GUIDELINES
ON **CHILDHOOD**
AND **ADOLESCENCE**

ITALIAN AGENCY
FOR DEVELOPMENT
COOPERATION

Ministry of Foreign Affairs
and International Cooperation

GIROTONDO DI TUTTO IL MONDO

Filastrocca per tutti i bambini,
per gli italiani e gli abissini,
per i russi e per gli inglesi,
gli americani ed i francesi,
per quelli neri come il carbone,
per quelli rossi come il mattone,
per quelli gialli che stanno in Cina,
dove è sera se qui è mattina,
per quelli che stanno in mezzo ai ghiacci
e dormono dentro un sacco di stracci,
per quelli che stanno nella foresta
dove le scimmie fan sempre festa,
per quelli che stanno di qua o di là,
in campagna od in città,
per i bambini di tutto il mondo
che fanno un grande girotondo,
con le mani nelle mani,
sui paralleli e sui meridiani…

Gianni Rodari (Omegna 1920 – Roma 1980)

 *"Society should provide children with the most perfect,
sensible care,
so as to generate more energy and opportunities
for future humanity"*.

Maria Montessori (Chiaravalle 1870 – Roma 1952)

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PREFACE

Marina Sereni - Vice Minister
Italian Ministry of Foreign Affairs and International Cooperation

Numerous recent examples have demonstrated that younger generations have the strength and qualities required to lead the world towards change. The efforts of Italian Cooperation are to be geared towards ensuring that these are no longer isolated success stories, but equal concrete opportunities offered to young people all over the world.

In order to do so, it is first and foremost necessary to ensure that young people's needs for protection are understood, acknowledged, welcomed and answered adequately. However, it is equally important that their voices are heard, both when they express needs and desires linked to their individual paths, and when they seek a space for participation in the public arena.

Despite the efforts made so far, much remains to be done in support of the new generations, not least because of the rapid changes taking place at global level.

The current Covid-19 pandemic has presented all of us with unprecedented challenges, thus exacerbating old problems and creating new needs. In this context, working towards preventing violence and abuse will remain a priority until the underlying uprooting, marginalisation and deprivation conditions are eliminated. However, the commitment to ensuring that children throughout the world enjoy equal rights and have the opportunity to fully develop their personalities and potential must be renewed and strengthened in order to contribute actively to building a better society made up of communities based on peace and social justice.

These Guidelines thus act as a bridge between the strategic vision that is to guide interventions and the actual work needed to promote and protect the rights of children and adolescents in the field of development cooperation. On the one hand, they provide tools useful for inspiring political decision-makers by focusing on the approaches and guidelines to be followed; on the other hand, they offer theoretical reflections and practical methodologies to be used on a daily basis.
The process that resulted in the drafting of this document – as led by MAECI's Directorate General for Development Cooperation and the Italian Development Cooperation Agency on the basis of the participation of a wide range of actors – deserves praise, as it is a hallmark of the Italian approach.
The ability to pool the experience and skills of such a large, varied group of actors has made it possible to share strengths and make joint action more effective.
This document fully enhances the peculiarities of our tradition of solidarity, namely our deep rootedness in the territories, our strong links with the communities with which we work, and our calling to take in-depth action even in the most remote areas in order to restore the potential of the most vulnerable people who live there.

These Guidelines will thus serve to direct strategies and concrete actions in a transversal sector – which must be restored to its central role –, thereby giving substance to the slogan whereby "the future of humanity belongs to children and adolescents".
If these Guidelines help us succeed in this ambitious task, we will be able to proudly declare that we have contributed to the development and well-being of all of humanity.

INTRODUCTION

Italy's involvement in development cooperation activities cannot disregard a constant focus on girls, children and adolescents, who will be the future of every society and, as a consequence, **play a leading role** in development and contribute to the building of a better world.

The issues that require their involvement in cooperation initiatives are **legion and cross-cutting**. It is therefore necessary to examine them organically in order to ensure that the protection, safeguarding and promotion of children's rights are dealt with in a homogeneous manner – from the right to identity to that to health, education, family affection and the cross-cutting issues of disability and gender equality – with the primary objective of protecting children from all forms of violence, abuse or exploitation.

The Universal Declaration of Human Rights and the Italian Constitutional Charter set out the **fundamental principles** that apply to every individual. The very wide range of areas in which human dignity is expressed from birth is indicative of how complex dealing with children's issues can be due to the risk of inadequacy or inconsistency.

Within the Development Cooperation system, girls, children and adolescents are involved not only in 'traditional' areas, such as health and education, but also in often innovative initiatives aimed at protecting and promoting parenthood, dealing with emergencies or conflicts, and approaching the justice system. The specific needs of minors are to be taken into account in every context, as they constitute the **'best interests of the child'**, which cooperation agents and the authorities involved are required to pursue as a matter of priority.
The rapid evolution of technology has also contributed to the creation of new areas in which violations of children's rights may occur, such as the field of communication and image. Such areas are duly examined in the text below.

Since 2012, the Italian Ministry of Foreign Affairs and International Cooperation has been implementing the Guidelines on Minors drawn up by the Directorate-General for Development Cooperation. In recent years, said guidelines have been the subject of **in-depth reflection**, which ultimately led to the decision to draw up new thematic guidelines capable of providing an effective, updated reference tool for all operators involved in the Italian Cooperation system.

Whilst, at the national level, this need essentially stems from the new institutional framework of Cooperation outlined with the reform of **Italian Law No. 125 of 2014**, at the international level it does from the debate on Aid Effectiveness and the 2030 Agenda for Sustainable Development adopted by the United Nations in 2015.
The reform has resulted in a **close synergy** between the Directorate-General for Development Cooperation of the Italian Ministry of Foreign Affairs and International Cooperation (Direzione

Generale per la Cooperazione allo Sviluppo, DGCS) and the Agency for Development Cooperation (Agenzia per la Cooperazione allo Sviluppo, AICS), which is entrusted with the implementation of cooperation interventions.

The 2030 Agenda – which defined the Sustainable Development Goals (SDGs) to be achieved within the next decade in order to build a more prosperous, equitable world – establishes a fundamental goal for cooperation interventions, due to its transversal, multidimensional, inclusive nature.

The United Nations Convention on the Rights of the Child (CRC) has been at the heart of children's issues for thirty years now. Since entering into force in 1990 and being ratified by Italy in 1991, the CRC has dictated the parameters whereby the issues of protection and promotion of the rights of children and adolescents should be dealt with, as seen from the perspective of rights bearers and agents of development, as will be illustrated in the text below.

From a drafting standpoint, the decision was made to draft a new text rather than simply update the existing Guidelines in order to provide not only general principles, but a precise operational tool capable of giving concrete guidelines and indications on the subject to all the actors of the Italian cooperation system.

The need for new Guidelines has also emerged due to the need to ensure an organic, innovative planning, implementation and monitoring of activities in the sector, thus favouring the consistency and effectiveness of interventions.

The DGCS and the IACS have thus based their **work methodology** on a participatory approach directed towards the numerous actors involved, whose representatives – sector-specific experts from the Public Administration, the world of civil society and international organisations – were invited to a dedicated working table and provided contributions that were coordinated, integrated and defined thanks to the ongoing collaboration between the DGCS, the IACS and its foreign offices.

This document includes ten **'Thematic Areas'** that represent the possible fields of intervention implementation according to the principles enunciated by the CRC, based on the classification of children's rights, as well as on the effectiveness of aid.

Each area is preceded by a brief overview of the theme and the main reference documents and standards. Once the SDGs have been established as the general objectives to be pursued, various related 'Actions' are proposed for each area, intended as specific results to be achieved with each initiative; for each of these, the relevant **'Implementation Methods'** are also listed, i.e., the activities and methodologies whereby these specific objectives can be achieved, with the intention of pursuing the alignment of national policies on minors with those of partner countries and harmonisation with the policies of other donor countries (and, in particular, of the European Union).

Similarly, where appropriate, **thematic in-depth studies** and frameworks have been drawn up, which have been included as annexes for the sake of homogeneity.

As far as the reference **bibliography/websites** is concerned, given the vastness of the documentation available on each subject, only the most significant international references and the most up-to-date doctrinal studies considered suitable for enriching the elements dealt with in each chapter have been quoted, thus leaving out a considerable number of documents, essays and articles published in specialised journals, though of undisputed origin and provenance.

The **terminology** adopted in this text, and in particular the use of the term 'child', is worth mentioning, as it is intended to be age-neutral. We have chosen to adopt the definition of 'child' contained in Article 1 of the CRC (which defines a child as "every human being below the age of eighteen years unless, under the law applicable to the child, majority is attained earlier") in order to simplify the drafting and reading of the text, which thus includes all meanings of 'child', 'adolescent' and 'young person', with the exception of a few express references to girls or boys or so-called 'young adults', i.e. those who have recently come of age.

The result is an articulated, wide-ranging document that seeks to provide – without any presumption of exhaustiveness – an updated overview of the aspects of such a vast, multifaceted sector as that of childhood and adolescence in Italian cooperation interventions, also thanks to the contributions provided by the Working Table and the excellent collaboration between DGCS and AICS. The interdisciplinary, multi-actor perspective adopted basically aims at providing concrete, effective tools that come from the long tradition of experience of Italian Cooperation and from Italian good practices that are recognised and appreciated all over the world.

It is thus with this prestigious heritage of solidarity in mind that these Guidelines are offered to all cooperation operators, in the hope of providing them with a wide-ranging, agile, versatile aimed at contributing – in a modest but concrete way – to the constant strengthening of the inalienable rights of the generations to come.

INTRODUCTION

2 REFERENCE FRAMEWORK

2.1   INTERNATIONAL AND EUROPEAN LEVEL

The promotion and protection of children's rights are pursued at an international, European and national level in a spirit of cooperation, which informs all instruments of a conventional, recommendatory or declaratory nature negotiated and adopted by the Member States of the many intergovernmental systems in which the rights of children aged between zero and eighteen have been enshrined since the Geneva Declaration of the Rights of the Child (1924) and progressively strengthened to this day.

The instrument that aims at ensuring the full achievement of the first (civil, political) and second (economic, social and cultural) generation rights of minors is the **United Nations Convention on the Rights of the Child (CRC)**, which was unanimously adopted by the General Assembly of the United Nations (UN) on 20 November 1989, brought into force on 2 September 1990 and ratified by 196 States[1] , including Italy – Italian Law No. 176 of 27 May 1991.

The CRC clearly, comprehensively, transversally sets out the rights and duties of children according to a global, proactive, multidisciplinary approach, in such a way that the four general principles of the CRC – non-discrimination, the best interests of the child, the right to life, well-being and growth, and the right to be heard – may allow for the full exercise of said rights under ordinary or emergency conditions. Article 4, which expressly provides for the use of international cooperation as a tool for the implementation of the rights recognised by the CRC, is worth quoting: "*States Parties shall undertake all appropriate legislative, administrative, and other measures for the implementation of the rights recognized in the present Convention. With regard to economic, social and cultural rights, States Parties shall undertake such measures to the maximum extent of their available resources and, where needed, within the framework of international co-operation*".
The CRC was accompanied by three Optional Protocols on the involvement of children in armed conflict[2], the fight against paedophilia and child pornography and the mechanism of individual communications that can be submitted to and examined by the UN Committee on the Rights of the Child (CRC), as established to monitor the implementation of the CRC Committee by Member States, which have a statutory obligation to report to the Committee every five years on the status of implementation of the CRC in their country.

The peculiar conditions that characterise childhood and adolescence in countries experiencing conflict, post-conflict, transition or reconstruction situations have also been the subject of a targeted legal framework, as

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[1] *Cf. the following CRC Committee webpage: https://www.ohchr.org/Documents/HRBodies/CRC/OHCHR_Map_CRC. pdf*

represented by the **Geneva Conventions and their Optional Protocols** on International Humanitarian Law.

It should also be noted that the **Convention on the Rights of Persons with Disabilities** has extended the commitment to respecting the human rights of children with disabilities, thereby reinforcing the obligations to intervene under Article 23 of the CRC, which were previously limited to the availability of resources (Article 7).

The most important instruments with repercussions in terms of international cooperation are the **Hague Convention** on the Protection of Children, including the Prevention of Trafficking in Children, and on Cooperation in Respect of Intercountry Adoption of 29 May 1993, which came into force on 1 May 1995 and was ratified by Italy with Italian Law No. 476 of 31 December 1998, as well as the **Hague Convention** on Jurisdiction, Applicable Law, Recognition, Enforcement and Cooperation in respect of Parental Responsibility and Measures for the Protection of Children of 19 October 1996, which entered into force on 1 January 2002 and was ratified with Italy by Italian Law No. 101 of 18 June 2015.

More recently, within the framework of the **Council of Europe**, a series of instruments have been adopted in which the issue of childhood and adolescence has been specifically addressed, thus requesting Member States to cooperate more closely in order to promote the rights of children and facilitate the exercise of procedural rights attributed to children in proceedings before judicial authorities in situations of family conflict **(European Convention on the Exercise of Children's Rights**, which came into force on 1 July 2000 and was ratified by Italy with Italian Law No. 77 of 20 March 2003); to prevent and protect children who are victims of sexual violence and to prosecute the perpetrators of such crimes (**Convention No. 201, known as 'Lanzarote Convention'**, which entered into force on 1 July 2010 and was ratified by Italy with Italian Law No. 172 of 1 October 2012) 172); to combat trafficking in human beings and the exploitation of minors, providing for the appropriate identification of and assistance to minors as defenceless persons in particularly vulnerable conditions (**Convention No. 197**, which entered into force on 1 February 2008 and was ratified by Italy with Italian Law No. 108 of 2 July 2010).

Within the international and European framework, the production of binding regulations is complemented by important complex orientation activities aimed at defining strategic measures and operational commitments on the part of States concerning the system of international cooperation for development, with specific regard to the issues of children and adolescents.

Special mention should also be made of the **Special Session of the United Nations General Assembly** held in New York from 8 to 10 May 2002, which ultimately adopted the **Declaration** entitled '**A World Fit for Children**', in which international cooperation is specifically mentioned in six principles and objectives, as well as in the Declaration "A World Fit for Children plus 5" adopted on 13 December 2007.

However, the main document in force from a development cooperation perspective remains the **2030 Agenda for Sustainable Development**, which was adopted by the United Nations General Assembly on 19 September 2015 and is considered as the foundation of the new paradigm for interventions aimed at promoting sustainable development. The Agenda sets out 17 Sustainable Development Goals (SDGs) and 169 targets to be achieved at a local and global level in order to transform the world we live in into a more just, peaceful, prosperous place. The Agenda is cross-cutting and multidimensional, in that all the goals are interconnected, and thus recommends the implementation of multidimensional actions and commits each country and each citizen to taking action for change.

Due to its nature, the document, on the one hand, identifies specific strategies for the promotion and protection of children's rights (with dedicated targets and indicators), while on the other, it suggests a transversal approach intended to ensure the full satisfaction and enjoyment of such rights; above all, it stresses the importance of

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² *During the 33rd International Conference of the Red Cross and Red Crescent, which was held in Geneva from 9 to 12 December 2019, Italy presented a pledge focused on the protection of the rights of children in armed conflict (https://crcconference.org/pledge/protect-the-rights-of-children-affected-by-armed-conflicts/), in which it promoted the ratification of the Optional Protocol on the involvement of children in armed conflict and the signing of the Safe School Declaration.*

enabling children to play an active role in the processes that concern them. In this regard, it is worth mentioning one of the Concluding Observations formulated by the **CRC Committee** in January 2019, following the transmission of the **fifth and sixth periodic reports** submitted by Italy: "*The Committee […] also urges the State party to ensure the meaningful participation of children in the design and implementation of policies and programmes aimed at achieving the 17 Sustainable Development Goals as far as they concern children*". The CRC Committee also issued the following recommendation on international cooperation to Italy: "Strengthen its international cooperation against the sexual exploitation of children in the context of travel and tourism through multilateral, regional and bilateral arrangements for its prevention and elimination."

Moreover, the 2030 Agenda motto, i.e., "leave no one behind", is a commitment not to overlooking, but to appropriately addressing conditions of vulnerability, especially those of children, in contexts of fragility that may limit the process of adaptation to changes resulting from unforeseen factors (disasters, armed conflicts, epidemics, economic crises). In order to monitor and measure the achievement of the goals, a set of indicators has been developed – and ù constantly updated by the Inter-agency and Expert Group on SDG Indicators created by the United Nations Statistical Commission – for collecting disaggregated data appropriate to the characteristics of each country. Age disaggregation is a key tool for ensuring that girls, boys and adolescents are visible with respect to the achievement of the Agenda's Goals.

The adoption of the **Agenda for Humanity** at the 2016 World Humanitarian Summit is a key step in the renewal of the humanitarian and emergency response system, the ultimate goal of which is to alleviate suffering, reduce risks and mitigate vulnerabilities globally. Indeed, the Agenda for Humanity proposes a New Way of Working by introducing the definition of collective results aimed at overcoming the divisions between humanitarian aid and development in order to reduce needs generated by emergencies, thus focusing on humanitarian risks and the vulnerabilities of local populations. All five Key Responsibilities contained in the document can be read with a focus on children: (I) preventing and ending conflict for the benefit of children and their future; (II) upholding international humanitarian law and ensuring an enhanced level of protection for children as victims of conflict; (III) ensuring protection and access to basic services for vulnerable groups, particularly children, while promoting their role as agents of positive transformation; (IV) ending want through a preventive approach aimed at reducing risks and vulnerabilities; and (V) promoting political and financial investments by States and international bodies within the global cooperative framework.

In December 2016, the UN Secretary-General seized the opportunity provided by his inaugural address to voice what was becoming clear to actors working in the field, namely that "Humanitarian response, sustainable development, and sustaining peace are three sides of the same triangle", and that humanitarian response, development action and peacebuilding must be included in a coherent multi-year planning process based on joint analysis and the definition of collective outcomes. Indeed, in order to reduce the impact of recurrent shocks and stresses and sustain peace, it is essential not only to meet the immediate needs of the population, but also to ensure long-term action aimed at addressing the structural causes of conflict and vulnerability, which affect children in particular. By explicitly linking the peace and security pillar to the achievement of the 2030 Agenda, the nexus between the humanitarian sector and development has been expanded, thereby creating the so-called triple nexus of humanitarian, development and peace actors.

The commitment made by EU Member States in terms of both ordinary and emergency cooperation should also be mentioned: indeed, on 7 June 2017, the '**Our World, Our Dignity, Our Future' European Consensus on Development** was adopted as a strategic planning tool outlining new ways for the Union to promote the economic and social aspects of sustainable development, thus highlighting the role of younger generations, adopting new resources and promoting new partnerships. In October 2017, this action was completed through the renewed commitment of Member States to a coherent and effective response in emergency contexts, as outlined by the **European Consensus on Humanitarian Aid** launched in 2007.

In fact, the precarious conditions in which children find themselves in conflict contexts require a specific form of intervention on the part of States, which has been identified in the joint commitment of the international community, as reiterated in numerous Resolutions adopted by the General Assembly and the United Nations Security Council with reference to the protection of children and adolescents and the exercise of these latter's

basic rights: from the right to life to the right to health and education, up to the right of access to food and essential services, albeit limited in conflict situations.

On this point, it is important to recall the **Safe Schools Declaration,** as adopted on 25 May 2019, monitored by the Global Coalition to Protect Education from Attack and supplemented by special Guidelines for Protecting Schools and Universities from Military Use during Armed Conflict, as well as **Security Council Resolutions 2250/2015 and 1325/2000**, which are respectively dedicated to the role of the younger generation in promoting international peace and security and defining the principles and programmatic measures of the Women, Peace and Security Agenda.

The United Nations system has also established a specific mandate on this issue, namely the **Special Representative of the Secretary-General for Children and Armed Conflict**, which is responsible for gathering information and verifying circumstantial situations in all countries where conflict is taking place so as to encourage concerned Member States to ensure the effective protection of the rights of children and adolescents through targeted assistance from the UN system.

This mandate complements that of the **Special Representative of the Secretary-General on Violence Against Children**, who is mandated to promote policies and actions designed to prevent, combat and eliminate all forms of violence against children in all sectors and contexts in which they occur.

REFERENCE FRAMEWORK

2.2 NATIONAL LEVEL

As far as the domestic dimension is concerned, Italy has for some time now been implementing its own actions for the strategic promotion and protection of the rights of children and adolescents, thus complying with the constitutional requirement to protect "childhood and youth and promote the structures necessary for that purpose" (Art. 31).

This takes place first and foremost through the drafting of the National Plan of Action and Interventions for the Protection of the Rights and Development of Subjects of Developmental Age, the fourth edition of which was prepared by the National Observatory and adopted by decree of the President of the Italian Republic on 31 August 2016. This programmatic tool aims at fulfilling on a national, central and local level the commitments undertaken by Italy to implement the contents of the CRC and is subject to careful monitoring of the results achieved and the verification of the impact of the policies adopted in favour of minors.

In terms of external projection, the entry into force of Italian Law No. 125 of 11 August 2014, entitled 'General regulations on international development cooperation' reformed the governance of international development cooperation, thereby helping to align Italian cooperation with international processes and standards and establishing the Italian Agency for Development Cooperation. The Law recognises international cooperation for sustainable development, human rights and peace as an integral and qualifying part of Italy's foreign policy and establishes its aims, namely the eradication of poverty; the reduction of inequalities; the upholding of human rights and the dignity of individuals, including gender equality and equal opportunities; and the prevention of conflicts and support for peace-building processes.

It also provides for the adoption of a three-year Programming and Steering Document on development cooperation policies establishing a strategic vision (also in terms of Italian participation in European and international bodies and multilateral financial institutions), setting out objectives and intervention criteria, and identifying the geographical and sector-specific priorities within which development cooperation is to be implemented.

Within the framework of the 2019-2021 Three-Year Planning and Steering Document, the promotion and protection of the rights of children and adolescents is recalled starting from the need to apply the principle of 'leaving no one behind' (especially those who find themselves in particularly vulnerable situations, such as minors) from the moment interventions are formulated. Many of the priority areas of intervention are also addressed with reference to children, thus acknowledging the importance of acting from an early age: from food security and the fight against malnutrition to access to medical care and vaccines; from the fight against harmful practices such as female genital mutilation and early marriages and pregnancies to access to inclusive, quality education; from the protection of minors involved in migratory routes to the broad promotion of human rights for the construction of peaceful and inclusive societies, from which all forms of potentially criminal exploitation, exclusion and marginalisation are to be eradicated.

