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NGOs as Mediators of Inequality Regimes: A Comparative Analysis at the Institutional Structure in Peru and France

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To my parents, Saulo Reyes and Delia Ramirez, whose lives shaped both my interest in social sciences and the focus of this project.

To my sister, Sofia Reyes, for her steady academic support.

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To Bailey and Dogo.

Introduction

Throughout my undergraduate studies, I participated in two civic experiences that, although differing in the nature of the organizations, disclosed similar patterns in how inequality is created, governed, and rendered visible. During my first year, I volunteered at Ronald McDonald House Charities (RMHC) in Lima, Perú, aiding families from rural Andean communities who had come to the capital seeking specialized pediatric treatment. My responsibilities involved helping with elemental necessities like food and lodging, but what impressed me most were the institutional hurdles these families encountered: alien procedures, language barriers, and systems that did not acknowledge or adapt to their context. During my second year, I worked at the Banque Alimentaire de la Marne in Reims, France, where I assisted in sorting and delivering food donations to groups living in economic distress. Although this French context functioned with more logistical efficacy, I noted more discrete forms of exclusion—access to assistance was conditional, moralized, and influenced by presumptions regarding who was worthy of help and how they should conduct themselves.

These experiences triggered a further exploration of what inequality is and how it works. Inequality, in a broad sense, is an uneven distribution of resources, opportunities, and recognition across society's segments. In the words of the World Bank (2024), inequality is expressed through disparities in access to education, health, housing, and other essential social goods, which frequently lead to intergenerational cycles of poverty and exclusion. The Gini index is a common measure of economic inequality, ranging from 0 (absolute equality) to 100 (total inequality). In 2023, the Gini index was 40.7 in Peru (World Bank, 2023), testifying to profound economic inequalities entrenched in its historical development path. For comparison, France had a Gini index of 31.2 in 2022 (World Bank, 2022) —lower, yet still pointing to structural inequality that contradicts the universalism aspirations of its welfare model.

Nonetheless, inequality cannot be narrowed down to income differentials. It needs to be interrogated as the outcome of stratified institutional systems that mirror and perpetuate stratification. In the view of López-Roldán and Fachelli (2021), inequality emerges at the nexus of structural conditions—among them labor markets, demographic change, gender regimes, and technological advancement—and national institutional arrangements, such as social models, education systems, and public policy regimes (pp. 8–10). These building blocks constitute institutionalised social stratification systems, which dictate how—and for whom—welfare provisions are arranged.

This theoretical framework is especially helpful for comparing European and Latin American regimes of inequality. In Latin America, and in Peru specifically, inequality is frequently grounded in structural heterogeneity, such that great portions of the population are outside formal economic and institutional settings. Health, education, and welfare services tend to be concentrated in urban zones and founded upon exclusionary colonial legacies that make rural and Indigenous populations institutionally invisible (Martín-Artiles, Chávez-Molina, & Semenza, 2021, pp. 42–44). In Europe, welfare states such as France function on principles of universalism, holding out the promise of equal access to services for all. But in practice, this ideal is regularly fragmented by bureaucratic filters, eligibility requirements, and implicit moral judgments concerning who is "deserving" of assistance and on what terms (p. 50).

This difference—between exclusion through omission and exclusion through conditional inclusion—came to be at the heart of my deliberations. My experience at RMHC in Lima

demonstrated a healthcare system that had never included Indigenous rural populations fully, whereas my experience at the Banque Alimentaire indicated that even within very advanced welfare states, access to such basic commodities as food was moralized and rationed through referral systems. Both experiences contradicted my early premise that inequality could be reduced to an economic question of wealth or poverty. Rather, I had come to recognize inequality as an administrative system—a governance regime that structures access to social rights through defaults, symbolic boundaries, and institutional assumptions. Therefore, the research question for this project was: **How do differing welfare regimes—one in Peru that is marked by structural omission and one in France that is defined by bureaucratic fragmentation each address inequality in specific areas of healthcare and food aid, and what do these regimes tell us about the institutional logic through which vulnerability is seen, hidden, or reproduced?** I hypothesize that though the two systems vary in form and historical genesis, they meet in practice by producing conditional modalities of inclusion that leave the most vulnerable groups structurally exposed.

This report is divided into two parts. The first is a Civic Engagement Report, in which I reflect upon my experiences in each field site and describe the ways that inequality was evident through daily institutional practices. It pulls on theoretical concepts to examine how NGOs function as the missing link in settings where public systems fail. The second is a Research Analysis, in which I conduct a more in-depth comparative analysis of the inequality regimes in Peru and France, with specific focus on health and food insecurity. It unpacks the institutional structures that perpetuate these regimes and reflects on how civic engagement can be both an act of service and a space of sociological research. Through my civic experience and comparative analysis, this project seeks not only to catalogue inequality, but to interrogate the institutional logic by which it is perpetuated. With this combined methodology, I hope to advance a more nuanced understanding of inequality as an infrastructural condition—a condition embedded in the design and operation of systems we tend to overlook.

Civic Engagement Report

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1. Context: Field Sites of Unequal Access

My motivation to learn about inequality is not just academic but also personal. I am from Peru, a nation that regularly tops Latin America's most unequal countries, as indicated by its GINI Index, which reveals chronic income inequality and structural limitations for Indigenous and rural populations (Our World in Data, 2021). Yet, for me, inequality has not been a theoretical concept—it has been experienced and passed down through generational memory.

I am the daughter of an indigenous Kichwa man who grew up in a poor indigenous community in the Peruvian Andes. His own childhood was defined by want. He worked during school vacations on sugarcane plantations to purchase school supplies and managed to scrape together just enough to remain in school. Public services in his area were few; the state, in all practical senses, did not exist. At age sixteen, he moved to Peru's capital, Lima—not with a scholarship or social assistance, but out of pure necessity. There, he joined the informal labor market: selling books, working for electricians, and gradually learning how to operate in a system that never provided institutional assistance. This close experience about inequality taught me that inequality is not only economic but also linguistic, territorial, bureaucratic, and symbolic. It defines whom the system is designed for and who has to fight to access it.

Such awareness prompted me to seek out civic commitments that might allow me to investigate how inequality works in practice—not just in low-income settings such as Peru, but in high-income nations such as France. My volunteer work at Ronald McDonald House Charities (RMHC) in Lima and at the Banque Alimentaire de la Marne in Reims turned from volunteer experiences into windows on how "inequality regimes" function.

The notion of inequality regimes provides a compelling analytical framework for grasping how inequality is not simply a byproduct of adverse outcomes or failed redistribution, but instead an outcome of institutionalized patterns of production, social organization, policy design, and state-citizen relationships. As Boyer (2015) puts it, inequality regimes denote the "specific configurations of institutions, norms, policies and political alliances that structure the production and reproduction of inequalities over time" (p. 2). Such regimes are not fixed—they develop historically, inflected by colonial legacies, economic models, welfare state architectures, and political contestation. Crucially, Boyer contends that inequality regimes vary significantly by country, generating contrasted yet interdependent configurations. In Latin America, for example, long-standing inequality is accompanied by democratic aspirations and welfare experimentation, producing what he terms "the Latin American paradox" (p. 3). By contrast, European regimes—like France's—tend to express a tension between universalist welfare ideals and progressively fragmented or moralized implementation mechanisms.

Applying this framework to Peru and France at the national level allows for a deeper understanding of how NGOs like RMHC and the Banque Alimentaire operate within distinct structural conditions. In Peru, the national inequality regime is marked by a long-standing centralization of public services, a fragmented welfare infrastructure, and entrenched territorial and ethnolinguistic exclusions. As Boyer notes, many Latin American regimes are

characterized by "a dualism in social protection," where formal-sector workers access limited rights while informal and rural populations are left to navigate exclusion or rely on civil society (2015, p. 6). This is visible in Peru's health system, where access to specialized care depends not only on need but on geographic and cultural proximity to Lima. In contrast, France's inequality regime, though rooted in a universalist welfare model, increasingly depends on non-state actors to manage precarité—especially in areas like food aid, housing, and emergency support. While redistribution remains a strong policy pillar, its implementation is often delegated to civil society in ways that reproduce moralized distinctions between the "deserving" and "undeserving" poor (Boyer, 2015, p. 14). By applying the concept of inequality regimes, we can thus compare how Peru and France structure inclusion and exclusion—not simply through economic measures, but through the institutional logics and delegated responsibilities that shape everyday access to basic rights.

1.1. Ronald McDonald House Charities (RMHC) – Lima, Peru

Ronald McDonald House Charities (RMHC) is an international charity established in 1974 that offers shelter and psychosocial services for families in need of specialized pediatric medical care away from home. In Peru, where high-quality pediatric care is centralized in Lima, the charity assists largely rural, Indigenous, mainly Quechua- and Aymara-speaking families who travel great distances for their children's treatment. Families present themselves in Lima without housing, without a support network, and with limited capacity to negotiate an urban, bureaucratic, and Spanish-speaking health system. At RMHC, I worked in close contact with beneficiary families, many of whom had traveled from rural or indigenous communities to access specialized medical care in Lima. I conducted volunteer hands-on tasks: sorting and managing donations, delivering hygiene kits, assisting in organizing children's activities, and providing general logistic support in the house. This demanded high interpersonal sensitivity, flexibility to alternative cultural norms, and dedication to compassionate care. The close nature of the work provided me with an understanding of how institutional centralism and cultural boundaries combine to exacerbate health disparity.

