	0.67	0.68	0.74	0.74	0.21	0.23	0.20	0.21	0.19	0.20
Mean of control group	7.44	7.44	9.52	9.52	14.03	14.03	0.12	0.12	0.03	0.03	0.04	0.04

Note: robust standard errors in parentheses. The regressions include stratum fixed effects and control for the indicator at baseline and for non-balanced covariates: average age, percentage of population over 64 years of age, percentage of population under 16 years of age, percentage of population with income above 200% of the median, percentage of retired population over 16 years of age, and percentage of student population over 16 years of age. Columns (7)-(12) include a dichotomous variable equal to one for those nodes with zero requests. Significance: * p<0.1, ** p<0.05, *** p<0.01.