There are also other thematic actions – which will be dealt with in detail below – that the country-system has implemented for the promotion and protection of the rights of children and adolescents by leveraging specific expertise and internationally recognised good practices. Witness the 2018 Italian Strategy for Global Citizenship Education (Educazione alla Cittadinanza Globale, ECG), which establishes a national framework for interventions on this topic. In this context, education is understood as a transformative action that fosters a critical approach aimed at increasing awareness and appreciation of the dynamics of interdependence between the global and local levels, thereby encouraging the participation and activation of individuals and communities in the promotion of democracy, peace, sustainability and human rights.

Another aspect concerns the long tradition of interventions in favour of the inclusion of persons with disabilities, which, in 2018, led to the issuance of the Guidelines for Disability and Social Inclusion in Cooperation Interventions, which provide an updated reference framework for the sector and indicate approaches, strategies and recommendations useful for including the issue of the rights of persons, and therefore also children, with disabilities in development cooperation interventions.

STRATEGIES AND APPROACHES

3

The following is an overview of the approaches and strategies that will inform development cooperation interventions aimed at protecting and promoting children's rights when identifying, designing and implementing priorities.

a) CRC principles:
- Non-discrimination (Article 2);
- Best interests of the child (Article 3);
- Right to life, survival and development (Article 6);
- Right of the child to express their views and to be taken into account in all matters concerning them (Article 12).

b) A children's rights-based approach focusing on the so-called 4Ps, i.e., the classification of children's rights into four macro-categories:
- **Prevention of rights violation**, i.e., the implementation of instruments aimed at intervening before the child's rights have been violated, from general and special principles to special protection measures;
- **Provision rights**, i.e., the right to have access to goods or services (health, education);
- **Protection rights**, i.e., the right of children to be protected from situations of risk, harm or danger (abuse, maltreatment);
- **Participation**, i.e., the right to play and be recognised as active agents of change and bearers of ideas that must be listened to.

c) Adopting an **integral approach** taking into account all dimensions relevant to children (health, nutrition, education, protection) in each intervention.

d) Adopting a **life-cycle** approach. Interventions should be designed to meet the specific needs related to the different stages of childhood, namely early childhood, school age and adolescence, as considered not only from the perspective of physical age, but also from the perspective of the stage of life and the family, social and cultural contexts (teenage parenthood, early marriage, etc.) in which children find themselves.

e) Adopting an **ecological approach** taking into account factors related to the environment – understood in the broadest sense – in which children are born and grow up, from families to communities and society, and how these contexts interact and influence development.

f) Encouraging children's **participation**, which should be voluntary, conscious, informed, inclusive, safe and coupled with adult education.

g) A human rights-based approach[3] that finds its legal basis in international human rights commitments and agreements and is operationally directed towards the promotion and protection of human rights via the strengthening of the skills of victims of violations and the various actors capable of having an impact on the enjoyment of rights. Adopting such an approach implies analysing and addressing inequalities and discriminations that undermine development processes, thus acting on a double level, namely duty bearers and rights holders. A comprehensive, proactive response to the complex dynamics of development requires considering interactions and influences between individuals and systems of power and stimulating accountability mechanisms.
A human rights-based approach strengthens the ability of rights holders to assert their rights by participating in decision-making processes. At the same time, it supports the ability of duty bearers (especially governments) to meet their obligations to respect, protect and achieve the enjoyment of those rights and be accountable for their actions.
Moreover, adopting such an approach implies focusing on the 'rights' rather than the 'needs' of the recipients of interventions. This implies a change of perspective and paradigm: individuals are seen as protagonists of their own development capable of legitimately and legally asserting the violation of their rights, rather than mere objectors to the dissatisfaction of their needs.

h) Principles of Aid Effectiveness[4]**:**
- Ownership;
- Results-oriented management;
- Inclusive partnerships;
- Transparency and mutual accountability.

i) Including an explicit focus on children in **cross-cutting issues** (gender, environment, human rights, protection of minorities, disability).

j) Adopting a **gender perspective** and prioritising gender dynamics in all interventions. Only a multi-sectoral strategy can create living environments in which individuals and institutions can strive for equal rights and an adequate quality of life for all.

k) Adopting a whole-of-government and whole-of-society approach in order to strengthen the systems of the countries of intervention, thus consistently involving key institutional actors and societal ganglia and activating multi-actor alliances both for the planning and the implementation of interventions, taking care to involve the most appropriate and relevant ones according to the level of intervention.

l) Operationalising the triple nexus of humanitarian, development and peace interventions by strengthening collaboration, coherence and complementarity among the different actors in the field. The approach aims at capitalising on the comparative advantage of each of the three pillars – in relation to their respective relevance in the specific context – in order to reduce overall vulnerability and the number of unmet needs, strengthen risk management capacities and address the root causes of conflict[5].

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[3] *UN Statement of Common Understanding on Human Rights-Based Approaches to Development Cooperation and Programming (the Common Understanding) 2003*

[4] *As sanctioned at the 4th High Level Forum on Aid Effectiveness in Busan, 2011*

[5] *DAC Recommendation on the OECD Legal Instruments Humanitarian-Development-Peace Nexus febbraio 2019*

m) Adopting an approach in line with the principles of the 2015-2030 **Sendai Framework for Disaster Risk Reduction**[6], which, on the one hand, recognises that children and young people are disproportionately exposed to disasters and affected by a wide range of factors (mental and physical health, nutritional needs, access to education and employment, exposure to violence, etc.) and, on the other hand, explicitly includes children (and young people) as stakeholders (paras. 7 and 36.a2), thereby giving them a fundamental role in all phases of the risk management cycle (prevention – mitigation – preparedness – response – recovery – rehabilitation – reconstruction).

In particular, the SFDRR defines the minor agents of change who should be given space and sets out ways to contribute to disaster risk reduction in accordance with existing legislation, national practices and their curricular training. The guiding principles[7] of the SFDRR provide for a shared responsibility for disaster risk on the part of central governments and the relevant national authorities, as well as each sector and stakeholder. This requires:

• the involvement and partnership of all social partners;

• a process of empowerment and inclusive, accessible, non-discriminatory participation, paying special attention to people disproportionately affected by disasters – including children – by promoting a gender, age, disability and cultural perspective;

• intra- and inter-sectoral coordination mechanisms including all relevant stakeholders;

• a clear articulation of responsibilities between public and private stakeholders, including the production and academic systems, so as to ensure a mutual extension of the fields of action, partnership and the complementarity of roles;

• a multi-risk approach involving inclusive decision-making processes based on the open exchange and dissemination of data disaggregated by gender, age and disability;

• in post-disaster recovery, rehabilitation and reconstruction phases, it is crucial to prevent the creation of new risks and reduce the risk of disasters through Building Back Better practices, as well as to strengthen public education and disaster risk awareness.

n) Adopting mechanisms for **monitoring and evaluating** interventions (within the framework of a Results Based Management system – RBM) based on the systematic collection of reliable and disaggregated data, which can have an impact on planning and decision-making.

Finally, it is worth emphasising that interventions aimed at the entire population cannot be considered child-friendly per se, even if the target audience includes children. Addressing the entire population indiscriminately means that the specific focus on children's rights, which is essential for an intervention to be considered child-centred, is missing.

STRATEGIES AND APPROACHES

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[6] *SFDRR https://www.undrr.org/publication/sendai-framework-disaster-risk-reduction-2015-2030)*

[7] *For a comprehensive review on operational modalities and tools aimed at involving children in the implementation of the SFDRR, please refer to the UN Office for Disaster Risk Reduction (UNDRR) Guidelines on Children, The Words into Action guidelines: Engaging children and youth in disaster risk reduction and resilience building - A companion for implementing the Sendai Framework for Disaster Risk Reduction 2015-2030, available at the following link: https://www.preventionweb.net/files/65095_65095wianationaldrrstrategies100520.pdf.*

4 AREAS OF INTERVENTION

4.1 CHILD PROTECTION

Child Protection is a multidimensional domain that encompasses all actions aimed at protecting children from all forms of violence, abuse, exploitation, neglect, harm and damage, whether physical, psychological or emotional. An effective child protection system includes mechanisms for preventing and responding to harmful situations to which children may be exposed and must include interventions in a wide range of contexts, from the family and community environment to schools and public spaces, from the digital dimension to that of social organisations and the State.

This is a very complex system that obviously involves families, communities and educational agencies, but also central, regional and local legislators and administrators, as well as the whole of civil society, as part of a true civic engagement process aimed at "building the future"[8] in the best interests of the child.

Therefore, the fundamental role that cultural determinants, social norms and customs play in influencing individual and collective behaviour and attitudes must be acknowledged in all the dimensions of child protection. It is thus important to take these psychological, social and cultural factors into account when analysing phenomena and designing prevention and response measures.

Moreover, as stated during the 12th **European Forum on the Rights of the Child**, which was held in April 2019, the Child Protection system needs to be updated in relation to the new scenarios shaped by the risks affecting the health and quality of life of children due to global health crises, mobility phenomena (migration, also due to environmental causes), radicalisation (i.e., the risk of exasperating identity processes and/or being attracted by fundamentalist groups) and the digital dimension.

While analysis and response tools need to be constantly adapted, the European Commission's Recommendations of 20 February 2013 on "**Investing in children: breaking the circle of disadvantage**" (document 2013/112/EU) remain valid, especially the need to "*enhance family support and the quality of alternative care settings*" and "*strengthen child protection and social services in the field of prevention; help families develop parenting skills in a non-stigmatising way, whilst ensuring that children removed from parental care grow up in an environment that meets their needs*".

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[8] *cf. A. Appadurai, The Future as Cultural Fact*

The fundamental dimensions of child protection are discussed in this section. Other aspects (e.g., children in contact/conflict with the law, which can be broadly understood to include this area) will be dealt with specifically.

4.1.1 BIRTH REGISTRATION

ARTICLES
CRC   **7, 8**

Definition and principles

A birth certificate constitutes legal proof of a child's name and family relationships and is a prerequisite for establishing their nationality.

Being immediately registered at birth is a right that is still widely denied around the world, particularly in South Asia and sub-Saharan Africa.

Millions of children with no legal identity are thus invisible to institutions and consequently extremely vulnerable and exposed to exploitation, abuse, child labour, early marriage, slavery, trafficking and illegal adoption practices. Registration is particularly important for infants with disabilities, so as to prevent abandonment practices or, in extreme cases, infanticide.

However, even in non-violent contexts, the lack of a birth certificate disqualifies many children from having a name ('legal identity'), acquiring citizenship and consequently accessing education, health and social services. As adults, children with no legal identity will not be able to work or travel legally and will be excluded from the right to vote and stand for election.

Birth registration is therefore a primary requirement if children are to become adult protagonists of the peaceful future of truly inclusive societies.

International standards

Numerous international conventions reiterate that the identity – including the legal one – of a child is fundamental in order to qualify them as such – and thus as the bearer of a superior interest to be protected – and establish that all children must be registered at birth and have a registration document as legal proof of their age.

Article 6 of the Universal Declaration of Human Rights enshrines the right of all individuals to be recognised as persons before the law, and Article 24(2) of the Convention on Civil and Political Rights (UN 1966) makes explicit reference to the right to birth registration and nationality, as does Article 6 of the African charter on the Rights and Welfare of the Child.

Many operational documents insist on the need for registration to take place promptly and immediately after birth, in order to recognise the child's rights and protect them right from the earliest and most delicate stages of life, and to be free of charge, in order to facilitate access to the poorest segments of the population.

New technologies are a key resource for facilitating access and streamlining procedures through the digitisation of processes.

The availability of sound demographic statistics, including data on births and child deaths (which remains particularly scarce) is equally important, as it allows for informed policy decisions and strategies, as well as for the monitoring of the achievement of the 2030 Agenda goals.

16 PEACE, JUSTICE AND STRONG INSTITUTIONS

16.9

Lines of action of the interventions implemented by Italian Development Cooperation

ACTION 1: Improving local birth registration systems

METHODS OF IMPLEMENTATION:

• Providing technical assistance to local governments in order for them to develop suitable policies on birth registration, increase coverage and quality of service in this regard, and reduce barriers to access due to social, gender and displacement factors (e.g., allowing registration of children who are either born out of wedlock, or born in one country and then forced to move to another, and the transfer of nationality to children by single mothers, where not yet provided for), thus favouring a gradual digital transition that may also enable data management and analysis.
• Providing technical support and equipment to improve the quality and accessibility of services: opening and equipping new registration desks possibly linked to health centres or schools, even in remote areas.
• Promoting free registration, both at birth and afterwards, and delivery of birth certificates.
• Supporting the training of dedicated staff, as well as of operators of health and social services and local authorities, on both regulatory aspects and the use of electronic registration devices.
• Encouraging the coordination of local services (health services, schools, civil registry) in order to identify and contact parents and children to be registered, especially those who were not promptly registered at birth ('late registration').

ACTION 2: Raising awareness in local communities about the use of birth registration

METHODS OF IMPLEMENTATION:

• Promoting the creation of synergies among local services (whether social, health or educational) in order to disseminate information, raise awareness about the importance of birth registration and promote the accessibility of the service.
• Carrying out communication campaigns aimed at reaching families and community leaders (both lay and religious), especially in remote areas, with a particular focus on raising awareness among pregnant women about the rights and benefits of registration, both at birth and late, and the possession of the relevant certificate. Campaigns should also target men and central female figures in communities (e.g., mothers and mothers-in-law of pregnant women) and focus on effective and audience-attractive media and content (songs, radio spots, community theatre).

4.1.2 VIOLENCE/EXPLOITATION/ABUSE

Definition and principles

ARTICLES CRC **13, 19, 23, 30, 34, 35 ,36**

Violence, exploitation and abuse[9] can occur in many forms and in different contexts and include:
• Maltreatment, neglect and abandonment of children on the part of parents, teachers or other persons responsible for them. These situations often occur in domestic, school or institutional settings and involve both physical (from violent punishment to sexual violence) and psychological/emotional abuse, either direct or indirect;

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[9] *On the interpretation of the relevant articles of the CRC, see the CRC Committee's General Comment No. 13 (2011) "The right of the child to freedom from all forms of violence", as adopted on 18 April 2011: https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.aspx?symbolno=CRC%2fC%2f-GC%2f13&Lang=en*

• Domestic, physical or psychological violence inflicted by partners or other family members, including what is known as intra-familial violence. It is widespread among adolescents who are romantically entangled but not married under the name 'dating violence';

• Sexual violence, which includes both physical aggression (rape or harassment), non-consensual sexual acts that do not involve contact (voyeurism) and sexual exploitation for the purposes of prostitution, including through sex tourism and/or pornography, also online, as well as the growing phenomenon of sexting, i.e., the exchange of sexually explicit messages and multimedia content, which is particularly common among adolescents;

• Trafficking, which is the recruitment, transportation, transfer, harbouring or receipt of persons without their consent and under the threat or actual use of force or other forms of coercion, for the purpose of exploitation. Exploitation includes at least prostitution or other forms of sexual exploitation, forced labour or services, slavery or practices similar to slavery, servitude or the removal of organs;

• Discrimination, stigma, threats and the ensuing sense of fear and shame constitute other forms of violence, which are often perpetrated against particularly vulnerable children, such as those with disabilities (especially mental disabilities) or those who are different from the local socio-cultural context – such as albino children or so-called witch children, who fall victim to harmful practices linked to beliefs about their alleged magical properties;

• Forms of peer-to-peer violence such as bullying (including cyberbullying, which will be discussed in section 10), i.e., violence and harassment occurring mainly in school or community settings, and youth violence that may be associated with structured forms of conflict such as criminal gang clashes.

Most kinds of violence and abuse take place in contexts that are familiar (meaning well-known and habitual) for children, such as homes, schools, workplaces and communities, and are mostly perpetrated by people the children know (parents, teachers, caregivers) or should trust (law enforcement, authority representatives).

For a correct understanding of the phenomena and the formulation of a correct response, the fact that various cultural factors influence the definition, perception and adoption of violent or abusive behaviour must also be taken into account. For example, genital mutilation or violent discipline in the context of education are often not perceived as harmful practices, but rather as cultural or religious prescriptions.

This section focuses on forms of violence and abuse such as trafficking, sexual exploitation and discrimination. Specific forms of violence such as gender-based violence, early marriages, genital mutilation[10] and child labour will be explored in the following paragraphs.

International standards

In 2016, a protocol called 'INSPIRE: Seven strategies for ending violence against children' was developed under the guidance of the World Health Organisation (WHO), which highlights seven strategies that have proven to be effective in reducing different forms of violence against children. INSPIRE is an acronym for the English definition of each strategy:

• Implementation and enforcement of laws (e.g., prohibiting the use of violent discipline or reducing access to weapons);

• Norms and values change (with particular reference to norms that encourage men to behave aggressively or condone violent attitudes towards women);

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[10] **Female genital mutilation** (FGM) is a vast, complex phenomenon that includes traditional practices ranging from incision to the partial or total removal of the external female genitalia for reasons that are neither medical nor health-related. Cf. https://www.who.int/health-topics/female-genital-mutilation#tab=tab_1

• Safe environments (creating safe environments in which violations can be reported and/or avoided by community protection mechanisms, which implies targeted interventions on local causes and needs);
• Parental and caregiver support;
• Income and economic strengthening (with a focus on financial education and access to micro-credit for women);
• Response services provision (care and psycho-social support services for children exposed to violence and abuse);
• Education and life skills, which includes ensuring access to formal education but also the acquisition of so-called transversal, cognitive and emotional skills for the full development of the person.

The 2020 Global status report on preventing violence against children used the INSPIRE protocol as a yardstick to measure the degree of prevention and reduction of violence/exploitation/abuse achieved in 155 countries. Due to the side effects of the COVID19 pandemic crisis, the result shows that much work remains to be done. Despite the efforts many countries have made to create supportive legislative frameworks, a renewed surge of energy is needed globally to implement legislation and translate it into effective protection services.

The sexual abuse and exploitation of children is stigmatised in the 'Optional Protocol on the Sale of Children, Child Prostitution and Child Pornography' and in the 'Rio de Janeiro Declaration and Call for Action to Prevent and Stop Sexual Exploitation of Children and Adolescents', which was adopted at the Third World Congress against Sexual Exploitation of Children and Adolescents in 2008.

In addition to the forms of sexual exploitation perpetrated within families, the phenomenon of sex tourism, which involves travelling to countries that provide little protection for minors who are forced into prostitution, is becoming **increasingly serious**. This phenomenon, which also increasingly involves men, requires greater coordination between states and greater social responsibility on the part of the private sector involved in tourism.

The Council of Europe Convention on the 'Protection of Children against Sexual Exploitation and Sexual Abuse' (known as Lanzarote Convention) focuses on changes to criminal law systems in order to ensure, on the one hand, the protection of victims and the safeguarding of the best interests of the child also during investigation and prosecution and, on the other hand, that all measures are taken to identify perpetrators.

The Additional Protocol to the United Nations Convention to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children (Resolution 55/25 of 15 November 2000) considers smuggling and trafficking in persons as an exploitative transnational organised crime activity and aims at safeguarding, protecting and assisting victims and promoting cooperation between States.

The 'Minimum Standards for Child Protection in Humanitarian Action' published by the Child Protection Working Group (a forum for global coordination on Child Protection in humanitarian contexts) offer tools to operate in situations where children are exposed to multiple forms of violence, which add up and interact, thus amplifying the effect of combined abuse and discrimination.

On the issue of albinism, the UN Secretary General's Report entitled 'Social development challenges faced by persons with albinism', the Resolution of the General Assembly on persons with albinism (2017), the Report of the Independent Expert on the enjoyment of human rights by persons with albinism – Women and children impacted by albinism (2016) and the thematic report Albinism Worldwide to the 74th session of the General Assembly Corrigendum to the Albinism Worldwide Report Stigma (2019-2020) analyse scenarios in which beliefs associating this characteristic with magical properties end up legitimising harmful practices against people with albinism and in particular minors.

2 ZERO HUNGER	3 GOOD HEALTH AND WELL-BEING	16 PEACE, JUSTICE AND STRONG INSTITUTIONS
2.1 2.2	3.1 3.7	16.1 16.2 16.9

Lines of action of the interventions implemented by Italian Development Cooperation

ACTION 1: Supporting protection systems for children at risk or victims of violence/exploitation/abuse

METHODS OF IMPLEMENTATION:

• Providing technical assistance for the definition of national and local policies and strategies based on compliance with international standards, also with regard to the fight against sex tourism, trafficking and smuggling.
• Providing technical assistance for carrying out studies on the legal and regulatory framework of partner countries and mapping local protection services.
• Strengthening monitoring and data collection mechanisms on cases involving minors subjected to violence, abuse, exploitation, trafficking and smuggling.
• Encouraging the integration of local social, health and educational services in order to identify and take care of minors at risk or victims of violence/exploitation/abuse, thereby ensuring the adoption of psycho-social and therapeutic support tools for victims.
• Training health, social, educational, justice and law enforcement professionals in the early detection of both overt violence and at-risk cases.
• Training staff employed in development cooperation projects who come into contact with children in the course of their duties.
• Adopting a multidisciplinary approach in training by combining aspects of local culture and traditions.
• Creating tools for the prevention of violence in schools and training centres, including the definition and adoption of child safeguarding and protection policies against forms of abuse and violence perpetrated by educational or auxiliary staff.
• Implementing programmes for access to education and extracurricular support for minors particularly exposed to the risk of violence and discrimination in order to prevent school drop-out and foster the development of life and soft skills.
• Creating mechanisms that act not only in favour of the victims but also on perpetrators of violence/abuse, with adequate psycho-social and therapeutic support tools to foster their rehabilitation.

ACTION 2: Supporting families and communities in combating violence/exploitation/abuse

METHODS OF IMPLEMENTATION:

• Setting up parenting support and socio-cultural paths to be organised in local communities with the aim of promoting a new representation of ex lege/extra legem minors (albino children, witch children, children with physical and/or mental disabilities) in order to prevent exclusion and discrimination.
• Supporting the creation of safe, accessible community mechanisms to report violence and activate responses.
• Conducting information and awareness-raising campaigns by activating community leaders but also peer education, thereby analysing and eradicating the socio-cultural aspects of stigma and violence through focus groups, community conversations and open talks.

