

REVIEW ARTICLE

Implementing mass policy amid social inequality: The role of street-level bureaucrats in access to Argentina's universal child allowance (AUH)

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Abstract

Since its inception in 2009, Argentina's Universal Child Allowance (AUH) has become the country's most comprehensive social protection policy for children, emphasising standardisation and objectivity. However, its implementation occurs in contexts of poverty and inequality, leading to uneven outcomes across communities. This study examines how street-level bureaucrats adapt large-scale policies like the AUH to local contexts marked by deep social disparities. Although the AUH is designed for standardized and automated implementation, frontline workers play a critical role in adjusting the policy to specific territorial needs. These bureaucrats employ informal strategies and policy improvisation to mitigate institutional weaknesses and address gaps in the AUH's rigid framework. By analysing the interplay between the policy's institutional design, frontline workers, and adaptations, this study sheds light on how street-level bureaucracies at multiple levels enable these workers to navigate local challenges and partially compensate for broader institutional fragility.

Keywords: Universal Child Allowance (AUH); street-level bureaucracy; policy improvisation; Argentine; institutional weakness; social policy

Introduction

Despite an increasingly fragmented society and a state marred by institutional weaknesses, the Universal Child Allowance (AUH) has remained a stable pillar of Argentina's welfare system for 16 years. Historically, the welfare state, represented by the former Ministry of Social Development (MDSN), has been one of the weakest components of public administration (Perelmiter, 2016), plagued by instability, high turnover, informality, and clientelism. However, the AUH's implementation by the National Social Security Administration (ANSES) in 2009 marked a shift in welfare policy, prioritising automation, standardisation, and objectivity to expand social protection, focussing on vulnerable populations with continuous coverage instead of implementing a targeted approach.

Although it relies on depersonalised rules and standardised criteria, the AUH was designed for a universal beneficiary (Davalos and Beccaria, 2020). However, it is implemented in societies with weak state resources and significant socioeconomic, ethnic, and regional inequalities (Brinks et al., 2019). In Argentina, these disparities are worsened by variations in income, access to risk protection, and state–market relationships, as well as informality and job insecurity (Arcidiácono and Perelmiter, 2024). Consequently, a policy based on a singular, uniform beneficiary struggles to address the diverse realities across the country. This challenge is further compounded by the fact that “the effectiveness of the law extends very irregularly

across the territory and the functional relations (including class, ethnic, and gender relations) it is supposedly meant to regulate” (O'Donnell, 1993, 1358). Given these complexities, this work explores how a large-scale policy like the AUH can be effectively implemented at the local level, despite a variety of challenges and an uneven state presence across the country.

Introduced by decree in 2009 by Cristina Fernández de Kirchner and maintained across successive administrations of varying political orientations – from Mauricio Macri to Javier Milei –the AUH programme represents a paradigmatic case of a Conditional Cash Transfer Programme. The AUH targets children and adolescents under 18 (as well as adults if they are disabled) who have resided in Argentina for at least two years and belong to unemployed households, perform domestic work, or work in the informal economy with earnings below the minimum wage, also encompassing pregnant women under the Universal Pregnancy Allowance (AUE). Notable for its broad coverage, by the third quarter of 2024, it reached 4,107,554 children and adolescents and 68,423 pregnant women (ANSES, 2024), without quotas or beneficiary limits, distinguishing it from equivalent programmes in the region (Lo Vuolo, 2011). Consequently, it supports 2,339,502 households, representing approximately 16.7% of Argentina's economically active population, given a total active population of 14.4 million (INDEC, 2024).

Another key feature of this policy is its simplified access process, requiring only identity documents (for both children and parents) and the child's birth certificate. The ANSES automatically cross-checks data with Revenue and Customs Control Agency (ARCA). This process ensures automatic access, thereby eliminating discretionary intervention (Arcidiácono, 2017). To maintain eligibility, beneficiaries must annually present their social security booklet to verify compliance with health and education requirements. The conditionality scheme grants 80% of the transfer monthly, with the remaining 20% paid annually upon meeting education and health conditions. These include compulsory school attendance for children aged 6–18, regular health check-ups, and adherence to the national vaccination programme.

Furthermore, the administration of the AUH is now centralized under ANSES, aligning it with the family allowances system for formal sector workers (Arcidiácono, 2017). Unlike previous programmes (Danani, 2013), this scheme does not impose employment-related conditions for eligibility, allowing direct interaction between beneficiaries and the state (Arcidiácono, 2017) without the involvement of external actors, such as organisations or local political figures. Although the MDSN was downgraded to a Secretariat in December 2023, it still plays a role in implementing the AUH policy. This is particularly evident in processes like Addendum 63, which allows for changes in caregiver information in the ANSES database. The MDSN also jointly manages programmes related to the AUH with ANSES, such as the Tarjeta Alimentar, a food voucher for AUH recipients.