Figure 1. Volunteer activity with a child undergoing medical treatment at Ronald McDonald House Charities Lima.

The Peruvian state provides neither logistical nor cultural support for these internal "health migrants." RMHC fills this gap by offering shelter, meals, hospital transportation, and a friendly atmosphere. Although the RMHC model evidently facilitates family-centered care and addresses essential logistical gaps, its very existence also reflects a wider trend within many Global South health systems, wherein non-state actors frequently make up for the lack of or inaccessibility of state services (Rubin & Franck, 2017, p.5). Far from substituting for public policy, these initiatives draw attention to systemic disparities in access, distribution, and linguistic inclusion.

Here, inequality is performed through institutional design: the lack of Indigenous-language services, the assumption of digital literacy for hospital appointments, and the physical distance between care and community. RMHC bridges these gaps, but it also exposes them—demonstrating that inequality is not only suffered; it is managed.

1.2. Banque Alimentaire de la Marne – Reims, France

Created in 1984, the Banque Alimentaire is France's biggest food bank network based on a model of solidarity-based food redistribution. It recuperates surplus products from producers and retailers and distributes them via local associations to individuals and families facing food insecurity (Banque Alimentaire, n.d.). At the Banque Alimentaire de la Marne, I managed food donations, sorting them appropriately according to cold chain and food safety requirements, while also participating in various logistical activities. Additionally, I took part in the Collecte Nationale 2022, assisting at local supermarkets by managing donations, distributing flyers, and raising awareness about food insecurity.

In contrast to Peru, the French welfare state provides extensive institutional support to its population. And yet, here too, inequality is present. Food insecurity is experienced by almost 8 million individuals in France, especially students, the unemployed, single parents, and migrants (Banque Alimentaire, n.d.). Accessing food assistance is not a given—it is conditional on referrals, paperwork, and case-by-case determinations of "need."

In the French case, food insecurity is typically addressed not by guaranteed entitlement, but by targeted aid systems premised upon institutional discretion and moral hierarchies. NGOs such as the Banques Alimentaires are central actors, but access to their assistance is often mediated by gatekeeping regimes, such as referral systems or income-based eligibility tests. As Borch and Kjærnes (2016) note, the prevailing discourse on food insecurity in Europe increasingly focuses on the sorting of people into "vulnerable" or "deserving" categories, as opposed to claiming food access as a universal right (p. 143). This echoes a wider discursive turn toward individualized responsibility and bureaucratically managed need, wherein hunger is constructed as a temporary, private plight rather than as a structural failure of the welfare state (pp. 141–143). The outcome is a form of institutional triage, wherein scarce resources are rationed through administrative filters infused with social norms and assumptions of worthiness, rather than egalitarian distribution.

1.3. Shared Structures in Divergent Systems

In spite of their distinctions, both RMHC and the Banque Alimentaire function within systems that triage and condition access—not exclusively on the basis of need, but on the basis of navigability, visibility, and compliance with bureaucratic or cultural norms. The health system in Peru is centralized and exclusionary, prompting NGOs such as RMHC to serve as functional substitutes for the state. The French model of food distribution demonstrates a partial delegation of state responsibility, inscribing inequality in volunteerism

and rationed solidarity. Both NGOs alleviate suffering. But their existence also exposes more profound systemic problems: who is seen by the state, whose suffering is readable, and on what conditions assistance is provided. These experiences affirmed that inequality is not only about what individuals don't have—it's about how systems are structured to govern that lack. It is both institutional and ethical, built into the very design of public life.

2. Personal Learnings: Inequality as Infrastructure

Prior to my civic involvement, I imagined inequality in the conventional terms I had studied in school: a quantifiable gap—GINI coefficients, poverty rates, disparate access to education or healthcare. But my work in Lima and Reims revealed something else. Inequality was not a gap; it was a structure, an unseen but ubiquitous design entrenched into the very dynamics of daily life.

2.1. Lima: Structural Exclusion in Health Systems

The families I worked with at RMHC were mostly from rural Andean areas who came to stay while their children received medical care in the city. These families were not only dealing with illness; they were dealing with an urban health system that did not make much space for them. Hospital forms online were in Spanish only, appointments demanded digital literacy they did not often have, and the very presence of these Indigenous families in hospital hallways too often seemed to disturb a social norm. What struck me most was that these obstacles were not necessarily mean-spirited or deliberate—they were simply there, built in, normalized by practice. I saw that the issue was not just poverty, but that public systems had simply not been imagined with these families in mind despite Peru having one of the largest indigenous populations in Latin America.

The literature refers to this as a characteristic of inequality regimes—long-lasting institutional arrangements that generate and process inequality through organizational routines, assumptions, and regulations (López-Roldán & Fachelli, 2021). Such regimes do not depend on overt discrimination to exclude; instead, they operate by creating "standard users" whose attributes implicitly determine who belongs and who does not. The families at RMHC did not match that standard; they were unseen until they showed up, and unreadable once they did.

2.2. Reims: Food Insecurity as Institutional Deficit

In Reims, my volunteering with the Banque Alimentaire provided a direct insight into the daily workings of France's food aid system. On the surface, the organization was impressively structured: deliveries were on time, parcels of food were handed out with accuracy, and volunteers—such as myself—labored effectively to address demand. Yet underlying this logistical coherence existed a more profound contradiction. Why does food insecurity exist in a nation that has one of the world's most advanced welfare systems?

The experience compelled me to consider food insecurity not as an exception, but rather as part of a wider regime of inequality, forged at the intersection of economic pressures, welfare reform, and institutional design.

2.3. Interfacing Structure and Policy

Fachelli and López-Roldán (2021) argue that the analysis of similarities and differences in social stratification patterns between regions and countries needs to look at the interface between structural factors—namely, productive structure, labor markets, gender norms, territorial dynamics, demographic change, and technological change—and national

institutional configurations, which comprise social models, education systems, labor regulation, social security, and public policy (p. 455). In this way, it is possible to reveal how inequality is generated and reproduced not just by economic forces, but also by the institutional and policy contexts in which individuals and groups are inserted.

While food aid was on offer, it was a supplementary safety net that was provided rather than a structural assurance. Recipients frequently relied on sporadic referrals from social workers, and the support they received was couched in terms of what had been donated, rather than calibrated to nutritional requirement or long-term security. In this regard, food insecurity in France was not a matter of absolute scarcity—it was a matter of managed precarity, in which the provision of essential goods was contingent and provisional.

The fact that the Banque Alimentaire exists, then, is indicative of a reordering of social protection—a move away from state-guaranteed entitlements and in the direction of responses ruled by the logic of charity, surplus, and short-term alleviation. Further, food insecurity is not spread evenly throughout the population. At the Banque Alimentaire, I witnessed this myself: a majority of the beneficiaries were single mothers, aging migrants, or sans-papiers. They were not just poor—they were structurally vulnerable, dealing with a system that provided relief, but also perpetuated their tenuous social standing.

What I discovered was that food insecurity here is not a technical issue to be resolved through improved logistics. It is a symptom of underlying institutional deficits and political choices—the retrenchment of public welfare, the bureaucratization of social services, and the moral unease of inequality in affluent societies. Insofar as food banks address immediate need, they also endanger normalizing hunger as a circumstance to be managed by civil society, instead of being eradicated through public policy.

3. Linking Theory to Practice: Reframing Inequality

3.1. Coursework as an Interpretive Framework at the National Level

My studies in Political Science and, specifically, the class Social Inequality & Policy Responses with Professor Bastian Betthaeuser provided the theoretical foundations to read inequality not simply as economic figures, but rather as a cluster of historical and institutionalized patterns. What I had witnessed in the field—at Ronald McDonald House Charities (RMHC) in Lima and the Banque Alimentaire in Reims—became readable through these analytical frameworks.

3.2. Institutional Stratification in Peru: Exclusion by Design

One of the main frameworks informing my analysis was the notion of institutionalised social stratification systems. As López-Roldán and Fachelli (2021) characterize them, these are nationally embedded legacies that condition the ways in which welfare systems reproduce exclusionary patterns (p. 9). In Peru, this manifested in the centralisation of public health infrastructure in Lima, which systematically excludes rural and Indigenous communities. The families I met at RMHC were not just forgotten—they were institutionally unseen. Their exclusion was not random, but instead organised by a state logic that never wholly incorporated them into the national developmental project.

3.3. France's Conditional Universalism: Moral Gatekeeping in Practice

In France, my civic service manifested a different but analogous tension—a kind of fragmentation of universalism. The French welfare state is based on a republican ideal of

equal treatment and universal provision. But on the ground at the Banque Alimentaire, access to assistance was conditioned by eligibility tests, referral mechanisms, and unspoken moral expectations. Beneficiaries were required to perform neediness in a socially acceptable manner—grateful, patient, uncomplaining. This posed a question: who is actually included in the moral universe of the welfare state? To understand this, I looked to Schwartz's (2007) definition of universalism as a moral value. Universalism, for Schwartz, entails "understanding, appreciation, tolerance, and protection for the welfare of all people and for nature" (p. 717). It seeks to go beyond boundaries of group membership, ethnicity, or status. And yet in practice, France and Peru each fail—though in different ways. In Peru, inequality is reproduced through infrastructural omission; in France, through bureaucratic filtering and moralized inclusion. Both demonstrate that universalist values, though rhetorically compelling, are regularly mediated by institutional logics that condition who is recognized, supported, and seen.