4.1.3 GENDER BASED VIOLENCE

Definition and principles

Gender-based violence encompasses 'all acts of gender-based violence that cause, or are likely to cause, physical, sexual, psychological or economic harm or suffering, including threats to commit such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private life', (...) 'including domestic violence, which particularly affects women' and includes 'all acts of physical, sexual, psychological or economic violence occurring within the family' (Istanbul Convention).

According to the World Health Organisation, gender-based violence includes all forms of violence and abuse against children based on biological sex and gender identity, including female genital mutilation, infanticide, honour killings, acid attacks, early marriages and pregnancies (namely the specific subject of paragraph 4), gavage, i.e., the forced feeding of girls to make them attractive to future husbands, and child prostitution.

The WHO also recommends that the effects on mental and physical health of male circumcision practised for cultural or religious reasons be closely monitored.
In particular, gender-based violence has a dual dimension, i.e., the violence experienced by the child and that witnessed by them, especially in the case of children forced to suffer domestic violence against their mothers.

International standards

The Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence (known as Istanbul Convention) is the first legally binding international instrument that considers gender-based violence as a violation of fundamental human rights and establishes a framework for protecting victims and prosecuting perpetrators.

General Recommendation No. 35 on Gender-based violence against women, updating General Recommendation No. 19 of the Committee on the Elimination of Discrimination against Women (CEDAW) emphasises the importance of taking action in order to change social norms and counteract stereotypes that help create environments in which gender-based violence can thrive[11].

Both documents recall the centrality – and the responsibility of states and governments – not only to implement timely prevention and protection measures, but also to ensure adequate care for people who have suffered violence and prevent perpetrators from going unpunished.

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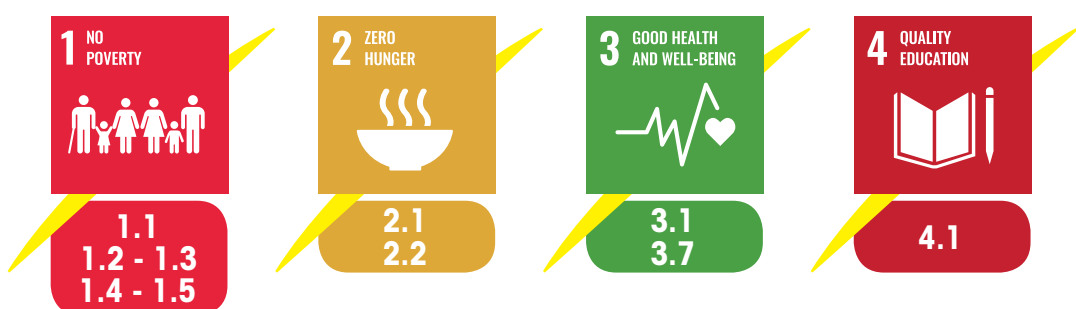
[11] *On the interpretation of the relevant articles of the CRC, cf. 'Joint General Recommendation No. 31 of the Committee on the Elimination of Discrimination against Women/General Comment No. 18 of the Committee on the Rights of the Child on harmful practices' adopted on 14 November 2014:*
https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.aspx?symbolno=CEDAW%2fC%2f-GC%2f31%2fCRC%2fC%2fGC%2f18&Lang=en

5 GENDER EQUALITY	11 SUSTAINABLE CITIES AND COMMUNITIES	16 PEACE, JUSTICE AND STRONG INSTITUTIONS
5.2 5.3 5.4 - 5.6	11.1 11.2 11.7	16.1 16.2 16.9

Lines of action of the interventions implemented by Italian Development Cooperation

ACTION 1: Promoting prevention and care systems for minors victims of violence

METHODS OF IMPLEMENTATION:

• Providing technical assistance for the enactment of policies and regulations ensuring the protection of victims and the accountability of perpetrators based on the analysis of cultural factors underlying gender-based violence in different areas.
• Activating mechanisms for the prevention of gender-based violence in schools and training centres, including the definition and adoption of policies for the safeguarding and protection of minors.
• Updating social-health services aimed at psychosocial counselling and assessment through the adoption of multi-level strategies for the reception and care of minors who have survived gender-based violence by means of a multidisciplinary approach based on the construct of Post-Traumatic Stress Disorder (PTSD).
• Supporting the opening of psychosocial care centres for the administration of anti-violence protocols, psychological support, social reintegration and legal assistance, which also include taking charge of the whole family.
• Supporting the training of health, social, educational, justice and law enforcement professionals with the goal of identifying both overt and at-risk cases of gender-based violence at an early stage with a view to early intervention.
• Fighting the vicious circle of domestic exploitation also through the promotion of networking and social gathering spaces (e.g., safe spaces promoting sports and cultural activities, psychotherapeutic support services, family support, vocational training, etc.).

AZIONE 2: Supporting the fight against gender-based violence in family, community and educational contexts

METHODS OF IMPLEMENTATION:

• Carrying out fact-finding surveys (involving key actors, community leaders and the children themselves) in order to bring out the cultural factors related to gender-based violence in specific contexts of intervention.
• Carrying out awareness-raising campaigns, community conversations and focus groups with families and communities on the issue of gender identity with the aim of raising awareness and providing information on the risks of genital mutilation.
• Conducting awareness-raising and training activities for parents and caregivers, supporting parenting and gender equality, and offering tools to deal with and overcome episodes of gender-based violence by reducing their harmful consequences on minors.
• Providing specific training on emotional intelligence, transversal skills and emotional management disorders (alexithymia) to service providers, teachers and parents.

AREAS OF INTERVENTION

- Including emotional expression and life skills education courses in formal and non-formal education in order to encourage minors to develop skills for the non-violent resolution of interpersonal and social conflicts.
- Activating empowerment experiential pathways aimed at enabling victims to become autonomous and rehabilitate themselves based on the principle of non-victimisation and combating stigma.
- Supporting local human rights organisations and defenders fighting for the rights of girls and young women.
- Promoting the empowerment and participation of girls in decision-making processes at a family, community and school level.

4.1.4 EARLY/FORCED MARRIAGES

ARTICLE CRC **24**

Definition and principles

A marriage is defined as early if at least one of the two parties is a minor. A marriage is forced if at least one of the parties has not expressed consent. Early marriages are considered a form of forced marriage, as the minor involved is not in a position to express their free and full informed consent, and therefore constitutes a serious violation of human rights.
This practice mainly affects girls, but boys are not exempt, although they are affected to a lesser extent.

Cultural and socio-economic factors are at the root of this practice. In conditions of extreme poverty, early marriage can serve as a coping strategy to reduce the burden of family maintenance or acquire income (through dowry).
For victims, the dangerous physical consequences (early pregnancies, sexual violence, domestic exploitation) are compounded by the psychological damage of being forced to miss a stage in their development, the feelings of anguish and loss associated with trauma and the impairment of their emotional and social lives. These children are not only deprived of their childhood, but also of their right to self-determination, education, health and full participation in economic and social life.

International standards

The Report of the UN High Commissioner for Human Rights entitled 'Preventing and Eliminating Child, Early and Forced Marriage' discusses the definition, consequences and determinants of the phenomenon whilst reviewing legislative, policy and operational countermeasures, with an emphasis on the importance of education as a deterrent.

The 2016 UN Secretary-General's Report entitled 'Child, Early and Forced Marriage' takes stock of the progress achieved at the global level while calling for the implementation of strategies to counter the social and cultural acceptance of this practice based on the involvement of religious and community leaders and, above all, boys and men. The report also stresses the importance of investing in the empowerment of women and girls and their involvement in all interventions and decisions that affect them while making every effort to reach the most isolated and vulnerable.

The Human Rights Council Resolution entitled 'Child, early and forced marriage in humanitarian settings' draws attention to the high incidence of the phenomenon in humanitarian contexts where vulnerability is particularly exacerbated.

Articles 32 and 37 of the Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence (Istanbul Convention) call on States to take all necessary measures to penalise and invalidate forced marriages.

5 GENDER EQUALITY

5.3

Lines of action of the interventions implemented by Italian Development Cooperation

ACTION 1: Implementing a global strategy to ban early marriages

METHODS OF IMPLEMENTATION:

• Carrying out lobbying and advocacy actions in international forums (at a political but also at technical level) to ban the phenomenon.
• Providing technical assistance for the enactment of legislation and the implementation of policies and strategies to combat the phenomenon (e.g., abolishing laws allowing reparative marriages after sexual violence; ensuring legal protection for children trying to escape early marriage).
• Promoting birth registration so as to foster greater social control through knowledge of the exact age of children at risk of early marriage.
• Producing independent reports on the status of implementation of policies and strategies in different countries in line with international standards and commitments.

ACTION 2: Supporting families and communities in combating early marriage

METHODS OF IMPLEMENTATION:

• Supporting welfare policies aimed at providing families with economic and social inclusion programmes aimed at reducing the use of negative coping strategies, such as the early marriage of daughters.
• Carrying out awareness-raising activities (community conversations, focus groups, peer education) with families, communities and educators by putting the risks of early marriage in the broader context of gender equality and human rights (involving community leaders and men).
• Strengthening social, health and education services for victims of early marriage and girl mothers.
• Removing barriers to school participation and increasing access to education for adolescent girls, in particular those who are already married and adolescent mothers, while promoting employment policies for young girls of working age.
• Promoting the networking of children's groups and associations at a national and international level with a view to peer education and active participation in the promotion of rights.

AREAS OF INTERVENTION

4.1.5 CHILDREN IN STREET SITUATION

Definition and principles

The most recent and comprehensive definition, adopted by the *UN General Comment No. 21 on Children in street situation in 2017 and the Consortium for Street Children*[12] organizations, considers "*children in street situations*" those who "*depend on the streets to live or work, whether alone, with their peers or families*". Such definition extends beyond homeless minors forced to live and sleep on the street, to comprise all those for whom "*the street plays a vital role in their daily lives and identity*", including those who live their day on the street returning home in the evening.
Reliable data on the number of children in street situations are not available because, while the phenomenon is one of the most visible forms of vulnerability, they are among the most invisible ones, escaping censuses and being excluded from state programmes and policies.

Extreme poverty, family disintegration, violence and abuse are the common denominator of all situations of separation of minors from their families of origin that eventually lead to life on the street. Other children who, in many areas of the world, have no alternative to life on the streets are orphans lacking a family support network, refugees and displaced persons, people with addiction problems, abandoned disabled persons, or children rejected by their families because of their sexual orientation or gender identity.

On the streets, these minors, even when very young, are forced to live by their wits (begging, doing occasional jobs, stealing) and are easy prey to all forms of exploitation, abuse, trafficking, addiction and involvement in crime, besides being systematically denied their right to health and education. Therefore, it is the close correlation between the topic addressed in this paragraph and the other ones in this same chapter: birth registration, violence/exploitation/abuse, minors in contexts of armed conflict and/or radicalization, exploitation of child labour, children deprived of parental care.

International standards

Several international Conventions and documents are relevant with respect to the protection and promotion of the rights of children in street situations, since the triggering causes and risk factors are intertwined with different vulnerability conditions. The already mentioned General Comment no. 21 "*Children in street situations*" of the *United Nations Committee on the Rights of the Child*, indicates that "specific, immediate and urgent *measures*" must be taken to counter the widespread and repeated violence suffered by children in street situations in many countries of the world at the hands of adults who enslave them in labour, traffickers who sell them or exploit them into prostitution, and authorities responsible for their protection who, instead, subject them to abuse. It is often the police who are responsible for violence, due to a repressive approach towards them: beatings, physical and psychological torture, sexual abuse, extortion, arbitrary arrests and for extortion. The comment warns about the dangers and ineffectiveness of both the repressive and the welfare approach which, by considering children in street situations from a merely paternalistic point of view as individuals to be rescued, actually disregards them as subjects of law, capable of autonomy and self-determination.

Resolution 16/12 adopted by the UN Human Rights Council "*Rights of the child: a holistic approach to the protection and promotion of the rights of children working and/or living on the street*" calls on States to adopt the necessary legislative measures to combat the phenomenon and ensure that children in street situations have access to a protective environment and can grow up in health and safety, explicitly mentioning the importance of birth registration as a first fundamental step to recognize the child as bearer of rights.

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[12] *An international network bringing together INGOs, community organizations, researchers and experts, see https://www.streetchildren.org/*

The Report of the UN High Commissioner for Human Rights "*Protection and promotion of the rights of children working and/or living on the street*", which follows the above-mentioned Resolution, shows the problems to be faced, lessons learned and good practices around the world, concluding with a series of recommendations and emphasizing the importance of listening to the voice of children in every issue concerning them.
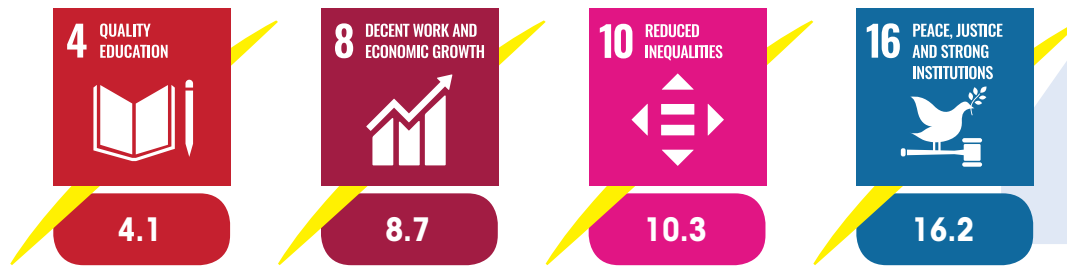
4 QUALITY EDUCATION	8 DECENT WORK AND ECONOMIC GROWTH	10 REDUCED INEQUALITIES	16 PEACE, JUSTICE AND STRONG INSTITUTIONS
4.1	8.7	10.3	16.2

Lines of action of the interventions implemented by the Italian Development Cooperation

ACTION 1: Strengthening the regulatory and procedural frameworks along with the individual country policies to support children on the streets

METHOD OF IMPLEMENTATION:

• Providing technical assistance for the development of national legislation and policies, in line with international standards (e.g., decriminalize begging and vagrancy to prevent children from being considered and treated as criminals).
• Providing technical assistance for the development, adoption, monitoring, and evaluation of national/regional/local intervention plans integrated with child protection systems to help children reconnect with their families and communities.
• Promoting the collection of data and the carrying out of participatory researches involving the children themselves to shape related policy decisions.

ACTION 2: Implementing mechanisms to prevent and combat the phenomenon and to support children in street situations

METHOD OF IMPLEMENTATION:

• Promoting integrated strategies between the services of the territory with a multidisciplinary approach (recreational, sports, cultural, pedagogical activities, first aid and legal support), centred on local and welfare organizations in order to provide residential accommodation (even if only overnight) and individual psycho-social care for minors; parenting support programmes for biological parents and training courses for foster families, based on the centrality of affective and relational aspects.
• Supporting the training of all personnel and operators in contact with children in street situations (law enforcement, judges, teachers, health personnel, social workers, etc.) to increase their ability to deal with them competently, avoiding both repressive and welfare approaches.
• Supporting individual sponsorship programmes (also through the use of long-distance support), to be implemented at reception centres for children in street situations, especially with a view to job orientation for care leavers[13].
• Developing processes to guide through autonomy and independence with vocational training, providing support through the job search and during the first phases of income-generating activities, finding a home in semi-autonomy, providing affectivity and sexuality education, as well as education about the management of one's own resources (time, economic, material ones etc.).

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[13] *These are children who, upon coming of age, leave the protective system, losing their right and access to care and services that had previously supported them.*

AREAS OF INTERVENTION

4.1.6 CHILDREN ASSOCIATED WITH ARMED FORCES/GROUPS/ACTORS OR INVOLVED IN WAR CONTEXTS AND/OR RADICALIZATION PROCESSES

Definitions and principles

According to the *Cape Town Principles*[14] definition, a child soldier is a person under18 years of age who is part of regular or irregular armed forces or groups, in any capacity. Therefore, it is not only a question of minors involved in fighting and in the use of weapons, but also of those who carry out support tasks (in the kitchen, as porters or messengers) and of girls recruited for sexual exploitation.

International standards

The Optional Protocol to the CRC on the involvement of children in armed conflicts represents the main international reference and establishes that children under the age of 18 cannot be forced to enlist or be compelled to fight by any armed group (national armies or irregular groups) and that, on the contrary, States must commit themselves to adopt measures to prevent their recruitment and promote the removal of children and their reintegration in society, with adequate psycho-physical support.
The African Charter on the Rights and Welfare of the Child also sets 18 as the minimum age for recruitment into the armed forces.
Forced recruitment and compulsory conscription of children are among the worst forms of child labour and should be sanctioned as such, under the 1999 ILO *International Labour Organization Convention on the Elimination of the Worst Forms of Child Labour.*

Given the worrying growth of the phenomenon, the UN Security Council, with Resolution 1612, in 2005 established the Working Group on Children and Armed Conflict, with the task of providing recommendations and, at the same time, reporting violations and monitoring progress in the implementation of action plans to combat child recruitment.

The "*Principles and Guidelines on Children Associated with Armed Forces or Armed Groups*" (the so-called Paris Principles) issued at the 2007 conference held in Cape Town, provide detailed guidelines on the measures to be adopted for release and reintegration, with in-depth analysis of the specific needs of children involved in armed groups as a result of migration or displacement and of the most vulnerable ones (girls and children with disabilities).

The UN Security Council has returned to the topic with several Resolutions: S/RES/2419 (2018) reiterates the key role that youth and youth organizations can play in peacebuilding processes to eradicate the root causes of conflict; S/RES/2427 (2018), on the other hand, recognizes the importance of local and religious leaders and civil society networks to activate community protection systems and foster social reintegration. The Resolution also dwells on the stigma of which minors involved in armed groups are often victims (think especially of minors born from sexual violence during conflicts) and identifies education and awareness as key tools to combat recruitment.

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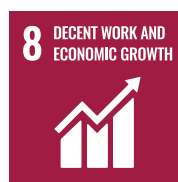
[14] *Cape Town Principles and Best Practices on the Recruitment of Children into the Armed Forces and on Demobilization and Social Reintegration of Child Soldiers in Africa, Simposio organizzato da UNICEF e NGO Working Group on the Convention of the Rights of the Child nel 1997*

Lines of action of the interventions implemented by the Italian Development Cooperation

ACTION 1: Strengthening regulatory frameworks and policies in partner countries

METHOD OF IMPLEMENTATION:

• Providing technical assistance for the development and implementation of national and regional policies, and action plans for the prevention, identification, release and reintegration into communities of children associated with armed groups, in accordance with international standards
• Promoting the establishment of national observatories on children associated with armed groups

ACTION 2: Supporting mechanisms for prevention and community care of minors

METHOD OF IMPLEMENTATION:

• Promoting networking between civil society (local organizations, schools, communities, local religious lay leaders) and institutions (ministries, law enforcement, local governments) to develop integrated prevention and care programmes.
• Activating centres for the reception and treatment of post-traumatic disorders at local social and health services.
• Implementing income support activities for families at greatest risk of poverty, explicitly related to addressing the phenomenon of children dropping out of school.
• Supporting mechanisms for the social reintegration of minors already associated with armed groups and the support for families and communities, so that they are able to accept them
• Encouraging the training of operators of social and health services and teachers to identify cases at risk and collaborate on the reintegration of released minors.
• Conducting awareness campaigns (focus group, community conversation, etc.) for families and communities about positive parenting and the importance of ensuring to children access to education.
• Carrying out awareness campaigns for children and caregivers about ERW (Explosive Remnants of War, unexploded war ordnance).
• Promoting extracurricular activities (creative, sports ones) that teach positive role models, including using witnesses of positive pathways (reintegrated former child soldiers).

4.1.7 EXPLOITATION OF CHILD LABOUR
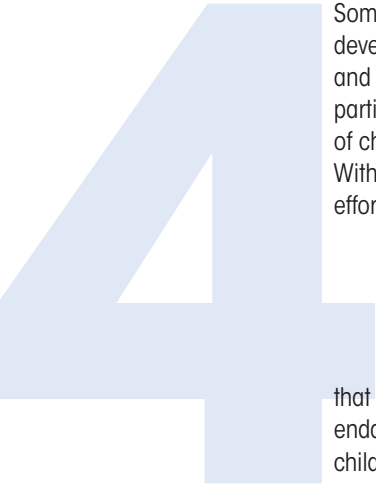
ARTICLE CRC **32**

Definition and principles

Child labour is work that deprives children or adolescents of their childhood, dignity and potential development, and that is harmful to their physical and mental development[15]. Using a UNICEF definition, child labour is referred to jobs that are mentally, physically, socially or morally dangerous, not allowing a normal course of life, first and foremost school life, and thus altering the natural process of cognitive and social growth of every child.

Therefore, not all types of work performed by minors should be considered tout court as child labour to be combated and abolished.

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[15] *On the interpretation of the relevant CRC articles, see General Comment No. 16(2013) of the CRC Committee "The State obligations regarding the impact of the business sector on children's rights" adopted 17 April 2013, closely related to the topic discussed here:*
https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.aspx?symbolno=CRC%2fC%2f-GC%2f16&Lang=en

Some work that, once again referring to UNICEF's definition, is called children's work, can contribute to the development of children and the well-being of their families, by providing them with skills and experience and preparing them to be productive members of society throughout their adult lives. This aspect appears particularly relevant in countries where the existing socio-economic context has, in fact, made the phenomenon of child labour a natural part of local production mechanisms.

Without prejudice to this necessary distinction, the international community therefore agrees to channel all efforts towards the elimination of harmful forms:

- Child labour exploitation (child labour exploitation)
- hazardous labour (hazardous child labour)
- crimes or offences (worst forms of child labour - worst forms of child labour exploitation)

that is, those forms of work often resembling slavery (such as the involvement of children in illegal activities endangering their health or morals - e.g., pornography or drug trafficking, or children exploitation, including children with disabilities, for begging) - or performed in extremely unsafe conditions (such as underground work, work at great heights or in unhealthy environments, using dangerous machinery or with gruelling work schedules). At the same time, it is imperative that national regulations ensure safe working conditions for young workers above the minimum age for regular employment by providing them with age-appropriate protection and working arrangements.