This centralized management and streamlined process have made the implementation of the AUH relatively straightforward, as officially described by ANSES (n.d.). However, our field research reveals several barriers that hinder both access to the AUH and the long-term sustainability of the benefit. Although some progress has been made, gaps persist in achieving universal coverage. A study by Davolos and Beccaria (2020) found that around 15% of children and adolescents remain uncovered by social protection, with many eligible for the AUH but either losing access or never benefiting. Our findings support theirs, highlighting obstacles such as lack of awareness, illiteracy, and the digital divide, which impede the completion of necessary online procedures. Missing documentation, such as identity cards or birth certificates, as well as difficulties locating a parent, also affect eligibility. Even for registered beneficiaries, issues such as failing to declare a bank account may delay disbursement. Challenges in accessing healthcare services and geographical distance from state offices can also prevent compliance with health-related requirements, causing interruptions in payments. Bureaucratic errors, such as inaccuracies in personal records, further complicate the process. Lastly, parental economic instability, particularly shifts between formal and informal employment, can cause families to move between the AUH and family wage schemes, leading to payment delays and processing issues.

Thus, despite the apparent automation of the process, structural challenges persist. Unstable family and professional situations, job insecurity, geographical distance from state institutions, and limited

economic resources continue to pose significant barriers, exacerbated by institutional dysfunctions and limited access to public services, which undermine effective policy implementation. In the face of these persistent challenges, street-level bureaucrats (SLBs) take on a crucial role in adapting policy implementation to local realities. Although ANSES oversees large-scale implementation, the policy's structure allows local bureaucracies to adapt it to local contexts. By assigning conditionality verification to health and education agents, the AUH fosters informal decentralisation, empowering local bureaucracies to manage challenges through informal strategies, policy improvisation, and informal agreements.

This work is organised as follows: the first section reviews the literature on SLBs in Latin America, focussing on how institutional weaknesses affect policy implementation, particularly the AUH in Argentina. The second section examines AUH implementation through policy improvisation, highlighting how SLBs in Argentina adapt and innovate within a fragmented institutional framework, using informal resources and strategies. The following sections analyse the mobilisation of these strategies in the administrative bureaucracy (ANSES) and indirect bureaucracies (health centres, schools, and community integration centres [CICs]) through three mechanisms of policy improvisation: bureaucratic support, relational resources, and pragmatic adjustments to rules. The final section presents the study's conclusions.

Literature review

The AUH has been analysed from multiple perspectives, including its impact on living conditions (Álvarez Agis, 2013), everyday reproduction processes (Aquín et al., 2013), and representations of recipient mothers (Morzilli, 2019). Research has also explored the AUH's implementation, particularly the role of SLBs. Scholars have examined how school officials (Gluz et al., 2013; Ambort, 2018) and healthcare professionals (Ambort and Straschnoy, 2018; Arcidiácono, 2017; Straschnoy, 2017) verify eligibility conditions, showing how their actions – particularly their role in signing the Social Security booklet – can either facilitate or obstruct beneficiaries' access to payments. These studies therefore offer valuable insights into how institutional actors interpret and mediate policy rules in practice.

However, while these works highlight the role of institutions in charge of conditionalities, less attention has been given to ANSES agents, who are central to the AUH's implementation. The dominant view suggests that the high level of standardisation in AUH's social security databases leaves little room for discretionary practices (Arcidiácono, 2017). Some argue that this automation ensures predictable interactions, limiting frontline discretion (D'Amico, 2016). Consequently, after more than a decade, the AUH's formal structure remains rigid, with minimal flexibility or adaptability (Rizzo, 2021).

Nevertheless, emerging research challenges the assumption that discretion is absent in AUH implementation at ANSES. Studies suggest that even in highly automated systems, the humanisation of procedures and the potential for flexibility among ANSES agents – particularly in mobile offices or informal settings – introduce variability in practice (Arcidiácono and Perelmiter, 2024). These studies highlight the importance of conducting a comprehensive analysis of how public policies are implemented locally, taking into account the role of all bureaucracies involved, especially in the case of large-scale public policies.

The role of SLBs is crucial in implementing large-scale social programs. Studies on Brazil's Bolsa Família Programme (BFP), a conditional cash transfer similar to AUH, highlight this dynamic. Eiró (2019) shows how social workers use informal practices to allocate scarce resources, shaping decisions through subjective notions of poverty and reinforcing beneficiaries' insecurity. Unlike BFP, where eligibility is assessed by social workers, AUH relies on ANSES administrative records, limiting frontline discretion. This raises the question of whether alternative relational dynamics emerge in AUH's implementation. Similarly, Oliveira and Daroit (2020) analyse how BFP's educational conditionality fosters intersectoral coordination, mobilising institutions and frontline workers into dynamic networks shaped by personal connections. Their findings highlight the enduring role of personal links in public policy implementation, even in highly automated systems.