4. Critical Reflection: From Civic Intent to Structural Awareness

When I first started volunteering, my motive was simple: to help. I was driven by an honest yet small contribution to ease inequalities. But as my civic service took place, I came to wonder if help, especially in institutional contexts, is ever innocent. In Lima and Reims, I did not merely come face to face with need—I came face to face with institutions organized around rationing that need. I saw how procedures, forms, and organizational habits could transform scarcity into routine. What should have been exceptional—families who traveled for days to receive care, individuals who waited in line for food in a welfare state—was processed with such bureaucratic efficiency that it seemed ordinary. And that definitely raised questions against the nature of the role of NGOs as non-state actors.

4.1. NGOs as First Responders—But to What?

Both of the organizations I worked with were providing care, but they were also addressing absences. RMHC gave essential support to families who were geographically and culturally removed from Peru's health system. The Banque Alimentaire provided food in a nation where poverty ought not be inevitable or invisible. But these efforts, however crucial at the civic level, were not remedies for structural injustice. They were stopgaps, bandages over underlying wounds. As time went on, I came to understand how NGOs work not outside the system, but within it. Their presence manifests what the state does not, but it also assists in making that absence more tolerable. In so doing, aid threatens to become a substitute for justice, a means of surviving inequality instead of confronting it.

4.2. From Solidarity to Structural Change

What began as a practice of solidarity evolved into a confrontation with discomfort. I found myself asking whether good intentions were enough—whether care, when unaccompanied by structural analysis, might actually reinforce the systems it seeks to soften. Was I there to help people, or to help institutions manage the problem of inequality more gently? This is not to question the value of care, but to recognize its limits. Without a commitment to change the structures that produce exclusion, solidarity risks becoming symbolic.

As I went through this process, I found myself growing more understanding of my own status. I had the luxury of access: to go into these civic spaces, observe, reflect, and ultimately exit. The people I worked with—families in medical crisis, the food-insecure—did not have this option. They moved through systems not as experiments, but as terms of survival. This imbalance gave me pause. What does it mean to "engage" civically when one's

education is predicated on another's adversity? I think it requires more than empathy—it requires responsibility. This project ended up changing my mind about civic engagement. I no longer think of it as just volunteering or service. It is, at its most profound, an exercise in structural literacy—a way of questioning not just how systems function, but whom they serve and whom they neglect. It is a place where compassion needs to be paired with critique, where serving others is a beginning for understanding the systems that generate need in the first place. The objective of my Capstone Project is to positionate civic work nor merely as an act of charity, but as an invitation to question politically NGOs and its role at the state institutional level.

Research-oriented paper

NGOs as Mediators of Inequality Regimes: A Comparative Analysis at the Institutional Structure in Peru and France

1. Executive Summary

Throughout my civic engagement work in France and Peru, I saw how fundamental social rights—access to healthcare or food, for example—are not always provided by the state, and how non-governmental organizations (NGOs) are frequently the ones that fill these gaps. In Lima, I volunteered with Ronald McDonald House Charities (RMHC), which provides housing and services for low-income families that have to travel great distances from rural towns to receive pediatric treatment in the capital. There, I met with families that were not just dealing with sickness, but also with the expense, time, and uncertainty of being away from home and public services that were frequently inadequate. In France, I volunteered for the Banque Alimentaire de la Marne, sorting and delivering packages of food for individuals who couldn't purchase basic groceries—even in one of Europe's richest countries. Behind every sack of rice or can of beans was the story of someone who had fallen outside a complicated and fragmented system of social protection.

These experiences, while occurring in nations of varying levels of development and welfare systems, all indicated the same underlying question: Why are NGOs so necessary for fulfilling people's basic needs—and what does that reflect about the systems that ought to be fulfilling those needs in the first place?

This research examines the work of non-governmental organizations (NGOs) in providing access to social rights under national regimes of inequality through a comparative case study of Ronald McDonald House Charities (RMHC) in Peru and the Banque Alimentaire in France. The main question that guides this research is: *In what ways do French and Peruvian NGOs act as intermediaries within national inequality structures, and what can be learned about structural and institutional exclusion from their logics of operation?* To answer this question, the study also addresses three subsidiary questions: (1) What are the structural circumstances and institutional structures that generate a dependence on NGOs in both countries? (2) In what ways do the operations of NGOs differ in situations marked by structural absence versus bureaucratic fragmentation? and (3) What material and symbolic parameters shape the distribution of aid and the conditions of eligibility?

From these questions, this research is guided by the following hypothesis: Although NGOs in France and Peru both aim to combat exclusion, their capacity for doing so is conditioned by the particular institutional architectures of each national setting. In Peru, NGOs address mostly structural omission, filling in where the state is not present, whereas in France, NGOs work within bureaucratically fragmented systems, serving as navigators in present but opaque public institutions. In both instances, need is not sufficient for access—eligibility is contingent upon symbolic and administrative legibility to institutional norms.

To answer these problematiqués, the paper unfolds in six sections. First, it sets the context of civic engagement and formulates the research motivation. Then, it outlines the theoretical and conceptual framework, drawing on the AMOSIT model (López-Roldán & Fachelli, 2017), the distinction between pre- and post-distributive institutions (Martín-Artiles et al., 2021), and the theory of inequality regimes (Boyer, 2015). The third section traces the

national inequality contexts in the case of Peru and France. The fourth section discusses the empirical case studies of RMHC and Banque Alimentaire, showing how each NGO operates to enable access to the rights of health and food, respectively. The fifth section offers a comparative analysis that interprets the activities of the two organizations through common and differing principles of structural omission and bureaucratic fragmentation. The article concludes by revisiting the main research question and sub-questions, clarifying broader implications about how NGOs not only provide services but also underscore the limits of institutional inclusion in asymmetric welfare regimes. By this framework, the research adds to comparative welfare studies and to a more profound comprehension of NGO positionality in modern inequality governance.

2. Theoretical and Conceptual Framework

2.1. AMOSIT Model of Inequality (López-Roldán & Fachelli, 2017)

Conceptualizing the work of NGOs in structurally unequal societies demands a framework that is attentive to both the institutional apparatus of inequality and the positionality of civil actors within these regimes. This study employs three interrelated theoretical prisms: the AMOSIT model of multidimensional inequality, the pre- and post-distributive institutional distinction, and comparative welfare typologies based on economic coordination and structural heterogeneity. These theories permit comparative Peru - France analysis and place Ronald McDonald House Charities' and the Banque Alimentaire's work as civic actors within highly unequal systems.

The AMOSIT model, formulated by López-Roldán and Fachelli (2017), presents a multidimensional framework to examine inequality in terms of six interrelated dimensions: Ambits, Mechanisms, Outcomes, Stratification, Institutions, and Trajectories. In contrast to unidimensional indicators like the Gini coefficient, AMOSIT stresses the institutional and relational processes that produce inequality across domains of life. It acknowledges, for example, that exclusion from the Peruvian healthcare system is not merely a matter of income level but also of territorial, linguistic, and bureaucratic exclusion (p. 6). These cumulative exclusions point to not merely shortcomings in service delivery but to the reproduction of unequal life opportunities across generations—a viewpoint particularly useful to understanding how NGOs seek to intervene in key moments of social vulnerability.

2.2. Inequality Regimes (Boyer, 2015)

This institutional approach to inequality is complemented by the idea of inequality regimes, as developed by Boyer (2015). He contends that inequality is not simply the result of economic processes, but is rooted in institutional arrangements that shape both the production and legitimization of inequality. Such regimes include norms, rules, and organizational forms that regulate how social hierarchies are generated, how economic benefits are distributed, and how recognition and legitimacy are allocated across groups (p. 5). Inequality regimes function not just through public policy and administrative channels, but also through symbolic frameworks that establish whose needs are legible as legitimate and whose claims are invisible or institutionally illegible. In France, for instance, access to food assistance through institutions like the Banque Alimentaire is commonly mediated by referral systems and bureaucratic evaluations that privilege particular profiles of vulnerability—generating a mode of normative filtering that determines who becomes visible to the welfare apparatus. In Peru, NGOs such as Ronald McDonald House Charities struggle not just with infrastructural deficits in the healthcare system, but with cultural and administrative exclusions that marginalize rural and Indigenous communities. These

variations demonstrate that NGOs are not neutral intermediaries; they are embedded actors within nationally specific inequality regimes, negotiating systems that both reflect and reproduce historically situated forms of social eligibility and exclusion.

2.3. Pre- and Post-Distributive Institutions (Martín-Artiles et al., 2021)

To more accurately capture the institutional difference between France and Peru, this study draws upon the difference between pre-distributive and post-distributive institutions, developed by Martín-Artiles, Chávez-Molina, and Semenza (2021). Pre-distributive institutions are those that intervene in the organization of inequality before it is realized in income or access—e.g., wage-setting institutions, collective bargaining agreements, and employment protections—whereas post-distributive institutions seek to ameliorate inequality after it has occurred, through redistributive mechanisms like unemployment benefits, healthcare, and social assistance (p. 36). This conceptual distinction is crucial to understanding the structural roles NGOs assume in varying national contexts. In Peru, where state capacity is low and informal labor prevails across the economy, both pre- and post-distributive institutions are either underdeveloped or fragmented, compelling NGOs to act chiefly as reactive agents who fill post-distributive gaps left by an uneven and exclusionary welfare infrastructure. Their interventions, especially in areas like healthcare and nutrition, frequently substitute for state presence among structurally excluded populations—ranging from rural to Indigenous territories (p. 42). In contrast, France's semi-coordinated Mediterranean model—while internally fragmented—enjoys a more robust institutional underpinning. Trade unions still possess considerable bargaining leverage, and collective agreements still enjoy legal traction, undergirding a more functional, if imperfect, system of income regulation and social protection (p. 41). Within this more coordinated context, NGOs can function as preventive buffers, targeting vulnerable populations and complementing state services in a way that often precedes, rather than merely responds to, social need.