International standards

At the international level, a series of Conventions and Recommendations, although not binding on Member States, provide well-defined boundaries within which to frame the issue of child labour.

The general principle is that of the protection of the child from any economic exploitation with the consequent duty, for every single State, to adopt legislative, administrative, social and educational measures aimed at protecting the right of every child to have a job that is not detrimental to a healthy growth path.

The international reference standards to consider are:
- International Labour Organization (ILO) Convention No. 138 of 1973: concerning the minimum age for admission to employment;
- 1998 ILO Declaration on Fundamental Principles and Rights at Work: includes the abolition of child labour as one of the four fundamental principles that ILO Members undertake to respect, regardless of whether they have ratified the relevant Conventions;
- 1999 ILO Convention no. 182: this concerns the prohibition of the worst forms of exploitation of children at work and the immediate action to abolish them;
- 1999 ILO Recommendation No. 190: concerning the prohibition and immediate action for the elimination of the worst forms of child labour;

In Europe:
- European Social Charter, signed in Turin on 18 October 1961 and entered into force on 26 February 1965;
- Strasbourg Summit of 9 December 1989: Community Charter of the Fundamental Social Rights of Workers;
- Directive 94/33/EC on the protection of young people at work;
- Charter of Fundamental Rights of the European Union, 7 December 2000, and in particular Article 32 thereof

In Italy: Law of 17 October 1967, no. 977; Presidential Decree of 20 April 1994, no. 365; Law no. 296/2006.

The first goal to be achieved within individual national legislations is therefore the definition of a minimum age for admission to employment, which should then be followed by the fundamental priority of eliminating - without delay - the worst forms of child labour.

In order to achieve the objectives defined in the various international fora, the active participation of businesses and the private sector is necessary. Besides complying with national legislation on the subject, they must be active actor in a process of change, also from an economic and production point of view, in the best interest

of the child and their family. These principles are summarized and epitomized in *the Children's Rights and Business Principles* (CRBP) developed by UNICEF, UN Global Compact[16] and Save the Children, and inspired by the principles of the CRC.

Finally, it is critical that actions to combat child labour exploitation take into account social and structural inequalities, social values, and expectations based on gender, social class, ethnicity, social status, and abilities as determining factors of the type and amount of work that children perform.
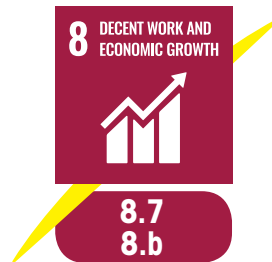
8 DECENT WORK AND
ECONOMIC GROWTH

8.7
8.b

Lines of action of the interventions implemented by the Italian Development Cooperation

ACTION 1: Promoting the adoption of welfare policies to abolish and prevent child labour exploitation, hazardous work, and/or the worst forms of child labour exploitation.

METHOD OF IMPLEMENTATION:

• Carrying out advocacy campaigns on the national territory and at the international level against the exploitation of minors in the workplace, through a multi-systemic approach and by promoting the adoption of "no child labour" codes of conduct and certifications for companies (in several fields such as manufacturing, tourism, etc.);
• Providing technical assistance to partner countries to adopt appropriate social protection and labour policies;
• Promoting privileged paths for young people and adolescents to encourage personal and professional training opportunities aimed at job placement, also in collaboration with the private sector
• Providing practical/economic incentives to families, reducing the economic burden of the family for those who choose to study instead of working (e.g., school meal allowances, support for the purchase of educational materials, etc.);
• Monitoring the living conditions of child workers at risk, or who have emerged from the condition of exploitation, with interventions aimed at accompanying the minor/family.
• Promoting the leading roles of minors also through the involvement and strengthening of children's associations, including those of working minors.

ACTION 2: Promoting the role of education to prevent child labour exploitation, hazardous work, and/or the worst forms of child labour exploitation.

METHOD OF IMPLEMENTATION:

• Carrying out awareness campaigns for families and adolescents about potential life/work opportunities for those with adequate schooling and, conversely, about the risks of dropping out of school early;
• Strengthening the inclusive school system in order to allow regular class attendance even by working minors (e.g., rescheduling class schedules);
• Raising awareness among school personnel to establish alert committees to monitor child labour among students and report at-risk cases in a timely manner.

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[16] *UN Global Compact is an initiative that promotes what is known as business for good. Within its framework, 10 guiding principles (inspired by human rights, labor, environment and anti-corruption) have been established for companies that want to do sustainable business.*

AREAS OF INTERVENTION

ACTION 3: Counteracting the prevalence of child labour employment

METHOD OF IMPLEMENTATION:

• Assessing the child labour impact of company operations, also through a supply & value chain assessment;
• Ensuring that companies accessing ODA funds, or involved as partners in development cooperation initiatives, are committed to promote and respect children's rights through the adoption of codes of conduct and policies on human rights; promoting sustainable and fair business throughout the whole value chain; and complying with the requirement of not employing personnel under the age of 16 (or 14 where national law permits it); adopting social and health protection measures for child workers;
• Strengthening social and health protections for workers and employees with school-age children.

ACTION 4: Supporting families and communities in dealing with child labour dynamics

METHOD OF IMPLEMENTATION:

• Raising families awareness on the risks of child labour and the importance of learning and education pathways, expanding soft skills and life skills, and through a harmonious transition to the world of work;
• Supporting the movements of child workers in a way that ensures they are empowered and heard;
• Strengthening monitoring systems and child involvement in protection and reporting mechanisms;
• Providing psycho-social support to families to strengthen parenting function, specific trainings on positive parenting;
• Creating protective mechanisms involving community and religious leaders and key community associations that monitor the area and support families in combating child labour, including through awareness-raising activities.

4.1.8 CHILDREN DEPRIVED OF PARENTAL CARE

ARTICLES CRC **7, 9, 20, 21**

Definition and principles

Children deprived of parental care are different from children in street situations, since the former are those who, living outside the original family unit, are entrusted to the so-called alternative care in foster families or at residential care facilities.

The causes leading to the separation from their family can refer to a complex phenomenology that is linked to conditions of poverty and vulnerability, and it is intertwined with the issues discussed in the previous paragraphs. The loss of parents, abandonment or escape from a violent domestic environment that does not take care of the well-being of minors, unsafe migration routes due to emergency crises of various kinds (conflicts, catastrophes), can lead to family disintegration, thus exposing minors to a high risk of abuse, exploitation and violence because they are deprived of the protection of people who caring for them.

Standard internazionali

The "*Guidelines for the Alternative Care of Children*" approved by the General Assembly of the United Nations in 2010 set out principles and definitions, establishing the importance of preserving as much as possible the relationship of the child with their family of origin, listening to their voice and involving them in all the choices concerning them, including any choice of a foster family, affirming the preference for family-based care over the placement in facilities, and the preference for stable arrangements.
The Guidelines provide operational indications for both scenarios: to prevent the separation of minors from their family of origin, to favour reunification (when this is in their interest), and to activate effective systems of

alternative care that also take into account informal care and the follow-up of minors during the transition to autonomy outside the care context.

The OHCHR (Office of the United Nations High Commissioner for Human Rights) document "*The rights of vulnerable children under the age of three. Ending their placement in institutional care*" and the subsequent Call for Action launched by UNICEF and OHCHR reiterate the importance, especially for children from 0 to 3 years old, of growing up in a family environment. Both therefore recommend not resorting to residential care placement, preferring solutions based on the family model, such as extended family care, foster families or adoptive families, preferably in the same country as the child, in order to protect them from the risks of a total uprooting from their cultural context.

Mention should also be made of the Convention on Protection of Children and Co-operation in Respect of Intercountry Adoption, ratified at The Hague on 29 May 1993 (The Hague Convention).
In the introduction, it is specified that the Hague Convention aims to: "provide for measures to ensure that intercountry adoptions are carried out in the best interests of the child and with respect for his or her fundamental rights, and that the abduction, sale and trafficking of children are prevented", through:

- The affirmation of the principle of subsidiarity of intercountry adoption (especially with respect to the other legal institutions of intra- and extra-family foster care and domestic adoption);
- Setting minimum standards of procedural nature.

Lines of action of the interventions implemented by the Italian Development Cooperation

ACTION 1: Strengthening welfare policies dedicated to children deprived of parental care

METHOD OF IMPLEMENTATION:

- Providing technical assistance for the development of legislative frameworks and the design and implementation of strategies that take into account preventing and addressing the reasons for separation and deprivation (abduction, trafficking, migration, living on the streets, displacement or recruitment by armed forces; living in residential care facilities/due to disability, health or educational reasons, domestic violence, parental death, stigma, failure to register with civil services).
- Supporting governments to strengthen social care (including community-based activities) and develop effective alternative care services to prevent separation and promote family reintegration, when possible.
- Encouraging the creation of registers with data on children deprived of parental care, registers of foster families and the social file of minors.
- Developing protocols for monitoring and evaluating protection systems.
- Increasing local authority capacity building and achieving a skill transfer based on sharing best practices on social protection networking and social services, including:
  - Multidisciplinary child protection programmes (health, education, empowerment and social inclusion, safe cities, etc.);

• Refresher courses for service providers and for all professionals involved in support programmes for children deprived of parental care and in the child protection system;
• Regulation of qualifications and training of social workers and operators;
• Introduction of reference figures for the protection of children's rights (ombudsperson, guarantor authorities).

ACTION 2: *Providing integral support and protection of vulnerable and/or fragile families to prevent abandonment*

METHOD OF IMPLEMENTATION:

• Promoting programmes of:
  - income support;
  - child protection system improvement at the community level;
  - Improvement of vulnerable children's access to basic services: education, health and social protection.
• Promoting the reintegration in foster families and guaranteeing adequate support to vulnerable families and children through integrated forms of long-distance support (LDS as a complementary model of intervention for taking care of children deprived of parental care in their country of origin).
• Promoting training and awareness pathways on parenting support for both families and operators, protection and guidance of mothers (during pregnancy, birth and the first months of life), and awareness, across the community, to promote birth registration (through appropriate tools such as roadshows, theatre, community conversations, events, etc.).

ACTION 3: *Promoting alternative care and domestic adoption for children deprived of parental care*

METHOD OF IMPLEMENTATION:

• Ensuring support to institutions for:
  - Establishing national standards and monitoring systems for residential facilities, possibly closing or adjusting residential facilities that are unsuitable or unregistered and/or do not meet established standards.
• Promoting pathways for capacity building and transfer/sharing of skills and experiences aimed at:
  - Providing refresher courses to local social workers;
  - Developing pathways for mentoring and supporting families, for the assessment of the social-relational skills of foster families, as well as refresher and training courses;
  - Implementing multidisciplinary models of care (with psycho-social, educational and legal components).
• Strengthening the national adoption system, while respecting local legislation and international adoption framework standards, by:
  - Defining action plans, guidelines, standards, and tools for collecting data and improving services;
  - *Developing capacity building and stakeholder skills for the management of children in domestic adoption*;
  - Training couples aspiring to domestic adoption and structured follow-up paths.

ACTION 4: Strengthening, developing, and adopting support measures for Care Leavers

METHOD OF IMPLEMENTATION:

• Supporting institutions to implement multi-disciplinary, multi-stakeholder experimental approaches for the social and employment inclusion of care-leavers.
• Promoting pathways for the empowerment of new newly adults, study and work orientation services, scholarships, and family-based travel programmes.

ACTION 5: Monitoring, evaluating, collecting, and analysing data to make informed political decisions

METHOD OF IMPLEMENTATION:

• Developing multi-agency, multi-stakeholder, multi-disciplinary data collection and analysis systems with action-research programmes.
• Carrying out research and reports on children deprived from parental care (with context analyses of the individual countries of intervention), including the monitoring of national and international strategies for the management of children deprived from parental care.

AREAS OF INTERVENTION

4.2   HEALTH

Definition and principles

Health does not depend only on the absence of biological agents causing disease, but it is the result of a harmonious, natural and complete development of the individual in every aspect of their existence and in relation to the environment that surrounds them, an asset that must be cared for and cultivated since before conception and throughout the entire life span[17].

Over the years, there has been much debate about the evolution of the concept of health, and in 1998 the World Health Assembly developed a document for the strategy of health for all, "*Health21: Health for All in the 21st Century*", *identifying 21* strategic goals to be pursued at the international, national, and local levels based on a series of analyses and assessments according to which:

> • Health is the precondition for well-being and quality of life, and the benchmark for measuring poverty reduction, promotion of social cohesion and elimination of discrimination.
> • Adopting multi-sector strategies to address the determinant factors of health and ensuring to build up an alliance with sectors outside of health care is critical.
> • Health is a basic element for sustainable economic growth; investments in health through an intersectoral approach not only provide new resources for health, but also additional significant benefits, contributing in the medium term to an overall social and economic development.

In 2010, WHO added a further pillar to the concept of health through the definition of Universal Health Coverage (UHC), which promotes a system of protection that provides equal opportunities for people to access health and enjoy the highest possible level of health.

The general concept of access to care, with regard to minors, implies first and foremost the importance of facilitating the provision of specific quality services (paediatrics, auxology, vaccination services, free clinics, nutritional services, mental health centres, etc.) at a crucial stage in the development of the person.

Prevention also plays a key role in this stage of development, since adopting healthy lifestyles, eating habits and behaviours will prevent the development of disabling diseases in adulthood, as stated in the "Recommendations on Child and Adolescent Health" published by WHO in 2017.

This document will address the general aspects affecting the health of children: sexual and reproductive health - with a special focus on the prevention of early pregnancies - the general principles for the prevention and spread of the most common diseases, the general aspects for a healthy nutrition and mental health, with references to addictions.

For a complete and in-depth discussion of general aspects and topics related to Health, please refer to the Italian Cooperation Document "Guiding Principles: Global Health".

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[17] *On the interpretation of the relevant CRC articles, see General Comment No. 15 (2013) of the CRC Committee "The right of the child to the enjoyment of the highest attainable standard of health (Art. 24)" adopted 17 April 2013: https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.aspx?symbolno=CRC%2fC%2f-GC%2f15&Lang=en*

4.2.1 COMMUNICABLE DISEASES

Definition and principles

Communicable Diseases (CD) still pose a global threat to the population health, with the risk of causing devastating epidemics.
They affect billions of people worldwide and, in addition to high mortality, many of them are responsible for the onset of chronic diseases or disabilities, as well as phenomena of stigmatization and social exclusion.

In low- and middle-income countries, the main infectious diseases are attributable to:

- respiratory infections (pneumonia and tuberculosis in particular);
- influenza pandemics;
- Ebola;
- poliomyelitis;
- malaria and yellow fever (and other tropical diseases);
- HIV/Aids[18];
- intestinal syndromes (with related symptoms such as diarrhoea)[19];
- cholera (in some regions it is endemic);
- neonatal infections.

These are often treatable but their management depends on the socio-economic conditions of the country where they occur, the level of health coverage and the system of basic services in the area.

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[18] *On the interpretation of the relevant CRC articles, see General Comment No. 3 (2003) of the CRC Committee on "HIV/AIDS and the rights of the children", adopted on 17 March 2003: https://tbinternet.ohchr.org/_layouts/15/ treatybodyexternal/Download.aspx?symbolno=CRC%2fGC%2f2003%2f3&Lang=en.*

[19] *Italy, very attentive in its international cooperation activities to initiatives against infantile diarrhea, aware of the seriousness of the phenomenon, has recently wished to establish an International Day dedicated to infantile diarrhea, in order to raise awareness among governments and contribute to a reduction of the problem.*

AREAS OF INTERVENTION

In middle- and high-income countries, for example, many of these diseases are almost non-existent, while others are treatable due to the availability of drugs/vaccines and efficient health care facilities; whereas in low-income countries, communities are more vulnerable and more at risk, with less access to preventive measures, diagnostic services and treatment.

Interventions become a daunting challenge where health care systems are fragile and fragmented, with few health care facilities having isolation areas for patients with infectious diseases and with inadequate protective measures for health care workers and inadequate infection control protocols and monitoring procedures.

In these areas there is often a limited number of medical laboratories, concentrated in the largest cities and often not equipped with the minimum necessary instruments, while there is a lack of qualified reference laboratories at the national level, which should support the identification and epidemiological surveillance of pathogens.

Therefore, prevention must be the main instrument of control for the protection of collective health, to prevent, as well as to treat, with long-term sustainable actions witnessing the participation and inclusion of local communities, with an integrated and multidimensional approach to ensure access to free care for the whole population.

While technological advances have led to the eradication of smallpox, significant progress against polio and remarkable improvements in many other diseases thanks to vaccines, the threat of new pathogens, the development of antibiotic-resistant strains, the (re)emergence of numerous diseases with global spread (e.g., Ebola, SARS, avian flu, H1N1, COVID19) require a high level of attention and preventive work to reduce risks and prepare the population and systems. (e.g., Ebola, SARS, avian flu, H1N1 flu, COVID19) impose a high threshold of attention and require a work of prevention, risk reduction, preparation of the population and health systems of each country.

International standards

The WHO, in the Recommendations approved in 2017, states that planning prevention interventions for all age groups of the population is a priority.

With respect to communicable diseases, HIV/AIDS continues to be a major threat to child health, especially in Sub-Saharan Africa.
The 2019 UNAIDS Report outlines new fundamental global strategies to end AIDS as a public health threat by 2030, guiding key stakeholders to overcome challenges and ensure effective responses to AIDS. The new strategy, with new global targets for 2025 and estimates of resource needs will engage all international players involved. The UNAIDS Report, despite recording a reduction in infections globally, highlights, however, that new HIV infections affect in particular young women aged between 15 and 24 years.

Regarding Tuberculosis, globally, WHO estimates that about one-quarter of the world's population is infected with the tuberculosis bacterium (TB) and that about 5-10% of those infected develop active disease during their lifetime. Minors account for 11% of all diagnosed cases.
International policies push for the development of prevention behaviours to avoid the development of the disease and strive to achieve the global goals of the END TB Strategy, as reiterated during the UN High Level Meeting on TB in 2018.

The WHO, in its recent Recommendations (2020), outlines guidelines and strategies for implementing a comprehensive package of interventions: identifying those at highest risk, diagnosing infection, choosing the most appropriate treatment, managing adverse events, supporting patients to take their medications, and monitoring performance.

In the same direction, the Global Technical Strategy for Malaria - GTS (2016-2030) sets forth the reduction of malaria morbidity and mortality by 90% by 2030. The strategy should guide the efforts of the international

community, governments and institutions to achieve ambitious goals for health protection through prevention of new infections and protection of people at risk (control, elimination and eradication).

Polio mainly affects children under the age of 5 years, one in two hundred infections leads to irreversible paralysis, with a fatal outcome in 5 to 10 % of cases.
In 1988, the World Health Assembly adopted a resolution for the worldwide eradication of polio, which marked the launch of the Global Polio Eradication Initiative, led by national governments, WHO, the most involved International Bodies (CDC, UNICEF, Gavi, Vaccine Alliance, etc.). Cases of infection have decreased by more than 99% since 1988.
On the occasion of the latest World Polio Day, the WHO declared that polio virus type 3 - one of the three variants of the polio virus - has also been eradicated, as was the case with polio virus type 2 in 2016, marking a major advance in the fight against a disease that has been the cause of major epidemics for millennia, affecting mainly children.
Currently, polio virus type 1 polio (eradicated in Africa in 2020) remains endemic in Central Asia and the Middle East, where it is a public health emergency.

Lines of action of the interventions implemented by the Italian Development Cooperation

ACTION 1: Strengthening partner countries' health systems in prevention capacity

METHOD OF IMPLEMENTATION:

• Stepping up countries' efforts to ensure flexible and adaptable health services that are safe in terms of quality and effectiveness.
• Supporting national programmes to combat major communicable diseases, including through concerted initiatives with donors and international bodies, national and international civil society organizations, and specialised international organisations, such as the Global Fund to Fight AIDS, TB and Malaria.
• Promoting across Primary Health Centres - PHCs counselling services, access to prenatal visits and the participation to the "prevention of mother-to-child transmission - PMTCT" package amongst pregnant women.
• Strengthening epidemiological surveillance, monitoring, and laboratory services.
• Providing technical assistance to create mechanisms for collecting and monitoring data according to international codifications.
• Supporting research and development (R&D) programmes to develop new drugs, diagnostics, and vaccines, especially for drug and insecticide resistance cases, by activating appropriate and sustainable funding mechanisms.
• Promoting prevention programmes for maternal and reproductive health, including through the strengthening of community and district care services.
• Carrying out awareness campaigns (focus groups, community conversations, etc...) for families and communities, aimed particularly at men, to encourage a behavioural change across sexual mores.
• Promoting the general use of protective equipment (masks, mosquito nets with insecticide (long-lasting insecticidal nets - LLINs) and the free distribution to pregnant women of such devices.
• Supporting information programmes about the possibility of free access to certain devices and/or treatments, monitoring and preventing the phenomena of "black market and resale of goods acquired for free.

ACTION 2: Supporting specific measures to prevent HIV/AIDS

METHOD OF IMPLEMENTATION:

- Facilitating in PHCs the procurement and restocking of medications and medical/surgical supplies.
- Encouraging the dissemination of information materials for adults and adolescents to prevent the spread of HIV/AIDS.
- Implementing raising-awareness activities by more vulnerable groups, e.g., HIV-positive mothers (mothers to mothers) or children of HIV-positive parents.
- Promoting the creation of patient groups, especially HIV-positive mothers and fathers.
- Fostering the establishment of youth associations, community activists, especially youth activists with a peer-to-peer approach.
- Implementing education and awareness activities in primary and secondary schools on risk factors with psycho-healthcare personnel using a youth friendly approach, as well as appropriate and appealing tools (theatre, radio, etc.).

ACTION 3: Supporting specific measures to prevent malaria

METHOD OF IMPLEMENTATION:

- Encouraging and supporting, in areas with high incidence of antimalarial prophylaxis, the distribution and provision of insecticide nets.
- Promoting, in PHCs, the presence of malaria focal persons who can monitor the progress of the disease in the communities, especially for the purpose of information and education/counselling on prevention and identification of symptoms among children under 5 years of age.
- Equipping community and referral health centres with mosquito nets for windows and doors and pest control devices.
- Equipping community and referral health centres with sewage drainage systems and organic waste disposal mechanisms.