Thus, the Brazilian case points to the need to analyse local implementation in precarious contexts and illustrates how institutional weaknesses shape policy execution, particularly in regions with limited state capacity. The absence of strong enforcement mechanisms allows SLBs to exercise discretion in diverse ways (Agostinis and Brumat, 2024). In Latin America, institutional weakness is marked by unstable rule enforcement, uneven policy application, and unpredictable bureaucratic interactions (Brinks et al., 2020), creating a gap between written rules and the practical realities of politics (Brinks et al., 2019). While ANSES is part of stronger state institutions, the AUH interacts with weaker institutions (schools, health centres, and CICs), which influences its implementation, affecting its consistency and effectiveness across regions.

Recent research has increasingly examined how the characteristics of weak institutions – such as resource scarcity, social inequality, and precarious labour conditions – shape SLBs in the Global South (Peeters and Campos, 2022; Lotta et al., 2022). In such weak state institutions, frontline workers often face precarious working conditions, making bureaucratic encounters unpredictable. When structural issues in policy implementation remain unresolved, the burden shifts to frontline workers, who respond through informal privatisation, policy improvisation, or survival-focussed alienating commitment (Peeters and Campos, 2022). These findings underscore the impact of institutional weaknesses on policy outcomes.

Despite the AUH's high level of automation, two key gaps remain in the literature. First, the role of indirect bureaucracies in shaping access to the AUH is often overlooked. While these institutions verify conditionalities, they are rarely studied as active mediators in policy implementation. Second, the assumption that ANSES operates in a fully standardised manner has led to a neglect of SLB practices within the institution. Scholars often assume that AUH follows a uniform and automated logic, overlooking how frontline workers navigate challenges in specific territorial contexts, particularly in regions far from central offices. These gaps suggest the need for a more localised approach to studying AUH implementation, examining bureaucratic mediation beyond formal policy design, and shedding light on how frontline actors ensure or hinder access to social protection in vulnerable areas.

Research design

This research adopts an ethnographic approach, following Dubois (2012), with a focus on direct observation as a method for deconstructing official categories in light of the realities they aim to address. Specifically, this study explores the local implementation of the AUH, challenging the ideas of mass treatment and automaticity often associated with its execution.

The fieldwork took place in San Antonio – a pseudonym for a mid-sized district in Buenos Aires Province, approximately 70 km from the capital. San Antonio, with a population of 111,008 and a mix of urban and rural dynamics, provides a compelling case for examining SLB practices in the implementation of AUH. To complement this, I also selected Agüero, a small rural settlement 12 km from San Antonio's urban centre. Agüero's vulnerable population and compact size offered an accessible and manageable setting for an in-depth study, enabling a closer examination of bureaucratic practices in contrasting local contexts.

The primary method of data collection was direct observation of daily interactions at the ANSES, which manages the AUH. Observations were carried out at counters in the integral attention and consultation areas, where AUH-related inquiries are concentrated. In addition, I accompanied ANSES agents to mobile counters in neighbouring towns, where they reached beneficiaries in remote areas. To complement these observations, I conducted semi-structured and informal interviews with key actors: the office manager, ANSES front-office agents, and front-office agents from the then MDSN. These interviews were designed to shed light on the functioning and implementation of AUH, by mapping the actors involved and exploring how agents inhabit their roles in policy implementation.

While ANSES counters are key venues for analysing public institutions' interactions with vulnerable populations (Dubois, 2010), a broader perspective was needed to complement this initial focus. As Siblot (2006) suggests, a more comprehensive view is necessary to “grasp the complexity of practical relationships

between public institutions and members of the working classes” (p. 16). This led me to expand my research focus beyond ANSES counters to include other forms of bureaucratic interaction.

Building on Vommaro’s (2019) notion of territorial counters, which often function as temporary spaces managed by informal bureaucracies, I argue that ANSES counters are not always the first point of contact for the most vulnerable populations regarding the AUH. In many cases, other public institutions play a mediating role before the beneficiaries reach ANSES. To reflect this, I extended my study to include health and education agents, as well as agents from the CICs – which serve as hubs for multiple public policies, including the AUH. These centres are responsible for verifying conditionalities and recording them in the Social Security booklet. Given their indirect role in the AUH and their primary focus on other activities, I conducted in-depth interviews with agents in charge of signing the booklet to focus specifically on AUH-related activities.

Between March and May 2024, I conducted 15 semi-structured interviews with representatives from these bureaucracies. The participants were selected using a snowball sampling technique, based on recommendations obtained during my observations at ANSES and through ad-hoc interviews with municipal government officials. These interviews were aimed at understanding the agents’ willingness to manage resource scarcity and navigate sector-specific challenges in the implementation of the AUH.