From this institutional divergence a classification of national systems is derived that transcends abstract categorization. As Martín-Artiles et al. (2021) describe, France is a mixed economy, where welfare and labor institutions are partially coordinated. Though some dysfunctions remain—particularly at the micro level—the state maintains significant regulatory power to adjust imbalances in redistribution and labor policy (p. 41). Peru, in contrast, illustrates an uncoordinated economy with structural heterogeneity: a highly dualistic labor market divided between formal and informal sectors, low tax revenue, and highly fragmented welfare systems (p. 42). These circumstances create different institutional terrains for NGO action, influencing their capacities, roles, and levels of embeddedness within the wider welfare mix.

This macro-institutional difference is not abstract. Quantitative metrics like the Gini index help demonstrate the contrasting redistributive potentials of these two regimes. France's Gini coefficient, as of recent estimates, is 31.2, whereas Peru's is considerably higher, at 40.7, reflecting dramatic differences in inequality reduction outcomes between a semi-coordinated welfare model and a structurally heterogeneous, minimally redistributive one (World Bank, 2022; 2023). But as the AMOSIT model usefully reminds us, inequality also needs to be grasped outside economic metrics. Non-monetary dimensions—like the availability of culturally competent healthcare, the socio-bureaucratic legibility of need, and the capacity to navigate obtuse institutional terrain—continue to be vital in examining how inequality is lived and addressed. It is within these interstitial spaces—between institutional provision and symbolic recognition—that NGOs insert themselves as civic intermediaries brokering the

fluctuating borders of inclusion and care.

2.4. Welfare State Typologies and NGO Positionality (Jolkkonen, 2019)

Finally, to fully theorize NGOs' roles in inequality governance, it is necessary to situate them within the wider literature on the welfare mix, which frames the provision of social welfare as segmented across four major sectors: the state, the market, the family, and the third sector. As Jolkkonen (2019) describes, "NGOs are part of the 'welfare mix', the division of welfare provision between the state, market, family and the third sector" (p. 451). Rather than being confined to passive or logistical roles, NGOs "include not only service provision but also advocacy, community development and campaigning for structural change" (p. 451). This suggests that NGOs must be examined not only as philanthropic entities, but as active political and symbolic actors situated within the institutional configurations of national welfare regimes.

But Jolkkonen also points to a fundamental fault line in the academic approach to NGOs, organized around the geopolitical terms of the Global North and the Global South. The Global North generally designates economically advanced and institutionally stabilized states—primarily European and North American—while the Global South includes developing and postcolonial settings, including those in Latin America, Africa, and certain Asian locales. For Jolkkonen, "NGOs in the North and South are often examined in different paradigms. In the North, they are presented as charities, nonprofits and social enterprises. In the South, the emphasis is frequently on development NGOs and international aid organisations" (p. 452). In spite of this bifurcation, she emphasizes a shared functional core: "their roles in brokering access to services and rights often overlap" (p. 452). This analytic division, while tidy, can distract from the common structural position NGOs share—as intermediary translators of unmet social needs into legible institutional claims, wherever they may be.

This theoretical observation is particularly important to a comparative study of NGOs in France and Peru, nations on either side of this North–South dichotomy. In France, a semi-coordinated welfare state, NGOs like the Banque Alimentaire are frequently incorporated into the welfare infrastructure and cast as extensions of state provision. Their activities are patterned by formal partnerships, referral systems, and legal agreements, which may situate them as complementary actors within an institutionalized system of care. By way of contrast, in Peru—a case of structural heterogeneity and weak welfare coordination—NGOs like Ronald McDonald House Charities frequently act in place of the state, addressing basic service deficits in healthcare and housing that are not met by public institutions. While French NGOs are generally understood through a domestic nonprofit optic and Peruvian ones through a development or humanitarian optic, both play similar roles: mediating between vulnerable groups and inaccessible or fragmented welfare systems.

This comparative placement shows that NGOs cannot be understood apart from the institutional and symbolic regimes within which they function. They do not merely "deliver services," but are involved in shaping the bounds of civic inclusion, institutional trust, and public legitimacy. The conceptual instruments presented in this framework—the AMOSIT model, the pre- and post-distributive distinction between institutions, and the global welfare typologies—together facilitate a relational and cross-contextual analysis of NGOs as actors situated within inequality regimes. In the Global North or Global South, NGOs are among the mechanisms by which inequality is reduced, legitimized, or, sometimes, reproduced.

3. National Contexts of Inequality and Welfare

3.1. Peru: Structural Omission and Territorial Inequality

3.1.1. Structural Heterogeneity and Institutional Inequality

Peru's welfare state has developed historically through cycles of centralization, weakness, and disconnection from major segments of its population. As Sagasti, Prada, and Bazán (2007) detail, initial social policies were strongly "urban-biased," focusing benefits on the tiny formal sector and shutting out the great majority employed in informal or rural labor markets (p. 237). Although public services like education and healthcare grew in the mid-20th century, this expansion was not met with institutional consolidation. Consequently, coverage was extremely unequal, with urban areas experiencing higher quality and access than rural areas (p. 238). Further, eligibility for benefits was very much linked to formal employment, which further anchored structural exclusion intergenerationally (p. 241).

This inequality was solidified in the 1990s under neoliberal reforms of the Fujimori government. As Sagasti et al. point out, this was a time of abandoning universalism for targeted poverty programs, which were often championed by international organizations (p. 243). Programs like emergency social funds were implemented quickly but outside of standing ministries, eroding policy coherence and long-term institutional capacity (p. 245). Though some programs did reach vulnerable populations, they did so in an ad hoc, politically driven fashion and were not integrated into overall development strategies (p. 247). This created space for NGOs and international donors to take on core functions in the provision of basic services (p. 248).

The welfare regime that results is most accurately depicted as structurally heterogeneous—a system characterized by institutional fragmentation, segmented access, and asymmetrical territorial presence. NGOs such as Ronald McDonald House Charities do not merely supplement the state; in many instances, they operate in its stead. Especially in fields such as pediatric healthcare, these organizations react to institutional vacancies where the state is either absent or selectively present. Their existence demonstrates not coordination, but the structural imperative of civil society action in response to chronic public sector shortfalls.

3.1.2. Ethnolinguistic and Territorial Exclusion

But this institutional exclusion cannot be explained without its ethnolinguistic and territorial dimensions. As Barrón (2008) contends, inequality in Peru is more than income or geography. It is also intensely rooted in cultural and linguistic hierarchies that marginalize and devalue Indigenous people (p. 51). One of its most evident expressions is the ongoing predominance of Spanish in every sphere of public administration. Quechua, Aymara, and other Indigenous language speakers are systematically excluded—not only materially, but also symbolically—as their linguistic and cultural realities are not acknowledged by state institutions (p. 53).

Barrón proposes the idea of symbolic domination to describe how public systems—particularly in health, education, and law—do not merely neglect to provide for Indigenous citizens; rather, they tend to recapitulate their exclusion by insisting on unfamiliar channels of communication, bureaucratic literacy, and conduct (p. 55). This constitutes a twofold mode of marginalization: on the one hand, communities cannot avail themselves of basic services; on the other, they are misrecognized as illegitimate or incompetent users of those services (p. 56).

These dynamics are supported by Peru's highly centralized state form, which concentrates decision-making authority, infrastructure, and administrative culture in Lima. As Barrón points out, this dynamic reproduces long-standing regional disparities and reflects a colonial history in which the Peruvian state was envisioned as a coastal, mestizo-creole project that excluded the indigenous populations of the Andes and the Amazon (pp. 52–54, 58). Indigenous and rural people today continue to be symbolically peripheral—both far from infrastructure and outside of the normative constructions of citizenship that structure access to social goods. NGOs such as Ronald McDonald House Charities work at the nexus of these structural and symbolic exclusion. Their activities cannot be boiled down to technical service provision. They perform as brokers, assisting rural and Indigenous families to negotiate institutions that are not just unknown but frequently hostile. These organizations decipher and translate state protocols, plug bureaucratic holes, and provide access to care that the state has made inaccessible. Their function highlights the value of multidimensional models such as AMOSIT, which acknowledge the stratified quality of exclusion—material, territorial, linguistic, and institutional.

3.1.3. Institutional Fragmentation and Substitution by NGOs

Aside from exclusion, Peru's welfare system is also plagued by profound structural fragmentation. As Ricci (2004) describes, this system is characterized by "voids and disconnections"—disequilibria between official policy and institutional application, between the legal affirmation of rights and their de facto realization in practice (p. 44). Perhaps the most evident is the segregation of access according to labor status: one subsystem attends to formal sector workers, and a far weaker one to disadvantaged groups laboring informal or precarious jobs. This denies the majority of Peruvians—who are informally employed—of effective or ongoing access to pensions, healthcare, or unemployment protection (pp. 45–47).