AZIONE 4: Supporting specific measures to prevent TB

METHOD OF IMPLEMENTATION:

- Supporting PHCs in the delivery of Bacillus Calmette-Guérin - BCG vaccination programmes in high prevalence areas; in information/communication and counselling to families; in community-wide awareness and training on symptoms and referral modalities.
- Supporting the training of health care personnel and community workers (focal persons for TB).

AZIONE 5: Strengthening health systems in partner countries in setting up mechanisms for diagnosis

METHOD OF IMPLEMENTATION:

- Encouraging the establishment of workshops to support PHCs and public hospitals.
- Encouraging diagnostic investigations for family groups of positive patients to prevent further infection.
- Promoting the organization of specific clinical care pathways.

AZIONE 6: Strengthening partner countries' health systems in terms of available treatments

METHOD OF IMPLEMENTATION:

- Promoting access to affordable essential medicines and vaccines for all.
- Encouraging access to specific treatment programmes.
- Encouraging specific pathways in PHCs with patient and family follow-up.
- Ensuring preferred pathways for the distribution of medications to patients.

4.2.2 SEXUAL AND REPRODUCTIVE HEALTH

Definition and principles

According to the definition of the World Health Organization (1974), "Sexual health is the integration of the somatic, emotional, intellectual, and social aspects of sexual being, in ways that are positively enriching and that enhance personality, communication, and love".

Universal access to Sexual and Reproductive Health -SRH - services is essential for both conscious child development and female empowerment.

The Program of Action adopted at the International Conference on Population and Development held in Cairo in 1994 anticipates to some extent the 2030 Agenda for Sustainable Development. Sexual and Reproductive Health Rights - SRHR - are fundamental to the health and survival of people, economic development, and the well-being of humanity. In this context, the prevention of practices detrimental to sexual health, such as genital mutilation, pregnancy, and early marriage, are integral to the principles of this document.

Ensuring that adolescents have access to informed sex education is an effective way to prevent unwanted pregnancies, the spread of sexually transmitted infections, and promote gender equality and healthy individual development.

However, in many low- and middle-income countries, access to SRHR services, especially for adolescents and young adults, is extremely limited.

The reasons for these deficiencies are many and vary by context, but key factors often include:v

- gender inequality;
- persistence of harmful traditional practices (female genital mutilation, child marriages and early pregnancies);
- inadequate or no information about available services;
- limited access to health care;
- poverty level, displacement or conflict situations;
- abuse, violence, and sexual exploitation;
- lack of epidemiological monitoring of major sexually transmitted diseases.

International standards

Beginning with the 1968 International Conference on Human Rights held in Tehran, reproductive rights began to be counted as part of the broad spectrum of human rights and as part of the right to health. The Resolution adopted on that occasion represents the first document where it is stated that "*parents have a basic human right to determine freely and responsibly the number and the spacing of their children*".

However, there has been considerable slowness at the international level to provide these rights with legally binding instruments; in fact, some of these rights are mentioned only in non-binding recommendations, which, therefore, constitute only soft law instruments in international law.

At the International Conference on Population and Development held in Cairo in 1994, the first international policy document defining reproductive health was drafted, stating that "*reproductive health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes. It implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so.* [...]*[20]*

[20] *[…] Implicit in this last condition are the right of men and women to be informed and to have access to safe, effective, affordable and acceptable methods of family planning of their choice, as well as other methods of their choice for the regulation of fertility which are not against the law, and the right of access to appropriate health-care services that enable women to go safely through pregnancy and childbirth and provide couples with the best chance of having a healthy infant*".

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At the Fourth World Conference on Women in Beijing in 1995, its declaration (albeit non-binding) and platform for action reaffirmed and strengthened the Cairo program's definition of reproductive health, and stipulated that these principles are applied in an even broader context, and by introducing the principle of mainstreaming into operational interventions.

In 2004, during the WHO General Assembly, the Global Strategy on SRHR was adopted by all Member States, and States were urged to adopt their own national documents.

Since the drawing up of the 2015 *Global strategy for women's, children's and adolescent's health* (2016-2030) and later with WHO's Action plan for Sexual and Reproductive Health (2016), important interventions on SRHR have been developed. The importance of dealing with this issue at the community level has been understood through intersectoral actions, by carrying out activities to prevent the spread of sexually transmitted diseases (syphilis, gonorrhoea, HIV), early pregnancies, violent behaviours (*Gender Based Violence* - GBV) and promoting sex education awareness across adolescents and young adults of both sexes (contraception and abortion prevention).

As part of the "*Decade of Action*" for the achievement of the SDGs, *the Call to Action Adolescents* 2030 was also launched, with the aim of making the well-being of the population group in the crucial age between 10 and 19 years old a priority.

Lines of action of the interventions implemented by the Italian Development Cooperation

ACTION 1: Fostering the access of adolescents and youth (especially women) to integrated sexual and reproductive health service packages, and promoting among these groups the exercise of their reproductive rights, free from coercion, discrimination, and violence

METHOD OF IMPLEMENTATION:

• Promoting the single-visit approach - at the primary care level - at local health services and with the support of community health workers.
• Promoting knowledge about organizing services with "youth-friendly" approaches.
• Carrying out awareness campaigns and distributing context-appropriate (at the cultural, social and linguistic level) information, education and communication (IEC) materials on the usefulness and importance of reproductive health services and informed choice on family planning.
• Promoting and supporting meetings and information and awareness sessions with religious and community leaders.
• Carrying out awareness campaigns in high schools, focusing on female cancers that affect the reproductive organs and the breast.

ACTION 2: Improving the quality of sexual and reproductive health services aimed specifically at adolescents

METHOD OF IMPLEMENTATION:

• Training health care providers on long-acting reversible contraception (LARC).
• Strengthening the skills of health and community workers to provide information and deliver high-quality integrated services for family planning, maternal health and sexually transmitted infections, including HIV, and environmental hygiene in disadvantaged settings.
• Strengthening the capacity of local community health centres in the procurement, storage, and supply of medical and surgical supplies for sexual and reproductive health.
• Promoting public policies aimed at avoiding environmental degradation and polluting factors to promote healthy pregnancies and avert the onset of disease during pregnancy.

ACTION 3: Promoting across sexual and reproductive health programmes the rights of women and girls to facilitate the reduction of gender-based violence (GBV) and the incidence of harmful practices

METHOD OF IMPLEMENTATION:

• Providing technical assistance for the adoption of multi-sectoral policies and strategies (involving education and health counterparts) sensitive to reproductive health issues, particularly of adolescents,
focused on reducing early pregnancies and eliminating GBV and harmful practices, and reducing sexually transmitted diseases.
• Training girls and adolescents in the so-called "menstruation management", providing assistance and support to combat the disabling stigma associated with menstruation, which is often at the root of harmful practices and GBV. Training should be developed concurrently to community-based awareness campaigns promoting normalization and acceptance of menstruation.
• Encouraging access to integrated sexual and reproductive health service packages targeting more marginalized children, such as children with disabilities, those belonging to ethnic minorities or the LGBTQ community, who are often victims of harmful practices and violence.
• Fostering the integration of child social referral and protection mechanisms with sexual and reproductive health services, with a focus on reducing episodes of GBV.
• Promoting the integration of reproductive health services, especially of adolescents, across local health services.
• Training officials and operators at the central and local levels on monitoring the quality and inclusiveness of reproductive health services with a specific focus on adolescent health.
• Training reproductive health service and Primary Health Centre (PHCs) staff on GBV (case recognition, referral of youth to legal support, social protection).
• Strengthening the skills and competencies of health care workers for the provision and delivery of high-quality integrated sexual and reproductive health services, also in disadvantaged settings.

ACTION 4: Supporting a global strategy against early pregnancy and marriage

• METHOD OF IMPLEMENTATION:

See section 1.4.3

4.2.3 HEALTHY EATING

Definition and principles

Nutrition is one of the factors that most strongly affects growth, physical and mental development, performance and productivity of individuals and thus, ultimately, the health of individuals and communities. A proper diet, understood as avoiding acute or chronic deficiency of essential nutrients, but also nutritional excesses and imbalances - risk factors for the onset of metabolic and degenerative diseases - is of great importance for the well-being of both healthy people and those suffering from diseases.

It is important to underline that a healthy diet of minors is influenced by the eating habits of both their home and family environment, as well as their school environment, where minors often eat one or more meals a day.

It should also be noted that in low- and middle-income countries, there is a growing prevalence of forms of malnutrition in terms of obesity and overweight, a risk indicator for the onset of chronic diseases such as diabetes and hypertension, with disruptive consequences on the ability of the healthcare system to meet a growing demand for services.

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International standards

As evidenced by the commitments made in the framework of the *UN Decade of Action on Nutrition 2016-2025*, programmes that combat malnutrition in all its forms and promote healthy lifestyles in children are a priority for the entire international community, which requires a complex response and multidimensional interventions in the so-called nutrition-sensitive areas:

- Agricultural development aimed at ensuring food security and adequate nutrition for beneficiaries;
- Income-generating activities for the most vulnerable households (such as single-parent ones or those headed by women, or rather female-headed households);
- WASH sector. In addition to the introduction of good hygiene practices, such as the use of simple procedures such as hand washing with soap, it is necessary to integrate water control interventions and access to drinking water given the close link that the sector has with food;
- Social protection systems, such as Conditional cash transfer;
- Effective School feeding programmes for reducing hunger and promoting learning, but also for compensating for specific deficiencies, e.g., iron deficiency in adolescent girls. It is also important to remember the role of education for the knowledge and adoption of healthy lifestyles (for example by promoting physical activity) and a balanced diet.

In the implementation plan "*Ending childhood obesity*" (2017 WHO Commission ECHO Report), governments are asked to commit to obesity prevention with multi-sectoral, integrated programmes that include various sectors of intervention: health, education, sports, economy, environment, communication and social affairs.

National standards

In 2019, Italy also published the Healthy Eating Guidelines, focusing on strengthening healthy eating habits in young people in order to prevent chronic forms of diseases.
Many of these indications and recommendations are related to reducing the consumption of food of low nutritional value, which is very common in children especially in low- and middle-income countries.

Lines of action of the interventions implemented by the Italian Development Cooperation

ACTION 1: Supporting policies and strategies for the promotion of proper nutrition and healthy lifestyles in the framework of chronic disease prevention

METHOD OF IMPLEMENTATION:

- Providing technical assistance in the development of strategic plans, guidelines and regulations on healthy eating in childhood and adolescence, on the prevention of chronic non-communicable diseases, specifying the importance of reducing risk factors in the younger segments of the population.
- Providing technical assistance for the development and use of Standard Operational Procedures for the promotion of healthy nutrition, healthy diets, and physical activity programmes for children, to be adopted in home and school settings.
- Fostering the collection of disaggregated data that can study child populations in schools and Primary Health Centres (PHCs) health services.
- Encouraging mechanisms that promote the sale and consumption of fresh food in the population.
- Contributing to the regularity and improvement of school nutrition.
- Implementing weight and/or body mass index screening in schools.
- Encouraging screening activities to identify hyperglycaemia, hypertension and weight monitoring in youth in community health facilities and free clinics.
- Facilitating nutrition screening systems for children under the age of 5 and pregnant and lactating women.

• Promoting the creation of school vegetable gardens, for the supply of products necessary to ensure a varied diet and to carry out awareness-raising activities for families/communities on the importance of proper nutrition.
• Fostering information campaigns on healthy lifestyles.
• Supporting the training of community educators and entertainer who are able to promote healthy lifestyles.
• Supporting school nutrition programmes that comply with internationally recognized relevant standards and policies, paying particular attention to groups most vulnerable to malnutrition (children in low-income families, migrants, etc.).
• Providing technical assistance for the implementation of information campaigns targeting all vulnerable groups on healthy food consumption.
• Carrying out education and awareness-raising activities in primary and secondary schools on risk factors related to the intake of unhealthy foods with specialized personnel using a youth friendly approach.
• Promoting training of PHC health care personnel on the principles of proper nutrition in youth.
• Encouraging the introduction of legislation and the development of information systems about the composition and nutritional principles of foods.

ACTION 2: Promoting programmes fostering healthy lifestyles that reduce sedentary behaviours in children, including vulnerable groups

METHOD OF IMPLEMENTATION:

• Encouraging, across schools and centres of social aggregation, the use of spaces and moments of recreation to carry out physical activity exercises.
• Encouraging the training of educators and teachers on physical activity practices to be implemented also with vulnerable groups.
• Promoting educational campaigns that highlight the importance of physical activity for all (with a focus on disability and gender issues).

4.2.4 MENTAL HEALTH

Definition and principles

Mental health is an integral part of health and well-being, as deduced from WHO's definition of health: "Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity" (2004). Mental health, like other aspects of health, can be influenced by several socioeconomic factors, which need to be acted upon through strategies of promotion, prevention, treatment and recovery, through a comprehensive approach.
Determinants of mental health and related disorders[21] include not only individual attributes such as the ability to manage one's thoughts, emotions, behaviours, and interpersonal relationships, but also social, cultural, economic, political, and environmental factors, including policies adopted at the national level, social protection, standard of living, refugee status, contexts of widespread violence, working conditions, and social support offered by the community. Exposure to adversity from an early age is a now-recognized and preventable risk factor for mental disorders.

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[21] *Neuropsychic disorders are pathological conditions that interfere with the development of the child with neurological, behavioral, relational, cognitive and affective symptoms, such as to significantly impact the functioning of the person in different contexts (home, school, leisure), preventing the full development expected for the age in question.*

According to WHO data, 10-20 % of children suffer from episodes of mental distress, and half of mental illnesses begin at an early age, as early as 14 years old.

Neuropsychiatric conditions are one of the leading causes of disability among children and youth worldwide and, if not treated promptly and appropriately, risk to negatively affect children's ability to develop and live full and satisfying lives. Finally, it should be emphasized that often, people - and to an even greater extent minors - who experience mental suffering also have to deal with stigma, isolation and discrimination, as well as the difficulty of access to care and an independent and dignified life.

In this context, it should be noted the reality of self-harm and suicide, including emulative suicide, and the increasing incidence of drug abuse and addiction, whose control and treatment still lack effective strategies. This turns out to be even more complex if we consider that substance addiction problems (alcohol, drugs, glues) bring with them risk factors related to other diseases and situations of social and mental disorder.

The WHO Mental Health Action Plan (2013-2020) is closely linked, conceptually and strategically, to global health action plans, and attempts to "*bridge the gaps in mental health*" (*mental health - mhGAP*) and provide guidance to national action plans. The focus of the plan pushes countries to improve the cross-sectoral and integrated response in terms of promotion and prevention, regardless of the available resources.

In the action plan, the term "mental disorders" refers to a set of mental and behavioural disorders included in the International Statistical Classification of Diseases and Related Health Problems (ICD-10).

With respect to the resource-limited settings, WHO has developed guidelines (reinforced in the mhGAP manuals) aimed at increasing the availability of services that are often absent or available, at a specialized level, only in capital cities.

Health care systems have yet to address the burden represented by patients with mental disorders, and as a result there is a large gap worldwide between the need for and the supply of care. The rate of people not receiving any kind of treatment and the poor quality of care provided are alarming worldwide, reaching even more alarming percentages in low- and middle-income countries.

According to WHO's "*mhGAP Operations Manual*" guidelines, in general, to address the growing burden of mental illnesses, it is necessary to:

- Limit the number of psychiatric hospitals;
- Build community-based systems of care;
- Strengthen services at the general Hospital level;
- Integrate mental health at the primary care level;
- Build/strengthen a network of informal community-based psychosocial care and support;
- Promote the assistance "self-care" approach, which includes adopting lifestyle strategies and activities for mental wellness.

Healthcare facilities in low-and middle-income countries are often not ready yet to provide specific pathways for the forms of substance abuse and addiction that are now widespread among young people. WHO in the 2013-2020 Mental Plan identified a platform on major thematic pathways addressing the dimensions of public mental health on:

- Alcohol;
- Psychoactive drug use;
- Addictive behaviours.

Conversely, there is the question of the applicability of a medical intervention approach in a developmental age context in which it is difficult to crystallize a diagnosis.

The political Statement of the High Level Meeting on Universal Health Coverage (New York 2019) calls for measures to promote and improve mental health as an essential component of the universal health coverage by improving the network of integrated services in order to also include suicide prevention, treatment of people with mental illnesses, etc.[22]

Linee d'azione degli interventi attuati dalla cooperazione italiana allo sviluppo

ACTION1: Supporting the development of policies and strategies for the prevention, treatment, and management of children with mental health disorders

METHOD OF IMPLEMENTATION:

• Providing technical assistance to governments in developing strategic plans and guidelines for mental health to be integrated into Primary Health Care Services.
• Providing technical assistance in conducting gap analysis to understand what the main needs are in terms of care and follow up services for minor patients, with particular attention to those suffering from other diseases (HIV) and in situations of economic disadvantage and poverty.
• Promoting the analysis of medication availability and costs (market analysis).
• Contributing to counteracting the excessive medicalization of minors in their developmental phase, whose mental disorders are the result of predominantly social determinant factors.
• Performing needs analysis relative to the referral system and management of patients at the family and school/community level.
• Promoting the integration of services within emergency or multi-sector social protection interventions.
• Ensuring the inclusion of medications for the treatment of mental illness in the list of those available free of charge in health care facilities.
• Providing technical assistance in medication distribution and stock monitoring.
• Promoting the creation of associations and cooperatives for the re-employment and social support of people with mental distress and addiction, to counteract the denial of mental disorders and prevent their criminalization.

*ACTION 2: Promoting the implementation of prevention and awareness activities in both educational and social/community settings

METHOD OF IMPLEMENTATION:

• Training teachers, educators, caregivers, community health workers, basic community association members, and community agents on early case identification and effective management, using the mhGAP community toolkit.
• Fostering the creation and formation of mutual aid groups.
• Strengthening links and the support network with the territorial social services accessible and usable by the entire population.
• Strengthening actions to identify and address addiction distress in minors.

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[22] *Specifically, paragraph 36 states: "Implement measures to promote and improve mental health and well-being as an essential component of universal health coverage, including by scaling up comprehensive and integrated services for prevention, including suicide prevention, as well as treatment for people with mental disorders and other mental health conditions as well as neurological disorders, providing psychosocial support, promoting well-being, strengthening the prevention and treatment of substance abuse, addressing social determinants and other health needs, and fully respecting their human rights".*

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ACTION 3: Enhancing the availability of services at the health unit level: diagnosis, management and follow up of the patient and potential referral, psychosocial support, adoption of "scalable psychosocial interventions"

METHOD OF IMPLEMENTATION:

• Promoting community health services that are accessible and usable by the entire population (transfers/referrals from school and social services, outpatient and outreach services in remote areas, etc.).
• Training all health care and non-health care personnel involved in primary and secondary services on the following topics: identification of pathologies, administration of basic psychotropic medications and psychosocial interventions, interventions during acute phases, and referral to specialized facilities.
• Promoting the adoption by healthcare professionals of an approach to these patients that also takes into account the stigma that is often associated with this type of disease.
• Allocating staff for providing psychological support in health centres where co-morbidities (particularly HIV among adolescents) are treated.
• Developing material for counselling, Information Education Communication (IEC), and training material for health and non-healthcare personnel engaged in territorial and street communities.
• Promoting pathways to reintegration into a protected school and social environment.

ACTION 4: PPromoting the implementation of research activities at the national and local level on mental health issues (coverage and quality of services, barriers to accessing services, and training gaps for health and social workers)

METHOD OF IMPLEMENTATION:

• Conducting KAP surveys (Knowledge, Attitudes and Practices) to identify key barriers in service delivery among the healthcare workforce.
• Conducting qualitative studies and research to understand key knowledge at the community level.

4.3 EDUCATION

4.3.1 EDUCATION

Definition and principles

The "Right to Education" should be understood in a broad sense, as the right of children not only to education and training, but also to play and cultural activities[23].

Huge progress has been made in recent decades to ensure access to primary education. However, major challenges remain, which can be summarized in the following principles:

> **1. Full universality.**
> Education is a universal right, whatever one's gender, age, ethnicity, religious belief, social status, etc. However, according to UNESCO 2019 data, 258 million children currently do not attend school (17% of the total, one in six) and 22% of these are of primary school age[24] .

> **2. Life-long learning.**
> Education must be guaranteed from the earliest years and includes **pre-school, primary, secondary, general and vocational education, and access to higher education**, also in emergency and crisis situations, with special attention to education and training opportunities for girls and most vulnerable children.

> **3. The quality of education.**
> Nowadays the world is witnessing a learning crisis, with millions of children still lacking access to quality education. In particular, children from the poorest families are five times more likely not to complete education than their peers from wealthier families.

Universal access to quality inclusive education systems has a "protective" effect on children, as, in addition to improving life chances and future employment opportunities, it can, for example, improve social cohesion, provide access to life-saving information, and identify, address or report any psychosocial needs.

Inclusive, quality education must therefore:

- Ensure the child's active participation in the educational process.
- Foster the development of the child's personality, the full development of their psycho-social, emotional, aptitude faculties and abilities, and, in general their potential, supporting them according to their individual needs and ensuring that they can learn together with others.
- Promote respect for human rights and fundamental freedoms, and for the principles enshrined in the United Nations Charter, as well as respect for the natural environment.
- Ensure that the child enjoys rest and leisure, can devote themselves to play and creative activities proper to their age and participate freely in cultural and artistic life.
- Encourage the structuring of a healthy environment in which the child can access learning opportunities without infrastructural (including architectural barriers) and cultural difficulties.
- Encourage the "protective" function of the institutional educational structure where both parents and minors can find adequate support.

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[23] IOn the interpretation of the relevant CRC articles, see CRC Committee General Comment n.1 (2001), "The Aim of Education", adopted 17 April 2001: https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download. aspx?symbolno=CRC%2fGC%2f2001%2f1&Lang=en
[24] http://data.uis.unesco.org/

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In many countries, there is a lack of adequate school facilities and infrastructure, a worrying shortage of qualified teachers, and a poor participation of families and communities. In this regard it should be noted that:

- The right to education cannot be assured in the absence of accessible infrastructures that allow for learning and recreation.
- Teacher training is also a key component of pedagogy.
- Families need to be involved into the knowledge of school pathways and the creation of an environment conducive to learning, by creating opportunities for parents to be made aware of the activities their sons and daughters engage in at school, and the importance of their role and commitment to facilitating and enhancing their offspring's learning process.
- It is important to support the capacity building of the relevant authorities.