The AUH and the policy improvisation perspective

From the very early days of ethnographic observation, the notion of automaticity and the mass approach underlying the policy were challenged. This arose when a woman approached the MDSN counter at the ANSES offices to address an issue preventing her from applying for her child’s AUH. Upon further discussion, the MDSN agent discovered that the child did not have an official identity document (DNI): “Until the child has a DNI, he won’t receive AUH payments. For the State, he simply doesn’t exist.” As the woman left, the agent remarked to the other ANSES workers, “Such a good person... but the system just doesn’t recognise her!” (ANSES San Antonio, April 14, 2023). Although it is not explicitly listed among eligibility criteria, possessing a DNI is essential for AUH access, as it allows individuals to “enter the system” and, thus, “exist for the State.” Yet, studies show that 1.6% of children and adolescents (168,000) in urban areas do not have one; those in the lowest socioeconomic quartile are 2.5 times more likely to be undocumented than their wealthier peers (Chudnovsky and Peeters, 2021).

This encounter immediately brought to mind an interview conducted in 2021 with the headmistress of a kindergarten in the town of Agüero:

A few days ago, a grandmother told us that her granddaughter doesn’t have a DNI because she lost it, and her mother is Paraguayan. I told her that without the DNI, she would lose the AUH benefit. A comprehensive effort was then made with the guidance team here at the kindergarten to advise her on the necessary procedures and where to complete them. We also offered to book appointments for her (Agüero, 9 April 2021).

These two scenes highlight a recurring issue: the automated nature of the AUH implementation reaches its limits when it confronts a population whose rights are often neglected. As Davolos and Beccaria (2020) state, the population still excluded from the AUH is part of the persistently poor segment, characterised by multiple deficiencies that undermine household reproduction and exacerbate geographical disadvantages. At the same time, these scenes underscore the institutional framework of the AUH – which relies on intermediaries, like schools and health centres – as a potential solution to this challenge. This dynamic echoes Acuña and Chudnovsky’s (2013) argument, who contend that such informality can address the multiple inequalities in Argentine society, proposing that “weak or unenforced institutions, which could easily be interpreted as ‘failed,’ can be successful as ‘tools’ to achieve another purpose” (Acuña and Chudnovsky, 2013, 27). There is a case to be made that creativity emerging in less-standardised and less-controlled institutions plays a vital role in AUH implementation.

Here, policy improvisation often becomes a key strategy for navigating a fragmented institutional framework to “move towards citizens by using their discretion to deliver services under adverse conditions” (Peeters and Campos, 2022, 4). Rather than simply deviating from formal prescriptions, it involves frontline workers actively shaping policy on their own terms, engaging directly with citizens when standard implementation falls short (Lotta et al., 2022; Peeters and Campos, 2022). In this sense, improvisation represents a heightened form of discretion, enabling workers to overcome bureaucratic paralysis and circumvent the limitations of formal decisions. Such practices are particularly common in developing countries, where frontline workers often cope with shortages in state-provided resources by improvising rather than strictly implementing public policy (Peeters and Campos, 2022). To carry out this strategy, frontline bureaucrats mobilise what Lavee (2021) describes as informal personal resources (IFRs), “namely, the nature and extent of resources provided by SLBs that are not part of their formal duties, or formal resources provided in informal ways (after hours, off duty)” (p. 4).

The policy improvisation perspective allows us to move beyond the formal processing of the AUH at ANSES, which adheres to strict rules and procedures. This approach enables a focus on how SLBs use IFRs to facilitate access to the AUH for beneficiaries. Our analysis reveals three main mechanisms of policy improvisation: bureaucratic support, relational resources, and pragmatic adjustments to rules. These mechanisms not only influence the day-to-day operation of the system but also illustrate how SLBs navigate the tension between standardisation and flexibility to enhance both the reach and effectiveness of the policy.

Pragmatic adjustments to rules

Although the AUH may appear as a straightforward bureaucratic process, the reality at state counters reveals a more complex picture. SLBs do not merely follow the rules; they adapt them to meet both their own needs and those of beneficiaries. Instead of relying on discretionary decision making, they engage in what Maynard-Moody and Musheno (2012) describe as “pragmatic improvisation,” applying rules to specific cases.

Although ANSES bureaucrats’ actions are constrained by procedures and metrics in implementing the AUH, I observed that these were not limited by appointment duration, scheduling requirements, or even the number of people they were expected to assist per day. As the front-office coordinator confided, despite regional performance monitoring, they always “prioritise people, not metrics.” Thus, the New Public Management approach, central to ANSES since its establishment and further emphasised during 2016–2020 (Ferrari Mango, 2021), does not seem to influence agents who joined during the Kirchnerist governments (2003–2015). Instead, they seem to be guided by an “evitist” conception of welfare (Perelmiter, 2022), which emphasises a deep sensitivity to the suffering of the poor, alongside political and cultural recognition as essential pillars of progressive social policy. Within this framework, social assistance is not seen as charity but as a form of intra-class solidarity.