This stratification is not random. It mirrors a political choice to link social protection to labor market status, with the effect of entrenching inequality. The system does not provide universal assurances but is based on selective targeting that is often contingent upon an individual's potential to meet bureaucratic classifications or access certain documentation. Access to welfare, in this case, is conditional, fragmented, and irregularly dispersed.

Consequently, international agencies and NGOs have emerged as functional substitutes for the state. Ricci stresses that such substitution does not result from planned coordination, but from need—civil society fills in where the state has failed or retreated (p. 48). The effect is a patchwork terrain, with certain areas enjoying strong NGO presence while others remain under-resourced or without institutional support (p. 49). Such lack of coordination generates uneven coverage and variable results, and reinforces prevailing territorial and social disparities. Further, Ricci faults the state for perceiving NGOs as "project operators" instead of policy-making partners. This perception limits their involvement to short-term implementation and excludes them from overall institutional planning (p. 50). Thus, NGOs are reduced to managers of acute crises instead of agents of structural change. Their activities, as important as they are, tend to be reactive, fragmented, and bound by donor cycles and state disregard (p. 51). Here, organizations such as Ronald McDonald House Charities are forced to be flexible, creative, and culturally competent. They are not simply providers—they are adaptive institutions making their way through a volatile landscape of institutional omission, public distrust, and structural inequality. Their daily practices reveal how social rights are unevenly distributed and bargained for on the ground. Ultimately, their existence is symptomatic of deeper failures in Peru's social contract and demonstrates the

necessity of analytical models—such as AMOSIT—that account for the complete complexity of welfare regimes in contexts of inequality.

3.2. France: Between Republican Solidarity and Institutional Selectivity

3.2.1. Historical Development of the French Welfare State

The French welfare state has its roots in the post-World War II reconstruction, when a new system of *solidarité* was institutionalized with the establishment of *the Sécurité Sociale* in 1946. This system was designed to universalize protection against social risks such as illness, work injury, old age, and unemployment, not as charity, but as a social right based on citizenship and labor participation (Ewald, 2020, pp. xxiii, 216). Yet this was not conceived as charity. Rather, it was presented as a right, based on the twofold foundation of citizenship and labor force participation (Ewald, 2020, pp. xxiii, 216). This system was founded on solidary contributions from the state, employers, and workers—a sort of postwar bargain that tied economic rebuilding to reciprocal social responsibility (Ewald, 2020, p. 218).

At its core, this nascent welfare state was guided by the Republican principle of universalism—a belief that all people, regardless of their background or identity, were equal and thus ought to have access to public support. Ewald (2020) describes that this principle was codified as egalitarian solidarity: a shared national commitment to protecting all citizens, which was enacted through a centralized and strong state bureaucracy (p. 108). In practice, however, the capacity to receive such protections was not assured. To qualify for benefits, individuals had to fit within predefined categories—based on their work, earnings, family situation, or place of residence. Though such criteria may have seemed neutral in the abstract, they often excluded those who failed to meet the system's prescribed norms (Ewald, 2020, p. 218).

This was especially acute for those who were involved in precarious or non-standard work—such as gig workers, unauthorized immigrants, or those who were long-term unemployed. These persons often had trouble supplying the necessary documentation or proving their belonging to a recognized social category. Benefits, Ewald (2020) explains, were organized around occupational categories and distributed according to "social risks," or the kind of peril or adversity attached to one's social status (p. 134). If one did not belong to the correct category, one would be left out. The system valued legibility—being clearly categorized and easily processed—and this logic was inherited from earlier forms of labor regulation, such as the *livret ouvrier*, or worker's booklet, that was initially used to manage mobility and impose discipline. This same thinking persisted: if one's need was not legible to the system, it was ineligible. Ewald (2020) also suggests that unemployment, for example, raised moral questions. Was a person unemployed due to bad luck—or a lack of drive? If the answer was unclear, the system often withheld support (p. 127).

In this manner, bureaucracy was a silent filter, tracing lines not through overt exclusion, but through procedural complication. The outcome was a paradox: an arrangement erected in the name of equality that consistently failed to attain the most vulnerable. Gradually, NGOs started moving in to fill these gaps—not substituting the state, but assisting individuals in navigating it, translating between public services' rigidity and messy everyday existence (Ewald, 2020, p. xviii). By the 1980s, a new era started. Confronted by economic crises and pressure to cut public expenditures, the French state did not abandon its welfare model—but it did set about reforming it by way of austerity. New regulations introduced means-testing, cost-sharing, and managerial efficiency, adding further complexity to the original framework

(Ewald, 2020, p. 148). These reforms didn't eliminate the promise of solidarity, but they fragmented its provision. As the system became more difficult to navigate, civil society actors—particularly NGOs—became ever more important. No longer merely supportive actors, they emerged as essential intermediaries, assisting those who remained invisible to the formal system to secure at least some kind of assistance.

3.2.2. Food Insecurity in France

While France is often associated with a strong welfare state, the reality of food insecurity (FI)—the inability to access enough, nutritious, and culturally acceptable food as a result of economic constraints—reveals serious shortcomings in the country's social protection system. A 2010 study in the Paris metropolitan area showed that 6.3% of households had experienced food insecurity in the previous year, with 2.5% classified as living with severe food insecurity (Martin-Fernandez, Caillavet, & Chauvin, 2011, p. 515). In terms of numbers, this translates to almost 326,000 affected adults, with over 124,000 individuals experiencing severe deprivation. Far from being anomalous or exceptional, the figures point to a long-standing and systemic issue that disproportionately affects particular demographic categories.

The evidence demonstrates that food insecurity does not descend indiscriminately; rather, it tracks the lines of social and economic disadvantage. To illustrate, families with incomes of less than 791 euros per consumption unit (UC)—that is, actually living below the poverty line—were discovered to be almost 12 times more at risk of food insecurity compared to families who had more than 1,166€/UC (p. 515). This glaring difference makes one point certain: income is not merely a background factor; it is the strongest determinant of access to food. The lower a household's income, the more tenuous its food security. Yet, income alone does not tell the whole story. Among recipients of social minima—those who are already beneficiaries of government support programs like RSA or ASS—food insecurity was found to be 27% (p. 517). This result is especially striking given that these households are supposed to be protected by the social safety net. In this regard, the figures suggest that government support is not always sufficient to cover basic needs, particularly in an expensive urban area like Paris. Even though the safety net is present, it does not appear strong enough for those in the most precarious situations.

Family structure also counts. Single-parent households experienced a food insecurity rate of 17.1%, and complex households (multi-family or intergenerational units) experienced an even worse rate at 21.5% (p. 517). These rates indicate that food insecurity is not simply a matter of income, but also of care obligations and social arrangements. Single-parent households, usually headed by women, frequently combine childrearing and insecure work, and complex households might experience overcrowding, shared resources, and fragmented support networks.

Geography also plays a significant role. Residents of HLM (social housing) bore a rate of food insecurity three times higher than the overall population, which was recorded at 13.1%. The same pattern was found in Zones Urbaines Sensibles (ZUS)—low-income urban areas often marked by racial segregation and infrastructural degradation—where the rate of food insecurity rose to 13.6% (p. 518). In these areas, the geographic concentration of disadvantage adds a further layer of territorial exclusion, compounding the effects of poverty and limiting the availability of affordable, quality food.

In the workforce, vulnerability is still apparent. The study found that disabled persons and workers in low-paid jobs were over-represented among the food insecure (p. 519). This

indicates that simple integration into the labor market does not guarantee security, especially for workers whose jobs are insecure, poorly paid, or physically demanding. Their heightened vulnerability reflects a broader erosion of the connection between employment and welfare security under neoliberalism.

Together, these patterns show that food insecurity in France is not merely a question of individual misfortune, but a reflection of systemic weaknesses in the way the state constructs and implements protection. Even in a nation with a longstanding tradition of egalitarian welfare policy, whole populations are left underserved—not because they are excluded from the status of "citizen," but because they do not fit the bureaucratic assumptions of the system. It is here that NGOs and food aid associations intervene—not as addenda to public policy, but as essential actors making up for structural neglect.

3.2.3. Reliance on Associations (NGOs)

In a country like France— with strong welfare policies—it is perhaps surprising that the supply of something as basic as food is not more fully guaranteed by government action. In practice, however, the system in place has major shortcomings, and particularly impacts those most disadvantaged. A striking example of this shortfall is in the provision of food aid, which is largely carried out by associations and NGOs instead of being done by the state directly. According to Martin-Fernandez et al. (2011), such organizations have taken on a central role in addressing food insecurity, even as they face declining support from both the French state and European funding sources (p. 520). This situation—in which the government acknowledges a problem but does not take systematic action to address it—is described by researchers as a case of structural omission.

The exclusion of these entities means that associations do not provide just more assistance, but are essential for providing access to food. A visible and highly organized example of this is the Banque Alimentaire network, which serves as a national infrastructure for food distribution. It collects food, stores it, and then distributes it to smaller local charities, which then provide support to needy families and individuals. According to Mauvilain and Evain (2021), this operation is not peripheral; instead, it is instrumental in providing access to food aid in France (p. 293). Without this system, the whole framework would not be able to function efficiently.