4. Lack of reliable data for education-related policymaking.
Due to the absence of reliable statistics and disaggregated data, millions of children - especially the most vulnerable ones (girls, children with disabilities, children in conflict or emergency contexts, migrant/refugee/displaced children, children belonging to ethnic minorities and indigenous peoples residing in remote and isolated geographical areas, or children in situations of extreme poverty) - remain invisible and are therefore not taken into account in the development of educational policies.

5. Education funding.
Education - including pre-school education - still represents a too low percentage of national public spending and receives an insufficient share of Official Development Assistance from donor countries.

International and national standards

The right to education is recognized, promoted and protected in many international Conventions and documents, including the Universal Declaration of Human Rights (1948); the Convention Relating to the Status of Refugees (1951); the Geneva Convention (IV) relating to the Protection of Civilian Persons in Time of War; the Covenant on Economic, Social and Cultural Rights (1966); *General Comment No. 13*: *The Right to Education* (*Art. 13 of the Covenant*)[25] CESCR (*United Nations Committee on Economic, Social and Cultural Rights,* 1999) and the reports of the *Special Rapporteur*[26] on the right to education, which examines crucial issues and provides recommendations to Governments and other stakeholders; *the Dakar World Education Forum Framework for Action* (2000), which promotes *Education for All; the Education 2030 Framework for Action (FFA) and Declaration,* adopted in May 2015, during the World Education Forum in Incheon, South Korea.

With respect to the 2030 Agenda are to be considered:
- *The SDG Education 2030 Steering Committee*[27] *and the Technical Advisory Group -Annex of Education 2030 framework for action* that advocate for the pursuit of SDG 4 at the national, regional, and global level.

International reference standards include:
- *Minimum Standards for Child Protection in Humanitarian Action, (2019) published by Alliance for Child Protection in Humanitarian Action.*
- *Minimum Standards for Education: Preparedness, Response, Recovery, published* by INEE.
- *Minimum Operating Standards, published by IASC (Inter Agency Standing Committee,* UN-related forum for the coordination of the humanitarian sector).
- With particular reference to minors with disabilities, at the national level, the document "*Inclusive education of persons with disabilities and development cooperation*", drawn up by the Technical Group "Inclusive Education" as part of the activities of the Working Table MAECI - RIDS for the implementation of the "Disability Action Plan of Italian Cooperation" should be noted.

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[25] *https://www.refworld.org/docid/4538838c22.html*
[26] *https://www.ohchr.org/EN/Issues/Education/SREducation/Pages/SREducationIndex.aspx*
[27] *https://www.sdg4education2030.org/taxonomy/term/57*

Lines of action of the interventions implemented by the Italian Development Cooperation

1 NO POVERTY	4 QUALITY EDUCATION	5 GENDER EQUALITY
1.4	**4.1** **4.2 - 4.3** **4.4 - 4.5** **4.6 - 4.7** **3.a - 3.b**	**5.4** **5.5**

8 DECENT WORK AND ECONOMIC GROWTH	9 INDUSTRY, INNOVATION AND INFRASTRUCTURE	11 SUSTAINABLE CITIES AND COMMUNITIES
8.6	**9.c**	**11.2**

ACTION 1: Strengthening the inclusive education systems of partner countries.

METHOD OF IMPLEMENTATION:

• Providing technical support to promote adequate national policies that take into account inclusive programmatic and policy approaches and include an increase in dedicated budget from partner countries.

• Encouraging the development of National Plans that consider:
  - Availability, accessibility, acceptability, adaptability criteria and "minimum standards".
  - The Implementation of Child Friendly Education Models (UNICEF).
  - Where possible, the use of the *Index for Inclusion*[28] for self-evaluation and development of inclusive school plans, individual education plans, and the use of tools for identifying children with special educational needs[29].
  - The use of inclusive situational analysis to inform policies. Analyses will highlight the educational needs of all children, and the barriers preventing their full access to education and/or impacting school dropout.
  - The use of the International Indicators (developed by the T*echnical Advisory Group - Annex of Education 2030 framework for action*[30]) *and the intake-input-process-outcome-impact" framework*: in order to develop indicators meeting minimum international standards (*right-based education*).
  - Strengthening learning and access to education for girls and all the most vulnerable groups at greatest risk of discrimination, in line with the human rights-based approach (HRBA).

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[28] *https://www.eenet.org.uk/resources/docs/Index%20English.pdf*
[29] *https://apps.who.int/iris/bitstream/handle/10665/42417/9788879466288_ita.pdf*
[30] *https://unesdoc.unesco.org/ark:/48223/pf0000245656*

• Supporting the implementation of national education strategies and plans, with special attention to:
  - Free access to quality early childhood education services (including at least one compulsory year of preschool, see also section 4.4 "ECCE") so as to ensure the development of cognitive and psychosocial skills necessary for inclusion in elementary school and to form the basis of future learning.
  - Adoption of educational measures to overcome stereotypes and prejudices.
  - Development and coordination of synergies between institutions and educators.
  - Technical tables of coordination and consultation between interested local Ministries (not only the Ministry of Education but also, depending on the contexts, the Ministry of Health, Social Policies, etc.) and civil society organizations, donors, etc.
  - Technical tables to implement specific guidelines on environmental education.
• Enhancing the construction and/or improvement of educational infrastructure enabling learning and recreational activities that are child-friendly, age-appropriate, and accessible to all. Among the "educational infrastructures" oriented to practical learning, those related to outdoor activities shall be included, from the naturalistic investigation of places to the practical experience in school vegetable gardens (introducing environmental education together with education to a healthy diet). School facilities should also be equipped with sanitary facilities with accessible and separate bathrooms for girls and boys.

ACTION 2: Improving the quality of curricula, teaching, and the quality of learning.

METHOD OF IMPLEMENTATION: :

• Strengthening national education systems through the adoption of a "child-centred" curriculum, individual education plans, and teacher training on inclusive and effective pedagogy.
• Testing new actions and innovative methodologies in the field of education, including the use of new technologies also with respect to e-learning and Distance Learning.
• Promoting the complementarity of formal and informal learning, including through cultural and sporting activities. Launching after-school services, creative activities (outdoor ones in natural environments, especially for minors living in the suburbs and urbanized contexts) and sports.
• Upgrading school programmes (according to the principles of learning to know, learning to do, learning to be, and learning to live together)[31].
• Strengthening the capacity, role, and participation of all stakeholders of the educational community and institutions.
• Promoting teaching techniques designed to stimulate active learning to develop reading, writing, and counting skills through specific trainings from the earliest years of elementary school in school settings and within their communities.
• Enhancing the professional status of teachers, expanding and strengthening their skills and the quality of educational approaches and methods:
  - Promoting initial and ongoing training, integration into the role, professional development, and decent pay.
  - Promoting professional development related to sustainable development issues.
  - Promoting training on alternative teaching methods to strengthen teachers' capacity for pedagogical innovation, including digital literacy, use of ICTs, and child-centred teaching skills.
  - Investing in initial and ongoing (including in-service) teacher training, in the use of effective tools and methodologies to monitor progress (e.g., UNESCO ILFE toolkit - Inclusive Learning Friendly Environment[32]).
  - Investing in the promotion of alternative methods of class management (in the case of classes that are too large or have different levels/grades, multilingual and multi-ethnic).
  - Promoting the ongoing use of methods of continuous assessment of students' progress and analysis of results, so that teachers are always up-to-date and in line with the latest teaching techniques.

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[31] *Learning: the Treasure Within (Delors Report) (1996)*
[32] *https://files.eric.ed.gov/fulltext/ED496229.pdf*

ACTION 3: Facilitating the transition to primary or secondary school[33] (both general and vocational one) with particular reference to girls, children with disabilities and at-risk children.

METHOD OF IMPLEMENTATION:

• Promoting pedagogical alignment between primary and secondary schools.
• Promoting equitable access to quality secondary and higher education pathways, according to each individual's abilities, by ensuring that school and career guidance is accessible to every child.
• Reporting the special needs of minors (learning difficulties, family problems, special needs), in order to create a structured path during the educational cycle.
• Encouraging girls' and young women's participation into STEM (science, technology, engineering, and mathematics) areas of study.
• Implementing awareness campaigns for communities, families and children to become co-actors in an educational journey.

ACTION 4: Supporting educational initiatives for vocational integration and tertiary training (in formal and informal settings) necessary to ensure that minors go through a successful transition to adult life.

METHOD OF IMPLEMENTATION:

• Promoting the development of technical and vocational skills (Technical Vocational Education and Training - TVET) and life-skills (e.g., communication, problem solving and decision making, self-awareness and self-esteem, self-control, and social skills).
• Promoting new professional skills in the field of green economy.
• Promoting scholarships that offer both the possibility to benefit from training courses in one's own country and to experience international mobility not only as acquisition of new knowledge, but also as cultural experimentation.
• Structuring internships in such a way as to offer real exercise of skills and a fair remuneration for the work performed, while respecting the prohibition of exploitation of child labour.
• Promoting life-long education through short courses that can be taken in person or by distance learning, also for teachers.

ACTION 5: Ensuring access to education for the most marginalized and vulnerable children, particularly those living in contexts affected by crisis or emergency.

METHOD OF IMPLEMENTATION:

• Promote the adoption and/or implementation of the Safe School Declaration by partner countries.
• Ensuring the implementation of specific programmes for those minors who had to drop out of school (or never entered the school system) in order to overcome the gap with others: for example, in the case of migrant, refugee or internally displaced minors, programmes may be needed to overcome certain critical issues, such as the need for intensive language courses, basic literacy courses, remedial courses, etc.
• Promoting the use of a multi-sectoral approach to combat gender discrimination (review of programmes to eliminate male biases, adjustment of hygiene facilities in schools, adoption of strategies to protect against psychological and physical abuses, etc.).
• Supporting ongoing monitoring of children outside the formal education system and identifying causes of non-participation.

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[33] *With respect to the transition from preschool to elementary school, see ACTION 5 section 4.4.2, pp.95 ff.*

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ACTION 6: Developing child-friendly educational environments suitable for supporting learning processes (in terms of reading, writing and counting skills) and promoting the well-being and psychosocial and emotional development of children.

METHOD OF IMPLEMENTATION:

• Encouraging the establishment of positive relationships between teachers and children, and among peers, respecting diversity and combating forms of bullying.

• Promoting processes and actions aimed at both psychosocial and emotional development and protection, physical protection, active teaching and learning, and collaboration among teachers, parents, and local community members.

• Encouraging compliance with building safety and accessibility standards. Building new schools in "green" environmental settings, especially in blighted areas of urban suburbs. Promoting bio-architecture as a highly educational, practical and immediate example of the application of the principles of sustainable development and energy saving.

• Promoting a safety management culture that can decrease risk.

• Promoting the provision of services to improve the health and nutrition of children (school as a hub for other services: vaccinations, micro-nutrient administration; or referral to other services, etc.).

• Making schools autonomous from the point of view of the supply of certain foods, encouraging horticultural production within schools, as an educational but also productive activity.

• Promoting attention for the use of the language of instruction and the adequacy of teaching materials (relevance and appropriateness).

• Promoting participation into decision making and planning of school activities with child and community involvement (youth club, etc.).

• Facilitating the creation of a supportive out-of-school environment (community level-educational community).

• Supporting the introduction of supplemental reading materials (including through libraries or the so-called Book Banks) into government curricula.

• Strengthening the managerial skills of school leaders.

ACTION 7: Developing non-formal educational services that complement and integrate formal education and training.

METHOD OF IMPLEMENTATION:

• Providing support for the development of training plans to strengthen non-formal education.

• Promoting creative activities, sports, culture, counselling, study support, after-school support, soft skill and cognitive development activities (music, painting, cinema etc.).

• Promoting in adolescents the development of "transferable life skills/soft" skills (such as communication, social skills, critical thinking and problem solving, self-control, awareness of one's own abilities, etc.) that are also useful in facilitating their entry into the labour market.

4.3.2 GLOBAL CITIZENSHIP EDUCATION

Definition and principles

Global Citizenship Education (GCED) promotes a critical approach aimed at a greater awareness and understanding of the dynamics of interdependence between the global and local levels, encouraging an active role of individuals and communities in the promotion of democracy, peace, sustainability and human rights.

An education, therefore, not limited to teaching in formal contexts - although considered fundamental - but aimed at learning through an action-oriented approach that promotes participation and collaboration. The GCED combines formal and non-formal education, information and public opinion awareness, and plays an important role in the change needed to achieve equitable, sustainable societies that are places of encounter and dialogue.

From this perspective, education is seen as a transformative action lasting throughout the whole lifetime.

International standards and national references

The 2017 New European Consensus on Development "*Our World, Our Dignity, Our Future*" states that "education and development awareness campaigns can play an important role in increasing the level of public engagement in promoting the Sustainable Development Goals at the national and global level, thereby contributing to a global citizenship."

UNESCO's 2014 document "*Global Citizenship Education Preparing learners for the challenges of the 21st century*" aims to strengthen understanding of global citizenship education and its implications for educational contents, pedagogy and practice.

The 2015 "*Global citizenship education: topics and learning objectives*" represents UNESCO's first pedagogical guide on global citizenship education, in which it is analysed in depth how ECG can be integrated into school systems.

The Council of Europe publication "*How all teachers can support citizenship and human rights education: a framework for the development of competences*" (EC 2009) is a fundamental tool for educators and teachers to acquire the necessary skills to create ECGs.

UNESCO launched the *Global Action Programme on Education for Sustainable Development* (GAP) to spread formal, informal and non-formal learning about **environment, economy** (consumption, poverty, inequalities between the global North and South) and **society** (rights, peace, health, diversity).

Meanwhile, the UNECE *(United Nations Economic Commission for Europe)* documents contain practical guidance: *Empowering educators for a sustainable future. Strategy for Education for Sustainable Development Tools for policy and practice workshops on competences in education for sustainable development; Good practices in education for sustainable development in the UNECE region.*

On the **national level**, Italian Law n.125 of 2014, bearing the "*General regulation on international cooperation for development*" in Art. 1, paragraph 4, includes among the purposes of Public Development Cooperation "education, awareness and participation of all citizens into international solidarity, international cooperation and sustainable development".

In addition, our country has adopted the Italian Strategy for Global Citizenship Education, designed during 2017 by a multi-actor working group established within the National Council for Development Cooperation (CNCS) and approved by the Inter-Ministerial Council for Development Cooperation (CICS) in June 2020.

The Italian Strategy for the Global Citizenship Education adopts the definition of *Global Citizenship Education* - UNESCO, that defines ECG as "an educational process that leads people to actively engage for fostering change in the social, cultural, political, and economic structures that influence their lives".

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A significant regulatory element, at the national level, is the 20 August Law, 2019, no. 92, by which the teaching of civic education in schools was introduced. Subsequently, a special Decree of the Italian Ministry of Education, University and Research published[34] the Guidelines[35] which, in addition to identifying three main axes such as the study of the Constitution, sustainable development, digital citizenship, recall a principle common to the ECG, namely that of transversality, due to the plurality of learning objectives and expected competencies not attributable to a single discipline and not even exclusively disciplinary.

Another document of interest is the "Environmental Education Guidelines for Sustainable Development" MATTM 2014[36], developed jointly by the Italian Ministry of Environment and Protection of Land and Sea (MATTM) and the Italian Ministry of Education, University and Research (MIUR), which aims to promote, in the context of formal education, the skills necessary to question existing models, improve them and build new ones by activating virtuous processes of change across behaviours and lifestyles.

Lines of action of the interventions implemented by the Italian Development Cooperation

ACTION 1: Promoting global citizenship education, that is, to develop and strengthen the knowledge, skills, values, and attitudes of every world citizen in order to create sustainable, equitable, and inclusive societies.

METHOD OF IMPLEMENTATION:

• Favorire il cd Public engagement coinvolgendo le scuole e tutti gli ambiti della cittadinanza, dell'educazione informale e delle istituzioni, ivi inclusi il corpo docente, i collaboratori scolastici e altro personale di supporto all'istituzione scolastica.
• Promuovere l'adozione di un approccio integrato all'educazione interculturale, ai diritti umani, alla pace, alla tutela dell'ambiente e promozione di stili di vita sostenibili.
• Adottare una didattica integrata rispetto alle così dette "educazioni" (alla legalità, alla salute, alle differenze, al patrimonio, all'ambiente…), che per loro natura richiedono un impegno interdisciplinare, promuovendo in questo modo competenze trasversali di cittadinanza.
• Promuovere l'introduzione dell'educazione alla cittadinanza globale nelle scuole (programmi specifici per ogni ordine e grado) per formare gli adolescenti alla cittadinanza attiva e responsabile attraverso la partecipazione attiva e libera.
• Promuovere attività per l'innovazione e lo scambio di esperienze attraverso condivisione di competenze e buone pratiche fra istituzioni, scuole e organismi di ogni Paese.
• Favorire le condizioni affinché i minori possano sviluppare un pensiero critico rispetto alle tematiche globali.
• Promuovere attività per incoraggiare i minori a esplorare, sviluppare ed esprimere le proprie opinioni, nell'ascolto e nel rispetto delle opinioni altrui e fornire gli strumenti (attraverso conoscenze, abilità e valori) per partecipare in modo attivo alla vita della propria comunità.
• Promuovere la sensibilizzazione e contrasto dell'istigazione all'odio e alla discriminazione in tutte le sue forme.
• Promuovere un percorso di appropriazione di responsabilità e consapevolezza del ruolo che ognuno è chiamato ad avere nella promozione di valori universali quali la giustizia, l'uguaglianza, la dignità e il rispetto.
• Adottare un approccio orientato all'azione facendo sì che i minori, delle scuole di ogni grado e ordine, si attivino come "agenti del cambiamento" facendo propria la competenza di cittadinanza attiva.

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[34] *https://www.miur.gov.it/documents/20182/0/m_pi.AOOGABMI.Registro+Decreti%28R%29.0000035.22-06-2020.pdf/8e785f33-2898-95b1-7326-dcc368228f98?t=1592916355595*
[35] *https://www.miur.gov.it/documents/20182/0/ALL.+Linee_guida_educazione_civica_dopoCSPI.pdf/8ed02589-e25e-1aed-1afb-291ce7cd119e?t=1592916355306*
[36] *https://www.minambiente.it/sites/default/files/archivio/allegati/LINEE_GUIDA.pdf*

4.4 EARLY CHILDHOODDEVELOPMENT / EARLY CHILDHOOD CARE AND EDUCATION

4.4.1 EARLY CHILDHOOD DEVELOPMENT

ARTICLES CRC **24, 29.1a**

Definitions and principles

"Early Childhood" can be considered - using UNESCO's definition - as the period of life that extends from birth to eight years old, a time of remarkable growth with brain development at its peak (80% develops within the first 3 years), according to an integrated process influenced by a wide variety of determinant factors (individual, environmental and relational ones) that interfering at different times and in different contexts.

The "Early Childhood Development"[37] therefore refers to the physical, cognitive, linguistic and social-emotional development of a child from the prenatal stage to the age of about eight years.

Since this development can be promoted and take place in different contexts (home, school, health care or community centres), as a result of a wide range of activities (e.g., care and stimulation of the child's affective and relational function, nourishment and education of parents) and involving multiple actors, from private to non-profit sector, from institutions to communities, with parents and caregivers at the core, it is an excellent example of the whole of-government and whole of society approach mentioned in the introduction[38].

UNICEF distinguishes 3 stages of Early Childhood Development:

• The first phase is from conception to birth. At this stage, prenatal health and care, protection of the pregnant woman, and her nourishment are critical, as well as assisted delivery, birth registration, and immediate postpartum care. The care and medical support that parents receive prior to conception are necessary to protect the health of both mother and child; it can reduce the likelihood of premature or underweight birth, the occurrence of congenital anomalies, or other perinatal conditions that could compromise the optimal development of the child.

• The second phase, from birth to age 3, represents a period in which the brain develops rapidly and it becomes important to ensure that the child receives adequate nutrition, protection and careful sensory stimulation through play, music and interactions with loving adults. These multidisciplinary aspects are contained in the "*Nurturing Care Framework*" (NCF), WHO/UNICEF document of international relevance.

In this context, the education of parents is fundamental to provide them with the adequate knowledge and resources for raising their sons and daughters, to ensure what is known as "*Nurturing Care*" (NC).

Children who do not receive sufficient care and stimulation during the very first years of life, in fact, have less chance of reaching their full potential and will experience greater learning difficulties as well as difficulties in their emotional and social growth during the course of their lives.

• The third phase, from 3 years old until the beginning of school age, represents a period in which, in addition to access to health care (including vaccinations), nutrition and stimulation, learning opportunities in quality school and preschool facilities become important.

To these three phases, it can be added the age group that coincides with the transition from pre-school to elementary school (from 6 to 8 years), which is particularly important for the continuation of the child's education and learning.

AREAS OF INTERVENTION

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[37] *The English locution is used, which has become established internationally and is difficult to translate into Italian*
[38] *On the interpretation of the relevant CRC articles, see CRC Committee General Comment No. 7 (2005), "Implementing Child Rights in Early Childhood", adopted on 20 September 2006: https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.aspx?symbolno=CRC%2fC%2fGC%2f7%2fRev.1&Lang=en*

This chapter will focus on the first 1000 days of life, with a special attention on the following topics:

- maternal and child health (prenatal care/prevention, new-born care);
- infant mortality;
- nutrition;
- community-based prevention (including for infectious diseases).

Providing support to the mother and her baby during the first 1000 days - a crucial period for both - means not only raising healthy people, but also investing in the development of an entire country, improving education levels and the opportunities for the social and economic well-being of the population.

International standards

For the definition of the concept of health, given by the World Health Organization in 1946, see the previous paragraphs.