While there is no evidence at all that agents at ANSES San Antonio are influenced by this discourse, it does form part of the office’s organisational narrative, to the extent that a poster displayed on the second floor of the office bore the words: *Empathy, Tolerance, Resilience*. Arcidiácono and Perelmiter (2024) characterise these agents by their commitment and willingness to engage in territorial work. According to the authors, this institutional role emerged with the implementation of the AUH, shaped by the massive presence of populations accustomed to territorial social assistance. As a result, state counters became more responsive and engaged, reinforcing bureaucratic agents’ sense of commitment. This conception of welfare is evident, for example, in the approach to walk-ins at the San Antonio office. While appointments are officially required, agents make accommodations to assist individuals who arrive without one. As one of the supervisors put it:

Often, yes, we follow the metrics, but very often we see people on walk-ins. If they say, “Look, I need the money now, I have a sick relative, I have to take out a loan,” I’m not going to tell them to make an

appointment. I'm going to receive them [...] That's where each person's empathy comes in (ANSES San Antonio, 19 May 2023).

Similarly, while the system prescribes strict interaction times and detailed protocols for each exchange, agents occasionally exceed these time limits when the system fails to explain the reasons for rejecting an AUH application. In such cases, agents extend the interaction to investigate the cause of the denial, provide an explanation, and explore possible solutions, even though this lies outside the official protocol. As one agent remarked: "One can work without that social commitment, and for that person, it's just entering a CUIL number (Unique Labor Identification Code), pressing three buttons, and if the system denies it, you're on your own. Those of us with a social conscience look into why it was denied and try to find a solution" (ANSES San Antonio, 18 May 2023).

School and healthcare agents adopt similar approaches when monitoring compliance with conditionalities, tailoring controls to individual cases while ensuring conditionality is met. As Ambort and Straschnoy (2018) argue, "agents problematise the social conditions of policy recipients, their difficulties, and from an empathetic stance try to motivate the sustainability of health and education practices" (p. 159). This flexibility arises from more frequent, personalised interactions with beneficiaries, compared to those at ANSES counters, and the lack of oversight from higher authorities. For example, at Agüero kindergarten, authorities recognise the significant impact of losing the AUH on families and adjust control measures when necessary. In cases of irregular attendance, they reach an agreement with the family: if the child attends school for one week, authorities sign the attendance booklet, even though it's not part of the official protocol. Though not common among all schools, as previous follow-ups are typically conducted, this highlights how proximity to families, understanding individual situations, and cultivating personal relationships enable schools to implement alternative mechanisms to ensure AUH compliance.

As is the case in educational bureaucracies, SLBs in healthcare centres often establish informal, parallel procedures to certify compliance with conditionalities. As explained by a nurse at the Agüero Health Centre, it is often impossible to complete health checks for all the village's children within the set deadlines for submitting the health booklets. To address this, health workers sometimes sign the booklets without having conducted the check-ups, noting the date of the signature and indicating that the health check-up is still pending. Parents also sign a commitment to return for the scheduled appointment. The nurse explained:

We know that they [the beneficiaries] often say: 'Well, I will receive the pay [referring to the AUH payment].' And nowadays, the [economic] situation is terrible, we understand them, but we also want them to understand that it is a right for everyone, especially for children, to have access to check-ups. (Agüero, 12 April 2024).

However, not all actors within the system are inclined to relax the enforcement of conditionalities. A social worker at a San Antonio CIC stresses a stricter approach: "*The booklets are signed here... but only for real.*" When asked what "real" means, they clarify: "*With actual check-ups.*" If documented elsewhere with updated vaccines, "*we sign it*" (San Antonio, 11 April 2024).

This suggests that, in some cases, the responsibility and the decision to relax conditionality enforcement lies with the frontline healthcare workers themselves. However, this does not imply that conditionality mechanisms are disregarded. Rather, it reflects how healthcare workers can adapt these mechanisms to their specific circumstances and available resources. For example, in overcrowded health centres like those in Agüero, it is reasonable for workers to seek practical solutions to ensure AUH beneficiaries retain their benefits. On the other hand, in San Antonio – where there are more health centres – the certification of conditionalities is more likely to be strictly adhered to.

Thus, while compliance with conditionalities may be strict and uniform in some cases, the broader economic and social context encourages SLBs to improvise solutions beyond the established rules, using the resources at their disposal.