Yet NGOs accomplish more than filling this single structural gap. Their function also varies according to how the public system fails. So, for instance, in food insecurity, the issue is the lack of a cohesive policy—there's simply no robust state-led response, so associations move in directly. But in other areas such as healthcare, the system's in place—it's just fragmented and difficult to navigate. This is where associations function not as substitutes, but as coordinators.

A good example is the PREMTES project (Prévention, médecine du travail, examens de santé) a partnership between the Occupational Health Services Center (SST) and the Health Examination Centers of the National Health Insurance (CES). The project brought together occupational health services and public health examination facilities to ease access to care for vulnerable workers (p. 522). Far from creating a new service, it sought to make existing ones more functional through better coordination. Here, non-governmental organizations were important in making the system more understandable and accessible, and thus helping people to see and use services that, although theoretically present, were effectively out of reach.

In France, eligibility for assistance in its multiple forms usually depends on a combination of material indicators, comprising low income (≤791€/UC), complex household structures (e.g., single-parent families), residence in economically disadvantaged areas (e.g., ZUS or HLM housing), and vulnerability indicators like disability (Martin-Fernandez et al., 2011, pp. 515–520). The evaluation of these conditions is made using tools like the Household Food Security Survey Module (HFSSM), which asks questions about access to food and classifies households according to the severity of their condition (p. 516).

On the surface, these indicators are neutral and data-driven. Yet as Ewald (2020) has cautioned, there are symbolic filters at work as well. Individuals are not only evaluated on what they lack, but also on whether they seem "deserving"—a concept molded by administrative categories and moral expectations. In this manner, bureaucratic systems can subtly exclude individuals who do not present the correct image of vulnerability, even in a state that purports to protect all people equally.

The COVID-19 pandemic highlighted the structural reliance on non-governmental organizations (NGOs). The lockdown that began in March 2020 cut off the homeless from essential survival means like day shelters and informal support networks, Maurin and Vives (2023) state (p. 290). In response to this emergency, NGOs quickly reshaped their services to deliver food packages and take care of immediate necessities (pp. 290–293). The speed and flexibility of these organizations' response stood in sharp contrast to the slowness or lack of government reaction, making them all the more critical—not just in ordinary situations but even more so in moments of crisis. What comes out of all of this is a stark image: NGOs in France are not merely complementary players in the social field. They are firmly integrated into how society copes with inequality. Whether they address structural gaps such as food insecurity or negotiate bureaucratic overload in healthcare, their activities mirror—and reveal—the underlying logics of a welfare system that continues to claim universality but in fact leaves many in its wake.

4. Empirical Focus: Case Studies

4.1. Ronald McDonald House Charities (RMHC) – Peru

In Peru, accessing specialized medical treatment—especially for childhood cancer—frequently requires traveling considerable distances to Lima, where most treatment centers are based. For many families, this is not only an emotional journey but also one that poses substantial financial and logistical hurdles. This is exactly where Ronald McDonald House Charities (RMHC) Peru comes into play. With two houses within close proximity to Lima's main pediatric hospitals, RMHC houses families while their children undergo treatment. But its role is more than just providing a roof over their heads and meals; it helps families navigate a fragmented healthcare system with stark inequalities (Ponce Santiago & Rossi La Cotera, 2024, p. 9).

4.1.1. Infrastructure and Gaps in Public Provision

Many of the families who come for support are from far-flung provinces, both rural and Indigenous populations. Centralization of healthcare requires these families to temporarily uproot their lives so that they may live close to specialized medical centers. The provision of shelters, however, is severely lacking. The only state-run facility in Lima only admits mothers and has limited space. The Ronald McDonald House Charities (RMHC) works to fill this glaring gap, but the demand is more than its resources can currently provide. Thus, there

are waiting lists that some families are placed on or worse, they do not receive any housing support (Ponce Santiago & Rossi La Cotera, 2024, p. 21).

These barriers partially account for Peru's shocking childhood cancer treatment abandonment rates—18% in 2019, and even more amidst the COVID-19 pandemic. That rate hit 54% in 2020 and, while it subsequently dropped to 8.5%, a rate that remains higher than the Latin American average (Ponce Santiago & Rossi La Cotera, 2024, pp. 10–11). Treatment is not merely a matter of access to hospitals—it relies on the ability to remain in Lima, to pay for transportation, and to have a place to live. RMHC serves to keep families from falling through the cracks, but the cracks themselves are broad and systemic.

Families also face lengthy delays in diagnosis and treatment. It takes an average of 17 days simply to diagnose the disease and almost 100 days to initiate specialized treatment in Lima. And once the referral has been made, families frequently face challenges such as a lack of travel funds, administrative hold-ups, or hospital coordination confusion (Ponce Santiago & Rossi La Cotera, 2024, pp. 18–19). Despite the free accommodation and meals offered by RMHC, most families still need to take out loans simply to meet fundamental expenses such as transport or medication. Over half of the families surveyed incurred debt during their child's treatment (Ponce Santiago & Rossi La Cotera, 2024, p. 107).

4.1.2. Cultural and Linguistic Barriers

The pandemic worsened pre-existing difficulties. Fears of sickness, reduced transport services, and lowered capacity at RMHC due to health measures caused numerous families to decide against starting or continuing treatment. Therefore, the emotional and logistical costs of treatment largely fell on these families (Ponce Santiago & Rossi La Cotera, 2024, p. 76). In addition to these material difficulties, Indigenous or rural families also encounter cultural and communication barriers. Most do not have Spanish as their native language. For instance, 86% of those who had difficulty comprehending house rules had a different native language such as Quechua or Asháninka (Ponce Santiago & Rossi La Cotera, 2024, p. 96). Such families might be unaware of hygiene or dietary regulations for patients, not due to resistance, but stress, language barriers, or various cultural norms. RMHC has attempted to incorporate traditional foods and religious customs, yet such accommodations are still limited.

The structure of the family unit is another important factor. RMHC also accommodates fathers and siblings in addition to mothers. This consideration is especially important in Indigenous populations, where men can take on caregiver roles due to proficiency in Spanish or for economic reasons. In contrast, public shelter policy that only allows mothers can inadvertently push the primary caregiver to the periphery, consequently compromising treatment effectiveness (Ponce Santiago & Rossi La Cotera, 2024, p. 94).

4.1.3. Symbolic Legibility and Constraints

The organization also faces certain challenges. At times, there have been too few volunteers or personnel to meet the needs of families, and contact with families after return is often impossible—especially when phone numbers are changed or there is poor reception in rural areas (Ponce Santiago & Rossi La Cotera, 2024, pp. 102, 121).

RMHC's efforts demonstrate both the potential and the limits of NGO engagement. It serves to keep families intact and to enhance continuity of treatment. Yet the need for this type of intervention lays bare shortcomings in the public system—particularly for those who

are geographically remote, culturally different, or economically vulnerable. Looking to the future, the organization has been urged to push even harder: translating documents into Indigenous languages, enhancing outreach to rural women caregivers, and making sure their model is attentive to intercultural and gender dynamics. Such changes might ensure that more families don't drop out of the system before treatment is finished (Ponce Santiago & Rossi La Cotera, 2024, pp. 96, 128).

Going forward, RMHC Peru has been called on to expand its work by providing materials in Indigenous languages, extending outreach to rural women caregivers, and reshaping its operations to better reflect intercultural and gender-sensitive approaches (Ponce Santiago & Rossi La Cotera, 2024, pp. 96, 128). These suggestions go beyond simple improvements in service provision; they point to deeper issues of the structural arrangement of healthcare access and the populations it serves.

4.1.4. NGO as Substitute and Navigator

From a research perspective, this case. study holds significant answers to the guiding question: In what ways do NGOs act as mediators of national inequality regimes, and what does their logic of operation tell us about structural and institutional exclusion? In Peru, the answer starts with the structural circumstances that create dependency on organizations such as RMHC: geographic concentration of care in Lima, lack of referral systems, and low public shelter capacity all generate institutional obstacles for non-capital families. These families, frequently Indigenous and economically vulnerable, are de facto excluded by the spatial and bureaucratic structure of the healthcare system—not legally, but by inaccessibility.

RMHC fills in where the state does not: providing shelter, navigation assistance, emotional support, and infrastructure that would otherwise be lacking. This represents a logic of structural omission, wherein public accountability for socially requisite services—such as temporary housing for pediatric cancer patients—is not comprehensively institutionalized, with NGOs stepping in to fill the gap. In contrast to situations in which associations supplement pre-existing state systems, here RMHC serves as a de facto replacement for absent state policy. This operational logic follows a pattern widespread in Peru's inequality regime more generally: instead of universalizing rights through proactive public infrastructure, access is intermediated through proximity, personal networks, and NGO presence.

In addition, RMHC's experience has a lot to say about the criteria—both material and symbolic—used to decide who gets assistance and how. Materially, access to the shelter relies on geographical proximity to affiliated hospitals, physical bed availability, and a family's capacity to make it to Lima. Symbolically, assistance also depends on legibility within institutional norms: parents must be able to manage intake procedures, adhere to house rules, and comply with bureaucratic paperwork—tasks more difficult for caregivers who are not fluent in Spanish or who hail from culturally different backgrounds. These symbolic criteria resonate with those identified by Ewald (2020) in the French context, in which legibility to bureaucracy tends to dictate access to rights.