While the Alma Ata Conference of 1978 expressed the need to improve primary health care
- *Primary Health Care* - in every part of the world and particularly in low- and middle-income countries, combining health with human rights and social justice, *The Global Strategy for Women's, Children's And Adolescents Health* (UN 2016-2030) calls for a world in which every woman, child and adolescent enjoys her rights to physical and mental health and well-being in every environment, has social and economic opportunities and is able to participate fully in the creation of prosperous and sustainable societies.

This possibility also stems from the quality of care and nutrition that children receive throughout their earliest childhood and that provides them with the opportunity for harmonious growth and development.

The WHO's *Nurturing Care Framework*, published in 2018, made a key contribution to ECD as an integral part of the child care and development process, promoting a comprehensive approach with 5 essential components:

1. *Good health:* vaccinations, treatment and prevention of diseases (pneumonia, infectious diseases, meningitis, measles), clean water, hygiene, and quality maternal-child health services aimed at preventing or reducing child mortality.

2. *Adequate nutrition:* healthy diets that meet the nutritional needs of children in this age group, including the promotion of exclusive breastfeeding, dietary diversification also through food systems that are locally sustainable, i.e., based on locally grown products.

3. *Protection (safety and security):* from all forms of abuse and violence (including those resulting from prolonged exposure to conflict), from abandonment, from environmental risks. Stress resulting from trauma and abuse, in addition to causing psychological suffering, can also compromise the biological dimension.

4 *Responsive caregiving:* involvement of families and caregivers in responsive care activities, such as attention to nutrition, play, music and relationship development through dialogue.

5. *Learning opportunities from very early childhood:* pre-school and other informal learning opportunities, with use of educational and playful materials (games, books) and interactive involvement of adults and peers.

1 NO POVERTY	2 ZERO HUNGER	3 GOOD HEALTH AND WELL-BEING	4 QUALITY EDUCATION
1.1 - 1.2 1.3 - 1.4	**2.1 2.2**	**3.1 3.2 - 3.3 3.8 - 3.b**	**4.2**

6 CLEAN WATER AND SANITATION	7 AFFORDABLE AND CLEAN ENERGY	10 REDUCED INEQUALITIES	11 SUSTAINABLE CITIES AND COMMUNITIES
6.1 6.2	**7.1**	**10.2**	**11.1 11.7**

Lines of action of the interventions implemented by Italian Development Cooperation

ACTION 1: Ensuring that women of reproductive age have access to quality maternal and child health (MCH) services

METHOD OF IMPLEMENTATION:

• Promoting the strengthening - in terms of territorial distribution and quality of services - of health systems, and ensuring universal coverage by improving the provision of adequate and quality MCH services in the most remote and unserved regions, ensuring that they are mother and child friendly, also through infrastructure interventions and equipment provision, and the activation of mobile clinic services to reach the most isolated areas and the most vulnerable groups.

• Promoting quality, accessible and continuous care for all pregnant women (taking into account the psycho-physical well-being of the mother) from the stages of pregnancy to those of labour, delivery and the neonatal period, especially in the most vulnerable contexts, by strengthening the quality of care with integrated approaches at the community level, even in emergencies, both for the mother (in case of sepsis, bleeding) and for children, especially in the first 28 days of life.

• Promoting across maternal and child services a Kangaroo Mother Care (KMC), immediately following delivery (see Appendix).

• Promoting and strengthening the training of health and community staff (hospitals, primary care centres, free clinics) and support staff (women community leaders, community entertainers, traditional midwives), on maternal and child health issues. Also strengthening across the health care workforce language skills, problem solving skills, and those for responding to specific needs of women, girls, and boys and girls, with attention to their reference context (e.g., minorities, emergencies, crises).

• Promoting proper child care and hygiene practices - for families and the community at large - by promoting adequate hygiene and health conditions, as well as access to safe water.

• Promoting changes across social habits on food taboos through influent community members to ensure adequate nutrition for pregnant and lactating women.

• Identifying and reducing any cultural and gender barriers to access services by working with women through extensive outreach with families, the community, and key community leaders who influence women's choices, consensus, and level of participation.

• Promoting reproductive health in schools, health centres, and counselling centres.

• Implementing community-wide awareness activities on maternal and child health issues that include nutrition, the adoption of healthy diets/lifestyles, and vaccinations, and that also involve men.

AREAS OF INTERVENTION

ACTION2: Ensuring children's access to vaccinations and paediatric monitoring.

METHOD OF IMPLEMENTATION:

• Providing technical assistance for the arrangement of national vaccination strategies and plans, implementing relevant WHO protocols and guidelines.
• Implementing community-wide awareness and education activities on the importance of vaccination.
• Ensuring implementation of comprehensive 0–8-year vaccination programmes and campaigns.
• Improving health centre management systems and disaggregated and reliable data collection systems.
• Supporting training and capacity building activities of health and community staff for early identification of childhood disabilities, with a careful need assessment.
• Activating territorial services (mobile clinic) that allow to increase the coverage of services in the most isolated areas (the so-called "last mile").
• Implementing awareness and education activities that also involve men by promoting their active role for the care and well-being of the child.

ACTION 3: Ensuring that all children in their early years achieve adequate standards of nutrition.

METHOD OF IMPLEMENTATION:

• Supporting partner countries in the adoption of WHO guidelines on Nutrition Practices for Women, Adolescents, Infants and Young Children, to promote adequate nutrition for women of reproductive age, and especially adolescent girls to avoid the intergenerational transmission of malnutrition from mother to child.
• Carrying out monitoring and support activities, both in terms of nutrition and psychological well-being, towards women during pregnancy and breastfeeding - (puerperium).
• Promoting exclusive breastfeeding within the first hour after delivery (at least until 6 months of age).
• Promoting, starting from 6 months onwards, the introduction of complementary solid foods healthy and adequate to nutritional needs, together with breastfeeding, using locally available foods.
• Supporting the training of health and non-health personnel (volunteers) for the proper monitoring of children nutrition and growth, encouraging the intake of locally available foods to wean the child and provide for daily nutritional needs.
• Promoting the activation of gender-sensitive safety net programmes and other social protection tools in urban settings to protect vulnerable children from malnutrition.
• Supporting the so-called nutrition-sensitive interventions in the agricultural field through the promotion of crops suitable to local customs and climate smart, i.e., Suitable to the specific climatic conditions of the area of cultivation.
• Promoting school food programmes (homegrown school feeding).
• Promoting the so-called nutrition-specific interventions, e.g., feeding biofortified foods, complementary nutrition, and vitamin supplementation to children when needed.
• Applying the Nutrition Rehabilitation Centre (NRC) model for community malnutri-tion management characterized by activity in centres - established in health care facilities - for the treatment and care of children with acute and chronic malnutri-tion. The centres are organized, according to the different intensity of care re-quired, as therapeutic and supplementary feeding centres. These health activities are related to population epidemiological surveys, food distribution to vulnerable groups, and training of parents and health and non-health personnel.

4.4.2 EARLY CHILDHOOD CARE AND EDUCATION ECCE

Definition and principles

UNESCO defines early childhood education and care[39] as the set of activities that aim at the comprehensive and integrated development of children's social, emotional, cognitive and physical needs, in order to build a solid foundation for their lifelong learning and well-being, and for their growth as capable and responsible future citizens.
The period covering from the earliest moments of life to about three years of age is crucial, when the foundations are laid for the future ability to develop the language and learning skills necessary for the full development of a person's potential.

Children who are not adequately stimulated from birth are at greater risk of becoming marginalized, dropping out of school, or having learning difficulties in their educational pathway.
Promoting stimulation within the first 3 years of life, as well as literacy and numeracy skills in pre-school (ages 3 to 6), within formal and informal education, therefore reduces inequalities before they become more pronounced, improves the mastery of reading and numeracy skills, and counteracts school dropout.
In order to ensure a smooth and effective transition from kindergarten to elementary school, reducing the risk of school dropout, it is essential to strengthen the collaboration between educators and teachers of the two school levels, the adaptation and convergence of programmes and thus invest in this delicate transition phase.

International and national standards

At the proposal of the Commission, the Council of the European Union adopted, in May 2019, the *Council Recommendation on High-Quality Early Childhood Education and Care Systems* , which calls for the maturation of a common understanding of what is meant by providing quality services (including aspects such as the children-educator ratio, the number of children per classroom, teacher qualifications and training, infrastructural characteristics, the interaction between services and families/communities, the degree of child participation, etc.), capable of inspiring the reforms and investments needed to promote social inclusion and continued growth through exchanges of experience and good practices.
In referring to a shared standard of quality, the Recommendation recalls the key principles of the *"Quality Framework"* proposed in 2014 by the Commission's *Working Group on Early Childhood Education and Care*, namely: ease of access to services; training and working conditions of specialized staff; definition of appropriate curricula; specific governance mechanisms; adequate funding; and monitoring and evaluation mechanisms.
With the Council Conclusions on *"Integrated early childhood development policies as a tool for reducing poverty and promoting social inclusion"* of June 2018, the Council of the European Union had, moreover, already reiterated the enormous potential of *Early Childhood* interventions as a tool to break the vicious cycle of inequality and marginality.

Among the internationally recognized Italian experiences[40], it is impossible not to mention the "Montessori method", centred on the importance of stimulating the freedom and spontaneity of the child, from the earliest moments of life, in order to increase autonomy. In this model, reference adults must avoid interfering, instead facilitating learning through the creation of familiar environments and the use of pedagogical objects designed to promote children's cognitive and intellectual development, pushing them to experiment in order to learn through self-correction.

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[39] *Understood in its broad meaning of the English term "care"*
[40] *Mention should also be made to the so-called "Reggio Emilia Approach", which is based on the belief that minors are the protagonists of growth processes, as builders of knowledge and skills. Key elements of this pedagogical approach are the design of participatory teaching (which also involves families), the importance of environments and spaces, the stimulation of verbal and non-verbal languages (the so-called 100 languages), educational research and comparison and participation as tools for building the educational path.*

Lines of action of the interventions implemented by the Italian Development Cooperation

ACTION 1: Promoting inclusive, universal, and free access to quality pre-school education that can ensure the full development of cognitive and psycho-social skills.

METHOD OF IMPLEMENTATION:

• Providing technical assistance to promote the adoption of policies involving compulsory and free pre-school education for all, including by increasing the budget allocated to these services by partner countries.
• Supporting the training of qualified teachers and educators (intensive on-the-job training, continuous professional development) and the proper economic and social recognition of their role and work.
• Promoting the development of university curricula on inclusive preschool education, as well as internships and meetings to exchange best practices, including with research centres, universities and Italian excellences.
• Supporting the adjustment or construction of appropriate facilities and infrastructures.

ACTION 2: Creating environments that stimulate the development of basic skills necessary for reading, writing and counting, imagination and creativity.

METHOD OF IMPLEMENTATION:

• Promoting interventions both at the formal level (e.g., day cares and infant schools that are usable and accessible by the entire population) and at the family/community level (implementation of preschool classes at home).
• Promoting the updating of infant school programmes, so that they are child-centred and adopt the learning by playing method.
• Developing specific learning and teaching materials.
• Ensuring an adequate ratio between educators/teachers and children, and a reduced number of minors per classroom/learning space.
• Implementing specific trainings for educators, families and communities, including participatory techniques that stimulate creativity. Supporting parents who carry out preschool classes at home.
• Promoting the creation of school vegetable gardens for the supply of products necessary to ensure a varied and nutritious diet, and to carry out awareness-raising activities for families/communities on the importance of proper nutrition.

ACTION 3: Enhancing the ability of parents and caregivers to stimulate the physical, cognitive, and social-emotional development of children, particularly in the first 3 years of life.

METHOD OF IMPLEMENTATION:

• Supporting parents through parenting support pathways, with a focus on the gender perspective.
• Developing caregivers' skills, particularly on play, early communication, relationships and caring, through a variety of modalities: group sessions, home visits, individual counselling - promoting early pacing practices.
• Carrying out trainings through one-on-one meetings, home visits, or group work with all those who have a role of attention and care for children, to provide them with the methods and tools useful in stimulating and creating positive relationships.
• Implementing direct community awareness campaigns to spread awareness about the importance of access to early childhood services (focus groups, community conversations, etc.).

ACTION 4: Promoting a community-wide system of integrated early childhood support services.

METHOD OF IMPLEMENTATION:

• Supporting parents in the early years of a child's life (0-3) from a health and social care perspective, so that they take a comprehensive approach towards the child's and mother's well-being through basic training on hygiene, baby care, and proper nutrition. Assisting them in balancing business/work activities with childcare activities.
• Supporting the establishment of integrated systems to monitor and stimulate access to maternal and child care, immunization protocols, and early education services through connections across different services (e.g., School Health and Nutrition (SHN).
• Promoting the coordination of local services (especially social-health ones) in order to identify and address cases of vulnerability, with special attention to children with disabilities.
• Activating integrated monitoring services for the most vulnerable families (children with disabilities or other health problems) or at risk of neglect or abandonment.
• Contributing to the adoption of the Nurturing Care Framework adopted by WHO.

*ACTION 5: Facilitating the transition from preschool to elementary school.

METHOD OF IMPLEMENTATION:

• Promoting the pedagogical alignment between the two school levels through the definition of coordination mechanisms between the various Ministries and institutions involved.
• Developing child-friendly school spaces at elementary school, also through structural interventions and improvements to school facilities.
• Promoting visits and exchanges allowing preschool seniors to become familiar with the elementary school.
• Promoting collaboration between teachers and educators, also with respect to sharing the needs of minors (fears, special needs, and learning difficulties, etc.).

AREAS OF INTERVENTION

4.5 JUVENILE JUSTICE

Definition and principles

The expression "juvenile justice" is commonly used to refer to that part of the justice system specializing in matters involving children.
It should be borne in mind that this term encompasses various dimensions and its meaning may vary according to the systems adopted by individual countries.
Minors, in fact, may come into contact or conflict with the justice system for many reasons, both from the criminal and civil point of view, and may appear before many types of courts: civil, criminal, administrative, traditional and religious courts.

This chapter will consider: the criminal justice profile of children in conflict with the law because they are suspected, accused or found guilty of violating the criminal law; the protection profile of children who come into contact with the law as victims or witnesses of crime in accordance with the principles of the Guidelines for Measures Concerning Children in the Criminal Justice System (Vienna Guidelines).

Please refer to the chapters on "Child Protection" and "Children on the Move" on the topic of child protection within the justice systems articulated in a more extensive sense (separation of parents, attribution of parental responsibility, protection, adoption, social security, unaccompanied foreign minors, abducted minors, refugees, asylum seekers, etc.).

The idea of the so-called "child-friendly Justice" is applied to both the relevant profiles here analysed, meaning judicial systems that guarantee the respect and the effective implementation not only of the principle of the rule of law, but also of all the specific rights of children at the highest possible level, taking into due consideration the level of maturity and understanding of the child, as well as the circumstances of the case.
In particular, it is about accessible, age-appropriate, swift, diligent justice, adapted to and focused on the child's needs and rights, ensuring the right to fair trial, to participate in and understand the proceeding and to be heard, to respect for private and family life, integrity and dignity[41].

International standards

Moreover, a large number of recommendations and standards, non-binding acts - defined as soft law - but nevertheless approved at the international level, help to define the model of juvenile criminal justice systems.
In this framework, juvenile criminal justice systems must be geared to the reintegration of juvenile offenders into society and to avoid criminalization and stigmatization and, as far as possible, penalization, considering the transitory nature of the deviant behaviour of the child, who, by definition, is still in a state of evolution of their personality and has not reached a full state of maturity (United Nations Guidelines for the Prevention of Juvenile Delinquency, the so-called Riyadh Rules).
Hence the prohibition to impose capital punishment or life imprisonment on minors, and the obligation to resort to measures of deprivation of liberty only as a last resort, and, in any case guaranteeing to the minor a humane treatment, respectful of their personal dignity and adequate to their young age (the so-called Havana Rules,1990), as well as a preference for the adoption of extra-judicial measures involving foster care in community services (Minimum Rules for the Administration of Juvenile Justice, the so called. Beijing Rules,1985).

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[41] *On the interpretation of the relevant CRC articles, see CRC Committee General Comment No. 24 (2019) "Children's rights in the child justice system", adopted on 18 September 2019: https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.aspx?symbolno=CRC/C/GC/24&Lang=en*

Furthermore, in the case of the incarceration of a minor, it should be remembered that the United Nations Standard Minimum Rules for the Treatment of Prisoners ("Nelson Mandela Rules"), stipulate that young prisoners must be kept in separate institutions from the rest of the prison population, or at least in separate areas of the same prison institutions (Rule 11). For an excursus of best national practices and standards, see the operational appendices.

The guideline for interventions in favour of minors in contact or in conflict with the law should therefore be that of building in partner countries a juvenile penal system that represents an instrument of reinforced education, capable of linking the penalty to the need of determining a positive evolution of the minor's personality, guaranteeing emotional and psychological assistance at all stages (Council of Europe Guidelines on child-friendly justice).

Lines of action of the interventions implemented by the Italian Development Cooperation

ACTION 1: Strengthening and improving the performance of the public administration of justice, affecting the levels of implementation of public investments and territorial cohesion, increasing and optimizing governance at every level.

METHOD OF IMPLEMENTATION:

• Promoting and encouraging the necessary reforms across the legal systems of partner countries to implement a specialized and "child-friendly" juvenile justice system with civil, administrative and criminal jurisdiction, through the transfer of skills and knowledge adjusted to the specific context of the country of intervention, after having analysed the context in question also through a gender perspective.
• Providing technical assistance for the specialised training of juvenile justice agencies on juvenile law, family law, and humanities and social sciences.
• Promoting the existence and proper implementation of measures for independent monitoring and control of the application of minimum standards in the administration of juvenile justice, through the establishment of independent monitoring bodies.
• Encouraging the activation of primary, secondary and tertiary prevention mechanisms[42].

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[42] *Primary prevention concerns large-scale prevention strategies addressing the entire population; secondary prevention concerns targeted interventions directed at situations identified as potentially at risk; tertiary prevention acts to reduce the consequences of phenomena of discomfort and/or risk that have already occurred.*

AREAS OF INTERVENTION

ACTION 2: *Promoting a fast juvenile criminal trial aimed at limiting, as far as possible, the harmful effects that detention in institutions of confinement may cause, providing appropriate responses to the personality and educational needs of the child.*

METHOD OF IMPLEMENTATION:

• Encouraging the introduction of specialised justice (e.g., juvenile courts similar to those present in the Italian system) and the use of restorative justice mediation.
• Providing technical assistance for a specialised training with a child-friendly approach of judges, magistrates, lawyers, law enforcement and prison officials, and workers in related services (e.g., educators, social workers, psychologists).

ACTION 3: *Establishing a system that assures minors protection and assistance at the legal, social, educational, professional, psychological, health and physical levels, taking into account their age, sex, personality and in the interest of their harmonious growth.*

METHOD OF IMPLEMENTATION:

• Structuring mechanisms for legal and psychological assistance of children in contact with the law, especially during criminal trials, even as victims and/or witnesses.
• Ensuring that children effectively enjoy the right to be informed to participate in proceedings affecting them.
• Promoting the conduct of social investigations before the relevant authority issues a final order.
• Ensuring an appropriate ratio between the number of children and the number of trained social workers.
• Promoting protocols for the assessment of minor age based on scientific evidence, founded on a global and multidisciplinary approach and on the assumption of minor age in case of uncertainty, referring to Italian good practices[43].
• Ensuring a continuum across the access to care for minors, even after they reach the age of majority, recognizing the unique nature of the transition phase to adulthood.

ACTION 4: *Improving the capacity to manage the external criminal justice area.*

METHOD OF IMPLEMENTATION:

• Promoting the reduction of limiting responses to personal freedom through diversified external criminal measures such as probation - on the model of the Italian system characterized by high flexibility - and placement in community facilities, and promoting, at the same time, interventions to support family and the wider context of relationships, involving the services and the organizations of the territory.
• Promoting, where possible, the use of extra-judicial measures (the so-called diversion) and the management of cases of juvenile offenders without resorting to formal trial by the competent authority, opting for social services or family foster care.
• Encouraging the adoption of alternative measures to detention, conditional release and semi-detention regime for minors subject to criminal measures by judicial authorities.

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[43] *https://www.minori.gov.it/it/news/approvato-il-protocollo-per-lidentificazione-dellet-dei-minori-stranieri-non-accompagnati.*

ACTION 5: *Strengthening territorial networks that can play an integrative and complementary role for criminal measures taking place outside prison.*

METHOD OF IMPLEMENTATION:

• Promoting the liaison with the territory, local services, private social agencies, educational institutions, vocational training bodies and with all the realities that may favour the development of community programmes aimed at reintegration and social, scholastic, work and family integration of children who have been released from prison reintegration and social, scholastic, work and family integration of minors released from prison in freedom, filling the daily life of minors with educational and training contents, respecting their needs, potential and aspirations.
• Implement community awareness campaigns to foster understanding across families and communities of the value of alternative measures, and creating an environment conducive to the reintegration of minors with criminal records.

ACTION 6: *Improving the capacity to manage the internal criminal justice area (Prison).*

METHOD OF IMPLEMENTATION:

• Supporting the necessary measures to ensure the separation of juveniles in detention from adults (ensuring specific detention spaces for them, in dedicated facilities or at least in areas separate from adult sections).
• Promoting an organizational and operational model of the juvenile prison that guarantees an interdisciplinary approach capable of planning an educational project for the minor that is personalized and adequate to the seriousness of the criminal act committed, to the need not to cause harmful interruptions to the developmental process of their personality and not to transform the impact with justice into a deconstructing experience, counterproductive at the educational level.
• Ensuring that juvenile detainees have access to intersectoral programmes or therapeutic and social intervention measures, and ensuring continuity of relationships with their families.

ACTION 7: *Ensuring mechanisms for the protection and assistance of minors in contact and conflict with the justice system, who are temporarily placed in primary care centres and temporary institutional custody facilities.*

METHOD OF IMPLEMENTATION:

• Developing operational procedures within the structures to allow for the correct identification of the different cases upon arrival (victims or witnesses, street children, unaccompanied migrant minors, minors suspected of having committed criminal/civil offenses) and preparing measures and arrangements suitable for each case, in line with international standards.
• Ensuring the operation of social and welfare services within the facilities and their continued presence in all procedures involving the child.
• Promoting the development of efficient family tracing services.
• Ensuring the presence of a dedicated juvenile judge within these facilities.
• Promoting synergies between the competent authorities in order to ensure the integration of security and welfare services, the presence of child friendly facilities and greater continuity of intervention between the phase of first reception/temporary custody and the subsequent path of discount of the sentence/restoration and/or integration or reintegration of the child.