Bureaucratic support

Chudnovsky and Peeters (2021) demonstrate that administrative burdens exacerbate existing social inequalities. They argue that a combination of socio-economic vulnerability, limited time and human capital, and negative perceptions of the state often prevents vulnerable individuals from engaging with social programmes, such as the AUH, which are designed to support them. As a result, SLBs may adapt their work to help beneficiaries navigate these administrative hurdles. This approach aligns with the “evitist” welfare state concept, but more importantly, it views the AUH as a “means to an end.” For ANSES, the AUH is a flagship policy and wider access enhances the institution’s recognition. In schools, the AUH improves attendance and provides crucial economic support, reducing the burden on educators who distribute limited resources like food and clothing. In healthcare, it ensures mandatory annual monitoring for each child, benefiting the overall health of the community. To manage these processes, SLBs invest IFRs (Lavee, 2021), not only through extra working hours but also by using their phones, printers, and internet connections.

While ANSES protocol stipulates that AUH forms must be completed in advance by the beneficiaries, some agents offer assistance during this process and even wait for the beneficiaries to complete their forms, although this directly impacts the metrics on the duration of interactions. When errors or inconsistencies arise during the form submission process, agents may attempt to resolve these issues by reaching out to beneficiaries directly or by reviewing the available data to identify and correct the errors.

ANSES agents also provide personalised guidance, advising beneficiaries on the next steps and directing them to the appropriate institutions when the process involves external organisations. Their assistance often extends beyond the purely technical aspects, reaching into more personal concerns. For instance, when advising on loans, one agent remarked, “I favour small loans, otherwise you become a slave to debt. If you encounter problems in the future, you won’t be able to take out another loan” (ANSES San Antonio, April 5, 2023). Although these actions may seem minor, they have a significant impact on the bureaucratic experience, helping beneficiaries feel supported in resolving their issues. A less responsive attitude from agents could alienate beneficiaries from the state, deepening feelings of distance towards public institutions.

Despite the formal AUH process beginning at ANSES counters, for many beneficiaries, the first encounter with this policy often takes place within schools. Schools are, in many cases, the primary access points – or the closest and most familiar interface with the state. As a kindergarten principal explained, “We are the visible face of the institutionality” (Agüero, April 4, 2024). While the formal responsibilities of schools include identifying students receiving the AUH during enrolment, monitoring attendance, and certifying compliance through the Social Security booklet, in some cases, their role extends far beyond these tasks.

School agents take a proactive approach in reaching out to families who are not receiving the AUH. During the enrolment process, a survey is conducted to identify those who are benefiting from the policy and those who are not. While there are no formal training programmes for teachers to assist families throughout this process, schools generally provide support. As one principal explained, “We then call the family together, emphasise the benefits of the programme, stress its importance, and offer the necessary assistance to help them complete the process” (San Antonio, May 6, 2024). This support extends to helping parents with form completion, particularly when errors arise, which can be a barrier for many of them:

Then there’s the other thing, completing the form, something as simple as filling out a form. You must have seen the cross-outs, the smudges [she shows a form]. Sometimes it happens that the adult is not very present or does not understand how to complete the form, and that is when the school also provides support (San Antonio, May 6, 2024).

She also pointed out the common misunderstanding many parents have about the AUH process: “One might assume it’s something they fully understand because it’s automatic, but sometimes that’s not the

case.” This observation reflects that in vulnerable contexts, the automatic functioning of the AUH is not always properly established, and schools play a key role in bridging that gap.

In addition to helping with form completion, school agents assist with critical procedures that can impact AUH eligibility, such as obtaining a DNI, as seen in the case cited earlier. This support involves translating bureaucratic language and walking families through each step of the process, a task that requires significant time and dedication – none of which are part of the teachers’ official duties. Nonetheless, it has become an integral part of their daily responsibilities, reflecting the importance of their role in facilitating access to the AUH.

CICs, located in vulnerable areas, serve as hubs for community support, where different levels of government collaborate to meet local needs. These centres facilitate access to various public policies, including the AUH. For example, at the Agüero CIC, ANSES mobile offices operate weekly, and health booklets are signed. CICs may also host National Registry of Persons (RENAPER) offices, expediting DNI applications. While not directly responsible for AUH implementation, social workers and coordinators act as intermediaries between the state and beneficiaries.

Just like their counterparts in schools, CIC agents play a crucial role in conveying information, simplifying procedures, and assisting with paperwork. When families arrive, a survey identifies AUH recipients and non-recipients. Key support involves administrative assistance and easing bureaucratic processes for vulnerable populations facing challenges with technology, illiteracy, and accessing services. As one coordinator explained:

You see, we have a lot of older people here. They are not familiar with technology. And sometimes they come to me and say, “You know, Laura, I’m trying to make an appointment at ANSES, but I can’t.” So, I take the time to help them. I say, “Come on, let’s see what we can do” (Agüero, April 25, 2024).