Finally, this case also illustrates the difference between structural omission and bureaucratic fragmentation. Though RMHC efficiently fills the former by providing services where no public options exist, there are also hints of the latter. The lack of real communication between provincial health centers and Lima's hospitals, the time lags in initiating treatment, and the logistical complications for the families all point toward a

fragmented institutional framework. As such, RMHC is forced to take on coordination between scattered state institutions, acting not simply as a shelter, but as a translator and navigator of the system. In total, RMHC Peru presents a compelling window into how NGOs navigate the juncture of state absence and state opacity. Its activities not only reflect the structural blind spots of the Peruvian welfare model, but also the symbolic filters through which need is acknowledged, subsidized, or excluded. The dependence on such NGOs is not only a reaction to poverty, but to a fragmented state infrastructure that generates inequality by design. As such, the RMHC case is not just about healthcare—it is about how access to rights is brokered in systems that formally include all but functionally exclude many.

4.2. Banque Alimentaire – France

France is frequently held up as an example of social protection, with a welfare state guaranteed by the constitution and a strong tradition of universal access. And yet, in spite of these formal assurances, food insecurity is a stubborn reality. In 2020 alone, more than 2 million people depended on food aid—a paradox at the very center of the French system. This is where the Banque Alimentaire comes in. Founded in the mid-1980s, the association has become a linchpin in the fight against food insecurity. With 79 food banks and over 30 territorial branches, it collaborates with more than 6,000 local associations and municipal social centers to distribute food throughout the country (Mauvilain & Evain, 2021, pp. 65–66). Its scope is remarkable: for every euro invested, it pays back twelve euros in food aid.

4.2.1. Institutional Partnership

Yet the Banque Alimentaire does much more than organize logistics or gather food. Its function points to a more fundamental tension in France's welfare regime—where social necessities are recognized by the state but increasingly met through collaboration with NGOs. This marks what researchers call a type of structural omission. Though the state retains the role of guaranteeing basic needs, it frequently turns over actual delivery to nonprofit entities. In this respect, the Banque Alimentaire is more than an accessory to the public sector; it is a vital mediator of last resort, filling the space where public policy leaves off.

In contrast to the Peruvian situation, in which state absence frequently compels NGOs to create parallel structures, the French case is characterized by institutional density—yet also fragmentation. Access to food aid is channeled through tortuous referral arrangements between municipal social action centers (CCAS), social workers, and nongovernmental organizations. The outcome is an arena that is saturated with actors yet devoid of coordination. The Banque Alimentaire stabilizes the landscape by structuring food procurement, storage, and redistribution, thus rendering the system tractable both for partner organizations and beneficiaries. This bureaucratic fragmentation logic varies from structural omission in significant respects. Here, the problem is less so much the lack of provision, but the labyrinth of overlapping competences and institutional silos that render access problematic.

The association receives food mostly from large retailers (38%), agro-industrial producers (35%), and state or EU programs (17%), with a further 10% from public food collections (Mauvilain & Evain, 2021, p. 70). Its double mandate—to combat food waste and food insecurity—positions it within a wider narrative of efficiency and sustainability. But this model is not without its complications. A lot of the food donated is surplus stock or near its expiration date. Rejection rates of supermarket donations rose from 8% in 2016 to 10% in 2019, and beneficiaries frequently report receiving food that is nutritionally inadequate, hard to prepare, or incompatible with cultural practices (Maurin & Vives, 2023, p. 300). This

points to a deeper structural problem: the dependence on "leftovers" from the market introduces a hierarchy of consumption, in which those in need are supposed to be thankful for what is offered, independent of its quality.

4.2.2. Administrative Filters and Symbolic Deservingness

Access to food aid is not a right. It is predicated on both material conditions—income levels, housing situations, and family size—and symbolic ones. Many must receive referrals from social workers or official organizations, a process that by its nature requires them to comply with the system's interpretive requirements. This process is reminiscent of the concept of institutional legibility, whereby eligibility is determined not simply by need but also by the ability to meet bureaucratic requirements (Ewald, 2020). For migrants, undocumented persons, or individuals struggling with mental health issues, such legibility can be difficult to achieve. Food aid is thus a marker not just of poverty but also of who is worthy of aid.

Even well-meaning tools may entrench stigma. The development of "tickets-services" (food vouchers) aimed to give recipients more choice and independence. But in reality, vouchers tend to stigmatize people as visibly poor in stores and public places. As one social worker explained, a young woman was embarrassed when attempting to use her voucher—highlighting how symbolic exclusion may follow material assistance (Maurin & Vives, 2023, p. 305). This is part of a larger problem: aid is never neutral. It is accompanied by moral judgment, visibility strictures, and usually paternalistic expectations of how the recipient should conduct themselves.

4.2.3. Pandemic Adaptations and Expanding Vulnerability

The COVID-19 pandemic intensified many of these dynamics. Food aid demand rose by 20% from March to July 2020, and the system had to evolve quickly. The Banque Alimentaire incorporated almost 400 new partner organizations, such as citizen collectives and emergency shelters. The traditional soup kitchens could not be operated, and the model changed from communal meals to food parcels. Though this provided nutritional continuity, it eliminated the social aspects of food—cooking, sharing, and eating together—that are crucial for dignity and inclusion (Maurin & Vives, 2023, p. 305). This change, though unavoidable, threatened to strip aid of its bare essentials.

There were also new profiles of vulnerability. Alongside classic groups such as the homeless and unemployed, students, artisans, and auto-entrepreneurs were new categories of recipients. In 2020, over a quarter of food aid recipients were unemployed, and there was a 12% rise among 15- to 25-year-olds (Mauvilain & Evain, 2021, p. 73). This expansion of the needy population questions classical understandings of poverty. It reveals how porous the line is between stability and precarity—even in a system with formal safeguards.

4.2.4. NGO as Intermediary and Translator

From a policy perspective, various issues continue to exist. The foremost concern is the ongoing presence of bureaucratic moralism, wherein beneficiaries are evaluated based on their lifestyles, levels of cleanliness, or assumed expressions of gratitude. This moral scrutiny has the potential to alienate individuals who already perceive themselves as marginalized. Additionally, the government's dependence on non-governmental organizations for vital services such as food provision raises significant inquiries regarding the transfer of public accountability. Although collaborations between governmental entities and NGOs are indeed beneficial, outsourcing fundamental social rights may undermine the universality principle

that underpins the welfare state. This approach fosters a system that addresses emergencies but does not necessarily advocate for justice. From a research standpoint, the Banque Alimentaire provides a valuable counterpoint to the Peruvian case. While RMHC Peru demonstrates a logic of structural omission—attending to sheer absence—the French food aid system demonstrates bureaucratic fragmentation. In this case, the NGO does not replace the state but operates around it, stitching together an incoherent patchwork of institutions and eligibility criteria. The eligibility criteria for assistance—whether income-based, institutional referral, or symbolic readability—underscore how inclusion is not simply a question of need but of institutional navigation. Cumulatively, this case study supports the fundamental contention of this paper: that NGOs are more than benevolent service providers but embedded protagonists within national inequality regimes. They shed light on the structural blind spots and symbolic filters that shape who is helped and how. Like RMHC Peru, the Banque Alimentaire does not simply aid vulnerable groups—it makes visible the contradictions in systems that uphold universal access but frequently provide selective assistance. Its effectiveness, scope, and significance should be appreciated—but so too should the underlying questions that it asks about who the system works for, and on what terms.

5. Cross-Case Analysis: Interpreting NGO Mediation

On the surface, Ronald McDonald House Charities (RMHC) in Peru and France's Banque Alimentaire could not be further apart. One works in a nation with a patchwork welfare system and profound rural-urban divides; the other operates in one of Europe's most consolidated welfare states. Look closer, however, and the comparison becomes more significant. For all their very different contexts, the two NGOs perform similar functions: they fill in where state systems fail, enabling individuals to access rights that are theirs in theory but often out of grasp in reality.

5.1. Structural Conditions of NGO Dependence

In Peru, RMHC addresses a shocking gap in the healthcare system. Treatment for childhood cancer is centralized in Lima, but many families reside hundreds of kilometers away with no financial resources or social networks to draw upon. Public shelter facilities are scant, and cultural or linguistic barriers frequently complicate families' engagement with the medical system. In this setting, RMHC doesn't merely provide beds and meals—it provides the conditions of possibility for treatment. Without it, many kids would simply forego care. This speaks to what Martín-Artiles et al. (2021) refer to as a post-distributive omission: the state hasn't merely neglected to provide services—it has neglected to construct the systems by which those services could even be provided.

France, on the other hand, is a different story. The state guarantees access to food within its wider social protections, yet each year more than 2 million people depend upon food aid. Here, the Banque Alimentaire is essential—not for lack of aid, but because the machinery that distributes it is fragmented, bureaucratic, and difficult to access. Someone in need may be eligible for support but still find it hard to obtain due to complicated referral processes, paperwork requirements, or symbolic expectations of "deservingness." In this way, the Banque Alimentaire doesn't supplant the state, so much as interpret and connect individuals to it—a reaction to what Boyer (2015) calls bureaucratic fragmentation, where institutional support is in place but applied unevenly.