Beyond the technological and administrative barriers, some residents also struggle with illiteracy:

Some people can’t read. They come to me and bring their cell phones, saying, “Laura, can you read this for me?” [...] Many don’t have the technology, Wi-Fi, or the tools to read and write. You have to listen and support them. It’s not like at any random office where [...] Here, they might need to make an appointment at ANSES, but say, “I don’t have Wi-Fi, I don’t have a phone.” You can’t just say, “That’s too bad.” We find a way to help. (Coordinator, Agüero, April 25, 2024).

CICs humanise public service and provide proactive support that bridges gaps in accessing state services. The success of CICs lies in the staff’s deep connection with the community, as one coordinator noted: “I know the territory well enough. I don’t need to visit; I know the characteristics, and the people know me” (San Antonio, April 11, 2024). This connection allows for more personalised AUH implementation, unlike more bureaucratic settings. By leveraging their community ties, CIC workers ensure vulnerable populations are not left behind in navigating bureaucratic processes like the AUH, enabling beneficiaries to approach formal state interactions with greater preparedness, security, and agency.

Relational resources

The concept of relational resources, inspired by the “relational state” theory (Peake & Forsythe, cited in Lotta et al., 2022), refers to how bureaucrats use personal ties, histories, connections, and affiliations to shape state functions through extensive networks. These inter-institutional networks compensate for the lack of formal coordination, particularly in smaller cities like San Antonio and rural towns where “everyone knows each other.” Platforms like WhatsApp or Facebook often foster these networks, supported by agents’ extensive experience in social welfare. As Oliveira and Daroit (2020) describe, bureaucratic interrelations among SLBs form local hubs where social protection networks rely on personal connections and interactions between agents, institutions, and services, especially in tasks like monitoring school attendance. Ultimately, these bureaucrats are the ones relying on their personal and political contacts to establish informal networks that bridge the gap between the state and beneficiaries, navigate bureaucratic challenges, and pool limited resources.

In this context, addressing the geographical distance between the state and its citizens becomes a critical challenge. SLBs at the San Antonio office often rely on informal networks to bridge this gap, where distance is understood as spatial remoteness, excessive mediation, political asymmetry, or impersonality (Perelmiter, 2016). They achieve this by consolidating multiple public institutions in one location, reducing the women's daily circuits around state offices (Schijman and Laé, 2011) or by extending services to distant neighbourhoods through their political and personal contacts, which helps create connections between institutions.

Despite being considered the “backbone” of the state by its agents, ANSES encounters significant coordination challenges across various policymaking units, including subnational governments, ministries and other agencies. This reflects a broader problem within Argentina's policymaking landscape (Spiller and Tommasi, 2003). The lack of coordination has a profound impact on neighbourhoods and small towns like San Antonio, where residents are often geographically distant from state offices. The situation is further exacerbated by inadequate public transportation services and mobility constraints, especially on rainy days, as observed in Agüero.

To mitigate these challenges, ANSES responses include, firstly, the establishment of mobile ANSES counters in municipal delegations, neighbourhoods, and CICs. These mobile units are specifically designed to assist beneficiaries who are unable to travel to central offices. Another effort to bridge the gap between beneficiaries and the state involves outreach to AUH-related institutions such as schools, which are also connected to the Progresar programme, a scholarship for youth administered by MDSN and implemented by ANSES. SLBs collaborate with high schools to present ANSES programs, explain the procedural steps, and provide enrolment forms for students, which are later collected and processed by ANSES offices. Lastly, to prevent bureaucrats from having to move between different offices, MDSN service points are established twice a week at ANSES offices. This collaboration is crucial, as both organisations share responsibility for managing programmes like the AUH, although their roles differ significantly. As the coordinator of the Reference Centers (CDR) explained, “ANSES handles more administrative claims, while we focus on social work” (CDR/MDSN, 22 February 2024).

These coordination efforts represent informal attempts to address broader institutional coordination challenges in Argentina. A social worker from MDSN explained that “this agreement between ANSES and MDSN is a political arrangement between both managers,” which was initiated during the lockdown to ensure the continuity of service delivery. Therefore, these arrangements remain “invisible” within official organisational structures. As an ANSES front-office agent pointed out, “there is no clear line of communication downstream,” referring to these “articulations,” which are local arrangements left to the discretion of each office, as they are not formally structured within ANSES's central offices. Consequently, these efforts depend heavily on the relational and political resources of managers and agents at the local level. While these collaborations have demonstrated resilience, the closure of MDSN local offices in 2024, as a result of austerity measures implemented by the government of Javier Milei, has led to the collapse of these initiatives.

Similarly, health bureaucrats, like school bureaucrats, also play a crucial role in providing integrated support for AUH beneficiaries. Health agents at the Agüero Health Centre form an essential part of the local support network, working collaboratively with other institutions to offer a more comprehensive approach for beneficiaries. This network is activated through the relational resources of local health and social workers, who coordinate with other state agencies to address the needs of vulnerable populations, ensuring that individuals are not left without support due to gaps in formal bureaucratic structures. For instance, a nurse explained that when a neighbour appears to be “out of the system,” the social worker contacts the school principal to check if the child can be placed on a waiting list. The health system then becomes activated, coordinating health checks, vaccinations, and other services, all working together to ensure the child's needs are met.

In this sense, the CICs offer another critical resource in AUH implementation. These centres are strategically located in vulnerable areas and bring together various state services, including ANSES, RENAPER, and health workers, creating a local hub of bureaucratic support. The proximity of these services, facilitated by relational resources, allows for a more seamless process for beneficiaries who

would otherwise face barriers due to geographic distance or lack of coordination. The CICs become essential spaces where different institutions converge to ensure that individuals and families receive the full range of support necessary for accessing benefits like the AUH. However, as with other informal coordination efforts, the effectiveness of these centres is contingent on the relational capital of the agents involved and is vulnerable to political changes that can disrupt these essential services. This became evident with the 2024 change in government, which led to the closure of the mobile office at the Agüero CIC.

Conclusions

This article has examined the implementation of large-scale social policies, such as the AUH, within a context of profound social inequality. The analysis highlights that AUH implementation is not merely an automatic process: it is to a large extent shaped by the flexibility and pragmatic adaptation of SLBs. The AUH's institutional design allows for two approaches. The first is a large-scale bureaucratic strategy managed by ANSES, widely recognised for its efficiency and reach. The second, which this study emphasises, is a more personalised approach facilitated by territorially embedded bureaucracies that act as intermediaries between the state and beneficiaries, as schools, healthcare centres, and CICs often serve as the first point of contact with the state for vulnerable households. Through these institutions, the state assumes a tangible presence, assisting individuals in navigating impersonal bureaucratic structures.

While ANSES operates with standardised procedures, policy implementation varies across institutions with differing degrees of flexibility. SLBs play a crucial role in bridging gaps in both institutional and individual resources, responding to the dual deficit of insufficient state provisions and the economic hardships faced by beneficiaries. This is particularly important when a standardised system risks excluding those with limited access to administrative support. Thus, SLBs do not merely exercise discretion; they engage in policy improvisation, adapting both within and beyond formal structures to ensure that families can access the AUH.

As community-rooted actors, SLBs adjust regulations to balance institutional requirements with beneficiaries' realities. While the literature presents the AUH as a policy with rigid rules, this study shows that, in some contexts, these rules can be adapted. At ANSES, where all procedures follow the system, some flexibility remains, allowing employees to bypass rigid performance metrics that hinder humane, personalised service. These constraints shape the distinction between an "empathetic" and a "socially conscious" employee. In healthcare and education centres, where oversight is less strict, this flexibility may involve adapting conditionality controls and establishing informal procedures to certify eligibility, relying on personal discretion to navigate institutional constraints. Their actions are driven not only by institutional objectives but also by empathy, commitment, and engagement in territorial work to support the AUH. This often involves mobilising informal resources to mitigate economic strain at the local level.

Furthermore, this study shows that ANSES is not the only institution managing the AUH's bureaucratic burden; agencies overseeing conditionality also support beneficiaries facing literacy barriers, technological limitations, or difficulties navigating bureaucracy. While workers in health centres, CICs, and schools are typically seen as enforcers of AUH conditionalities, this research highlights their role in helping families overcome administrative hurdles. By providing personalised assistance with paperwork, these SLBs ensure that beneficiaries begin the process before reaching central offices, reducing the likelihood of application rejection. These informal mechanisms are crucial to ensuring that social policies like the AUH reach their intended recipients.

Finally, this study highlights the significance of relational resources mobilised by SLBs, particularly in the development of informal bureaucratic networks. At the territorial level, SLBs capitalise on personal connections, community knowledge, and informal collaborations fostered by living in a medium-sized city. These networks help to offset weak formal institutional coordination and alleviate the administrative burden, thereby preventing beneficiaries from having to navigate multiple state offices in search of answers.

In conclusion, while institutional fragmentation and discretion are often viewed negatively, this study of AUH implementation in San Antonio suggests that flexibility can provide solutions where rigid, standardised approaches fall short. Argentina's fragmented state structure allows for adaptability, enabling SLBs to address social inequalities and expand access to social inclusion. Rather than perceiving discretion as a flaw, this study encourages a reassessment of social policy implementation in Latin America – one that recognises informality, flexibility, intermediation, and discretion as potential strengths in delivering effective public policy in contexts of inequality.

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