5.2. Logics of Operation: Substitution vs. Supplementation

The AMOSIT model expressed by López-Roldán and Fachelli (2017) allows us to examine how these dynamics play out for individuals and families. In Peru, the itineraries followed by families in pursuit of healthcare are shaped by a combination of geographical remoteness, linguistic exclusion, and socioeconomic vulnerability. A mother who lives in the countryside, does not speak Spanish, cannot pay for transport, or is not familiar with hospital routines stands a greater chance of receiving poor care—regardless of her child's medical condition. In France, the food aid often comes with obstacles of its own: stigmatizing vouchers, complicated forms, or social workers acting as gatekeepers. In both countries, these axes of exclusion go beyond simple financial hardship—they include institutional and symbolic aspects as well. These dimensions determine who is recognized, who is understood, and who is ultimately aided.

This is why both NGOs, for all their differences, are basically translators. RMHC translates a hospital system that isn't always designed with families in mind. It translates its regulations to fit Indigenous family dynamics, adds culturally suitable food, and assists parents in following medical timetables they hardly comprehend. The Banque Alimentaire, on the other hand, navigates individuals through a disjointed system of agencies and offices. It makes sure that an individual who has the legal right to food is not turned away simply because they don't understand where to go or which form to fill out.

These routine acts of translation underscore a more profound concern: the notion that rights, in isolation, are insufficient. Equally significant is the extent to which individuals can avail themselves of these rights within a framework that acknowledges their specific needs and situations. This is not universally applicable in both Peru and France. According to Boyer (2015), inequality transcends mere resource disparities; it fundamentally relates to the aspect of recognition. It pertains to who is acknowledged, who conforms to the criteria of an “eligible” beneficiary, and who continues to be overlooked by the system.

5.3. Welfare Institutional Typologies and Embeddedness

Here, too, the contrast between national welfare models is evident. France has a partially coordinated welfare state—what Martín-Artiles et al. (2021) call a Mediterranean model—where NGOs such as the Banque Alimentaire are formally integrated into the system. They are subsidized, they contract with municipalities, and they are partners in service provision. In Peru, in contrast, the welfare regime is characterized by structural heterogeneity: extensive informality, low state investment, and highly unequal state presence. NGOs such as RMHC don't collaborate with the state—they frequently replace it, delivering services that public agencies won't or can't provide.

5.4. Symbolic and Material Filters of Access

Yet for all of these contrasts, some significant common patterns appear. In both nations, access to services is mediated not only by need, but by visibility—by how easily one can be classified into institutional categories. A Quechua-speaking father can be excluded from public shelter in Lima because it's "for mothers only." In France, a single mother may be refused food vouchers because she doesn't pass a local income test or because her plight isn't readable by a social worker. Different in setting, these stories are alike in structure. They reveal how symbolic filters—who counts as "deserving" or "legible"—condition actual access to basic needs.

This observation resonates with what Jolkkonen (2019) identifies in her research on NGOs in the Global North and South. Although such organizations are usually perceived in a

different manner—nonprofits in the North, humanitarian organizations in the South—their functions frequently coincide. Both serve as mediators between precarious groups and out-of-reach institutions. Whether the case is that of a French student dealing with meal vouchers or a Peruvian mother finding accommodation while undergoing cancer treatment, NGOs assist in translating need into institutional language that can be listened to.

5.5. Discussion: NGOs, Visibility, and Institutional Limits

Finally, both RMHC and the Banque Alimentaire reveal the gaps between formal rights and de facto accessibility. They serve different populations, within different structures, and under different conditions. Nevertheless, the two organizations carry out the identical essential function: they realize rights. They demonstrate that the problem goes beyond the simple reporting of access—it is about who is actually able to get in. As valuable as their efforts are, they simultaneously pose difficult questions: Why are so many still left out? Why do civic actors have to take on the roles generally expected of public institutions? These examples serve to remind us that NGOs do not merely deliver services—they embody the limits of inclusion, the fault lines of public provision, and the blind spots of national inequality regimes. Their very need reminds us just how distant we remain from genuine universality.

6. Conclusion: NGOs as Mediators in National Inequality Regimes

6.1. Main Findings

The purpose of this study was to examine the role played by non-governmental organizations (NGOs) in France and Peru as mediators in the respective national inequality regimes, through the case studies of Banque Alimentaire and Ronald McDonald House Charities (RMHC). By comparing these settings, one core observation emerged: in spite of existing in highly disparate welfare contexts, both organizations play parallel mediating roles—enabling access to the right to health and food both materially and symbolically in areas where state mechanisms fail. This conclusion substantiates the broader hypothesis that NGOs do not merely address infrastructural gaps but also act as essential actors within inequality regimes, shaped by institutional environs, symbolic meanings, and infrastructural gaps.

To answer the first sub-question—What are the structural conditions and institutional arrangements that generate dependence on NGOs in both countries?—this research has shown that such dependence is not merely a product of poverty alone, but instead a byproduct of the structure, coordination, and bounds of welfare institutions. In Peru, RMHC operates amidst a structurally heterogeneous regime typified by fragmented healthcare access that is spatially centralized. The insufficiency of pre- and post-distributive institutions (Martín-Artiles et al., 2021)—from labor protections to the provision of housing—means that NGOs fill the gap for missing state infrastructure. By contrast, France's semi-coordinated Mediterranean model has higher state capacity, but it is still typified by administrative fragmentation and unequal access to social rights. The Banque Alimentaire operates amidst a more composite institutional landscape but still responds to profound deficiencies—particularly where food insecurity lies hidden behind the veneer of a formally universal welfare system.

The second sub-question—In what ways do NGO practices vary in situations of structural omission versus bureaucratic fragmentation?—highlights a profound contrast in operational approaches. In Peru, RMHC fills the gap of structural omission: the state does not supply the necessary physical, financial, or logistic inputs to support ongoing treatment, particularly for

families coming from rural and Indigenous communities. In this context, the NGO acts as a surrogate institution, providing shelter, transportation subsidies, and emotional care in place of state-enabled mechanisms. In France, by contrast, the Banque Alimentaire operates within a context of bureaucratic fragmentation. Social rights are legally enshrined, yet access is filtered through referral networks, scattered responsibilities among municipalities, and subjective assessments of legitimacy and worth. Rather than replacing the state, the NGO works in tandem with it—deciphering its intricacies, soothing its contradictions, and helping beneficiaries navigate the moral and administrative parameters of eligibility.

The final sub-question—What material and symbolic criteria shape who is helped and how?—demonstrates that, in both contexts, access is not determined by objective need alone. Instead, the notion of symbolic legibility is central, echoing Boyer's (2015) concept of inequality regimes, in which the recognition of need is shaped by institutional norms, administrative categorizations, and normative stories about deservingness. In Peru, the likelihood of being assisted by RMHC depends not just on illness or destitution but also on a family's geographic proximity to Lima, their ability to negotiate bureaucracies, and their cultural alignment with the rules and expectations of the house. For Indigenous families, these conditions often lead to indirect exclusions. In France, access to food aid is eased through a system of referrals that requires compliance with normative conduct, formal registration, and bureaucratic intelligibility—criteria that often disadvantage undocumented migrants, people experiencing mental health problems, or socially isolated individuals.

6.2. Theoretical Contributions

The AMOSIT approach (López-Roldán & Fachelli, 2017) proves to be of great value in the analysis of these dynamics. It directs attention away from simple outcomes and toward the institutional settings and mechanisms that generate inequality trajectories over time. In the Peruvian case, these mechanisms include centralized urban health infrastructure, linguistic exclusion, and a lack of administrative transparency. In France, the mechanisms include standardized intake procedures, voucher-based food aid that reinforces stigma among recipients, and normative expectations governing who is "deserving." In both settings, the non-governmental organization acts as an intermediary for institutional norms—navigating the healthcare system on behalf of rural families in Lima or connecting food-poor populations to complex and decentralized aid programs. In both national contexts, NGOs work within the wider welfare mix (Jolkkonen, 2019), neither completely independently nor fully under state direction. RMHC in Peru works very much independently, filling in for missing services in housing and care. Banque Alimentaire in France is more structurally incorporated, frequently receiving state funding and coordinating with municipal agencies, but still has the burden of correcting the system's symbolic and procedural blind spots. This comparative distinction reflects a larger theoretical tension: while NGOs in the Global South tend to be understood in development or humanitarian terms and those in the Global North in nonprofit or charitable terms, both accomplish the same fundamental task—translating social need into institutional legibility.

6.3. Implications for Policy and Civic Action

The conclusions of this research confirm the hypothesis that NGOs are profoundly informed by the national modalities of exclusion in which they operate. In Peru, exclusion is territorial, linguistic, and infrastructural—creating a pressing demand for NGOs to serve as substitute providers. In France, exclusion is bureaucratic, symbolic, and frequently invisible—calling for NGOs to work as facilitators of access and interpreters of legitimacy. In both contexts, need is not sufficient to assure access. What is significant is how that need is

framed, by whom it is acknowledged, and whether it conforms to the dominant scripts of administrative eligibility and moral legibility. Finally, the work of NGOs in both Peru and France also belies a common paradox: that the rights that are promised by law—to food or to healthcare, for example—must often be intervened upon by third parties in order to be substantially fulfilled. These organizations might be efficient, nimble, and kind, but their very necessity demonstrates the structural constraints of welfare states. NGOs do not merely offer assistance—they diagnose systemic failure. Their activities lay bare the limits of public provision and the institutional logics through which social exclusion is enacted. As such, NGOs are not ancillary players in inequality governance; they are integral to how rights are actually allocated and who gets to make a claim.

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