AREAS OF INTERVENTION

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4.6 CHILDREN ON THE MOVE

Definition and principles

According to the definition of the *Inter-Agency Group on Children on the Move*[44], a child on the move is a child who moves for a wide variety of reasons, voluntarily and involuntarily, within a country or between countries or continents, with or without family or primary caregivers, and for whom such movement may provide an opportunity to improve their living conditions, but may also expose them to the risk of economic or sexual exploitation, abuse, violence, and neglect[45].

This definition, although not exhaustive, therefore includes both children who migrate to pursue better life opportunities and those who are victims of persecution, crises and conflicts (so-called refugees and asylum seekers, displaced persons) or victims of trafficking or smuggling and children born to migrant parents in countries of transit or destination.

The belonging to these typologies is fluid and may change over time or migration pathways. The right of children on the move to have access to adequate standards of living for their physical, psychological, moral, educational and social development remains unalterable.

Any action concerning them must foresee the direct involvement of minors and be focused on the protection of their best interests, to be carefully evaluated case by case and considering the specificities of the most vulnerable groups, such as unaccompanied and/or separated minors[46] in countries of transit and destination, and the traumas they experience during their migration experiences.

On the one hand, in fact, the migration path can be the result of voluntary mobility and the bearer of positive experiences in terms of personal growth and new opportunities.

On the other hand, it may represent an occasion in which children are exposed to specific dangers to their safety and to risks of violence and abuse (especially for girls and children living in, or going through, contexts of crisis or conflict), which must be investigated and prevented.

After all, the migration experience itself has an impact on the psychological dimension of minors, since the changes to which they are subjected - even regardless from the onset of actual episodes of violence or abuse - due to the mere fact of being uprooted from their culture and community of origin, can determine, if not promptly treated, consequences for the future healthy development of the individual, generating insecurity and anxiety, propensity to depression, aggression and self-destructive behaviours.

Therefore, protection systems dedicated to children on the move must take into account their specific needs, also in terms of psychological support and their right to be informed and listened to, and must contribute to avoiding all forms of discrimination, criminalization and stigmatization.

For example, measures should be encouraged to avoid phenomena detrimental to children's rights, such as separation from parents or primary caregivers during migration (unless it is not in the best interests of the child), forced expulsion as a means of family reunification, or detention on the basis of their migration status (or that of their parents).

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[44] *The Group was established in 2011 following the Global Conference on "Children on the Move" held in Barcelona in 2010 and includes: ILO, IOM, UNHCR, UNICEF, Plan International, Save the Children, Terre des Hommes, the African Movement of Working Children and Youths (AMWCY/MAEJT), Environmental Development Action in the Third World (ENDA), World Vision, the Oak Foundation and individual experts and academics.*

[45] *On the interpretation of the relevant CRC articles, see the "Joint General Comment No. 3 of the CMW and No. 22 of the CRC Committee in the context of International Migration: General principles", adopted on 16 November 2017: https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.aspx?symbolno=CRC/C/GC/22&Lang=en as well as Joint General Comment No. 4 of the CMW and No. 23 of the CRC the context of International Migration: States parties' obligations in particular with respect to countries of transit and destination, adopted on 16 November 2017: https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download. aspx?symbolno=CRC%2fC%2fGC%2f23&Lang=en*

[46] *For a more detailed discussion of the distinction, see General Comment No. 6 on the "Treatment of Children Separated from Their Families and Unaccompanied, Outside Their Country of Origin" (2005). In summary, an unaccompanied minor is one who is separated from both their parents and other relatives/caregivers/adults taking care of them; a separated minor, on the other hand, is separated from their parents or legal guardians, but not necessarily from other relatives/adults.*

International and national standards

The General Comment No. 6 on the "Treatment of Unaccompanied and Separated Children Outside their Country of Origin.(2005)" and the 2012 General Discussion Report on "Rights of All Children in the Context of International Migration" (paragraph 12), both by the Committee on the Rights of the Child, recommend that States ensure that the rights included in the CRC are guaranteed to all children under the State jurisdiction, regardless of their migration status or that of their parents, and prosecute any violations of these rights.

At the international level, several documents represent essential references for the protection of the rights of children on the move, starting from the United Nations Conventions on the Status of Refugees (1951) and its Protocol (1967) on the status of Stateless Persons (1954) and on the Reduction of Statelessness (1961), up to the Regulation 604/2013/EU "Dublin III Regulation" which regulates family reunification.
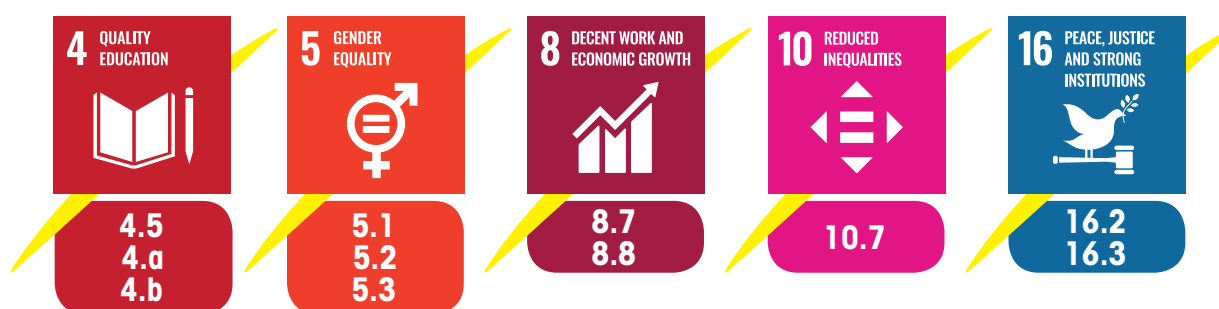
Even more specific are the United Nations Protocols to Prevention, Suppress and Punish Trafficking in Persons, Especially Women and Children, and Against the Smuggling of Migrants by Land, Sea and Air (2000), also known as the Palermo Protocols.

The New York Declaration on Migrants and Refugees (2016) signed by UN Member Countries recognizes the complexity and multi-dimensionality of migration phenomena and the need for global approaches and solutions.

Also relevant are the agreements related to the labour dimension, such as the International Convention on the Protection of All Migrant Workers and Members of Their Families (1990); International Labour Organization (ILO) Conventions No. 97 (1949) and No. 143 (1975) on the rights of migrant workers; ILO Conventions No. 138 (1973) and 182 (1999) on minimum age and the worst forms of child labour.

Also noteworthy among the regional instruments: the African Charter on the Rights and Welfare of the Child (1999) and the Kampala Convention for the Protection and Assistance of Internally Displaced Persons (2009)[47].

Mention should be made, finally, of Law 47/2017 "Provisions on measures for the protection of unaccompanied foreign minors", which lays down the directives for a system of protection and inclusion centred on the needs of minors and the duty to protect their rights and promote their integration, and the Multidisciplinary Protocol for the determination of the age of unaccompanied foreign minors (adopted at the Unified State-Regions Conference in July 2020), which establishes an unambiguous and appropriate procedure, conducted by a multidisciplinary *team* and based on three phases - social interview; psychological or neuropsychiatric assessment; auxological paediatric examination - using the least invasive methods possible. The same applies to the "Guidelines for first reception facilities containing standard operating procedures for the assessment of the best interests of the minor" adopted in 2016 and structured precisely to identify, with respect to unaccompanied foreign minors, the Best Interests Assessment (BIA) and the Best Interests Determination (BID).

4 QUALITY EDUCATION	5 GENDER EQUALITY	8 DECENT WORK AND ECONOMIC GROWTH	10 REDUCED INEQUALITIES	16 PEACE, JUSTICE AND STRONG INSTITUTIONS
4.5 4.a 4.b	5.1 5.2 5.3	8.7 8.8	10.7	16.2 16.3

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[47] *It is worth mentioning, due to its relevance at international level in the field of migration, even though Italy has not signed it yet, the Global Compact on Migration, which makes explicit reference to a "focus on minors" in its guiding principles: the Global Compact promotes existing international legal obligations in relation to the rights of the child, and upholds the principle of the child's best interest at all times, as a primary factor in all situations concerning minors in the context of international migration, including unaccompanied minors and minors separated from their families.*

Lines of action of the interventions implemented by the Italian Development Cooperation

ACTION 1: Ensuring protection and access to services for all children on the move

METHOD OF IMPLEMENTATION:

• Providing technical assistance to strengthen the legal framework of partner countries and the provision of services so as to promote birth registration as a tool to guarantee ownership of rights and access to services.

• Supporting the creation of integrated protection systems relying on cooperation between institutions and civil society to handle the cases involving unaccompanied, separated or trafficked minors and on the introduction of EU protection mechanisms.

• Promoting the creation of transnational child protection information databases and multi-sectoral coordination mechanisms to ensure equivalent standards of care, including with regard to age assessment tools, while protecting the data and privacy of children on the move. In particular, ensuring that the collection of biometric data (for identification and access to services) is carried out so as to respect the physical integrity and cultural background of minors.

• Promoting coordination between institutions and facilitators of cooperation in order to share standard procedures for the protection of children on the move, such as the Best Interests Assessment (BIA) and the Best Interests Determination (BID)[48].

• Encouraging the adoption of appropriate measures, in particular for unaccompanied foreign minors, such as strengthening family-based care or foster care capacity for unaccompanied minors and the application of standards for quality care in reception and transit centres, while avoiding practices that are detrimental to children's rights and traumatising, such as being separated from parents or primary caregivers during migration (unless it is in the best interests of the child), avoiding forced deportation as a means of family reunification or detention due to their immigrant status (or that of their parents).

• Promoting effective implementation of the legislation on family reunification, ensuring respect for the right to family unity.

• Providing support in the training of all professionals and operators involved in the care of the children on the move at different levels, including with regard to human rights and gender equality.

• Promoting measures aimed at ensuring: school integration of the children on the move in countries of transit and destination (also through scholastic support and tutoring and through support to school feeding programmes in order to ensure that they cover the children on the move); the acquisition by the minor of the skills necessary to access decent work opportunities, appropriate for the minor's age and with equal pay; the recognition of qualifications in cross-border situations, namely both in the country of origin and destination.

• Supporting integration in the communities of transit and destination countries through: language training; community-based activities; support to family protection and foster care programmes, mentoring and coaching; support to integration and inclusion between religious and ethnic groups; development of integration tools for trafficked minors; development of economic and relational support programmes between local families and the children on the move to foster their education and participation in the life of local communities.

[49] *See Guidelines on Assessing and Determining the Best Interests of the Child (https://www.refworld.org/docid/5c18d7254.html), 2018 and the Guidelines for first reception facilities mentioned above.*

***ACTION 2: Promoting safe mobility of children and their families***

METHOD OF IMPLEMENTATION:

• Promoting the strengthening of partner countries' legal frameworks for the protection of the children on the move, including those in transition to adulthood.
• Promoting the formulation of appropriate and informed policies, based on the analysis and understanding of risks, vulnerabilities and reasons for children to migrate (including violence, discrimination and inequalities based on personal factors such as gender identity, sexual orientation, ethnicity, religion or the like, or on social factors such as poverty, unemployment, lack of infrastructures, war and natural disasters) in the same partner countries.

ACTION 3: Encouraging children on the move themselves to become agents of change

METHOD OF IMPLEMENTATION:

• Carrying out training and education activities aimed at empowering the children on the move and focused on: human rights, life skills, risks related to trafficking, to early marriages and pregnancies, to genital mutilation and to other harmful practices, promotion of equality and fight against gender-based violence, protection.
• Ensuring complete respect for the children's right to be listened to and to participate in all decision-making processes affecting them, as well as in the project activities in which they are involved, by means of appropriate legal and regulatory provisions.
• Developing education programmes on Global Citizenship, gender equality and respect for human rights that actively involve the children on the move, including through the activation of social groups and networks.

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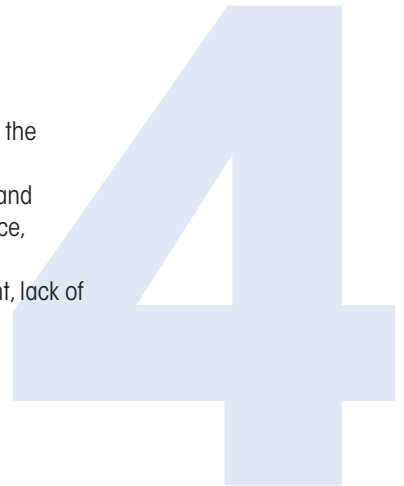
4.7   DISABILITY

Definition and principles

The Convention on the Rights of Persons with Disability (CRPD) adopted by the UN on 13 December 2006, signed by Italy in 2007 and ratified in 2009, defines persons with disabilities in Article 1 as 'those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others'. In this way, a purely medical view of disability is broken down in favour of a view based on respect for human rights, according to which disability is the consequence or result of the relationship between certain health conditions, personal factors and environmental and social factors that States Parties must remove[49].

Some articles of the CRPD are particularly relevant for children: Art. 7 (Children with disabilities), which advocates 'the full enjoyment (…) of all human rights and fundamental freedoms on an equal basis with other children'; Art. 3, which advocates 'respect for inherent dignity, individual autonomy including the freedom to make one's own choices, and independence of persons; non-discrimination; full and effective participation and inclusion in society; respect for difference and acceptance of persons with disabilities as part of human diversity and humanity; equality of opportunity; accessibility; equality between men and women; respect for the evolving capacities of children with disabilities and respect for the right (…) to preserve their identities'; Art. 24 (Education) which protects the right to access the general, ordinary and free education system by benefiting from reasonable accommodation[50] that meets the individual's specific needs within the communities in which the child lives.

Despite these internationally agreed principles, in everyday life - particularly in low- and middle-income countries - children with disabilities are more exposed to a cultural and social stigma that subjects them to exclusion, isolation and the risk of abuse, and they often find obstacles to accessing medical services, quality education and decent employment opportunities. All these difficulties and vulnerabilities increase exponentially in contexts of crisis and fragility, where these children often do not receive sufficient and/or proper nutrition or humanitarian assistance and become invisible victims of violations of fundamental human rights. Moreover, children with disabilities are victims of traditional gender and disability stereotypes, which cause them severe and multiple cross-sectional discrimination.

To date, the phenomenon is probably underestimated, since there is still a lack of sufficient data to provide an unambiguous picture, mainly due to the lack of disaggregated data collection tools that take into account the different types of disability, gender and age as variables to be necessarily taken into account, also in the data analysis phase. For this reason, it is essential to set up mechanisms to collect and analyse data at both programme and policy level.

Please refer to the chapter 'Humanitarian Aid: Emergency, Fragile Contexts and Conflict' for a discussion of the issue of children with disabilities in humanitarian and fragile contexts.

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[49] *For the interpretation of the relevant articles of the CRC, see Committee on the Rights of the Child, General Comment No. 9 (2007), adopted on 27 February 2007:*
https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.
aspx?symbolno=CRC%2fC%2fGC%2f9&Lang=en
[50] *As defined in the CRPD, Art. 2, 'Reasonable accommodation means necessary and appropriate modification and adjustments not imposing a disproportionate or undue burden, where needed in a particular case, to ensure to persons with disabilities the enjoyment or exercise on an equal basis with others of all human rights and fundamental freedoms.'*

International and national standards

In 2006, the adoption of the CRPD by the UN marked a decisive step in ensuring the human rights of persons with disabilities.

The European Union consolidated its commitment to European citizens with disabilities by establishing a Disability Strategy (2010-2020) based on the elimination of all types of barriers to the exercise of their rights. The Commission identified eight main areas for action, namely accessibility, participation, equality, employment, education and training, social protection, health and external actions (the latter including both international cooperation and humanitarian aid) and reaffirmed its commitment to supporting the rights of persons with disabilities in the European Consensus on Development (2017).

2016 saw the approval of the Council of Europe's 2017-2023 Disability Strategy, which is entitled 'Human rights: a reality for all' and includes five priority areas for action: equality and non-discrimination; awareness-raising; accessibility; equal recognition before the law; and the fight against violence and abuse. The document also takes into account five cross-cutting themes, that is, participation, cooperation and coordination; universal design[51] and reasonable accommodation; gender equality; multiple discrimination; and education and training. On the national front, 2015 saw the adoption by the DGCS of the 'Accessibility Standard Guidelines for buildings funded by Italian Cooperation'.

The IASC has also subscribed to the 'Charter of Inclusion of Persons with Disabilities in Humanitarian Action' (which was launched by the World Humanitarian Summit in 2016), thereby committing to protecting children with disabilities in particularly disadvantaged contexts – on the basis of which the Guidelines on Inclusion of Persons with Disabilities in Humanitarian action (IASC[52] 2019) have been defined.

Furthermore, with Italian Law 112/2016, Italy introduced into its legal system the '*Dopo di Noi*' (After Us) initiative, which is aimed at fostering the well-being, full social inclusion and autonomy of persons with disabilities (Article 1). In particular, the Law sets out measures for the assistance, care and protection of persons with serious disabilities who lack family support due to the absence of both parents or the inability of the latter to provide adequate parental support, all through the progressive provision of care during the lifetime of the parents.

The main reference for Italy when implementing cooperation interventions in the field of disability remains the Guidelines for Disability and Social Inclusion in Cooperation Interventions adopted by AICS in 2018, which specify both the strategies and approaches to be adopted and some areas of particular interest, such as health (early diagnosis), vocational training, education, emergency and multiple discrimination status, as well as the concepts of participation, inclusive planning and empowerment.

AREAS OF INTERVENTION

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[51] '*Universal design*' means the design (and implementation) of products, environments, programmes and services that can be used by all people, to the greatest extent possible, without the need for adaptation or specialised design. '*Universal design*' does not exclude assistive devices for particular groups of people with disabilities whenever necessary. (Article 2 of the UNCRPD).

[52] *Inter-Agency Standing Committee*

Lines of action of the interventions implemented by Italian Development Cooperation

While referring to the abovementioned Guidelines for Disability and Social Inclusion in Cooperation Interventions for more details on the implementation of interventions, two essential aspects are highlighted below:

- all interventions aimed at children with disabilities and in conditions of hardship and disadvantage must follow an inclusive, participatory and multidisciplinary approach based on a transversal mainstreaming perspective involving the civil society;
- every intervention dedicated to minors must necessarily and transversally include a specific attention to minors with disabilities and in conditions of discomfort and disadvantage.

ACTION 1: Strengthening of institutions and empowerment of civil society, with a specific focus on legislative policies concerning children with disabilities and in conditions of hardship and disadvantage

METHOD OF IMPLEMENTATION:

- Strengthening and providing institutional support to partner countries for the adoption of regulatory tools, strategies and action plans, in line with international standards of reference.
- Supporting Public Administrations in the production of reliable statistics on children with disabilities, thus promoting the use of international tools (e.g., those proposed by the Washington Group on Disability Statistics) to serve as a basis for the formulation of normative instruments, strategies and action plans.
- Supporting mainstreaming and gender equality actions regarding children's rights in government policies by raising awareness and involving the relevant Public Administrations in the promotion of integrated policies oriented towards social inclusion.
- Strengthening the empowerment actions of the Organisations of Persons with Disabilities (OPD) in order to foster the active participation of stakeholders and their families in decision-making processes, so that they have a leading role in the formulation of public policies.
- Promoting actions aimed at the progressive provision of care to children with disabilities during the lifetime of their parents, in view of the loss of family support ('*Dopo di Noi*').

ACTION 2: Strengthening mechanisms for early diagnosis and intervention and for the correct treatment of various types of impairment and disability

METHOD OF IMPLEMENTATION:

- Preventing risk factors leading to functional limitations and diagnosing impairment and disability at an early stage.
- Supporting the training of health professionals on best care and intervention practices in relation to children with disabilities.

ACTION 3: Promoting inclusive education

METHOD OF IMPLEMENTATION:

- Facilitating access to quality inclusive education from pre-school to university by supporting the training of teachers, school operators, parents and the local community in order to meet the specific needs of minors with disabilities, also through the use of new teaching technologies and adequate spatial and environmental accommodations ('reasonable accommodation') with a view to reducing the exclusion rate of the most neglected minors.
- Promoting and supporting inclusive education from pre-school to university, understood as an appreciation of individual diversity, in the knowledge that it constitutes a prerequisite for quality education for all.
- Promoting and supporting an inclusive type of education in which all students in a classroom are considered an important resource in the collective teaching and learning process regardless of their

differences (including disabilities).

ACTION 4: Preventing violence and promoting the adoption of a gender perspective with specific reference to children with disabilities and in conditions of hardship and disadvantage

METHOD OF IMPLEMENTATION:

• Educating and training local operators involved in supporting and preventing forms of violence against children with disabilities, and in particular forms of violence against girls and adolescents with disabilities, also through the creation of child-friendly structures.
• Carrying out awareness-raising campaigns aimed at preventing and combating the stigmatisation of children with disabilities and the resulting discrimination and violence.

ACTION 5: Promoting the adoption of Universal Design in development cooperation interventions, with an emphasis on accessibility

METHOD OF IMPLEMENTATION:

• Ensuring compliance with universal design criteria, with a specific focus on children with physical, sensory, cognitive and psycho-relational disabilities.
• Supporting and promoting compliance with accessibility criteria in construction projects, renovation and maintenance works, WASH interventions, ICT and transport, also on the basis of the 'Accessibility Standard Guidelines for buildings' adopted by Italian Cooperation in 2015.
• Ensuring that all calls for tender and invitations to tender meet accessibility and universal design criteria, with a special focus on children with disabilities and those in difficult and disadvantaged circumstances.

AREAS OF INTERVENTION

4.8 HUMANITARIAN AID: EMERGENCIES, CRISIS CONTEXTS AND CONFLICTS

Definition and principles

Humanitarian aid intervenes in crisis situations or following catastrophic events, whether man-made or natural, with the aim of protecting human life, alleviating or preventing suffering and preserving people's dignity.
In these contexts, which are increasingly frequent due to the increase in conflicts and the effects of climate change, children, especially if separated or unaccompanied[53], are more vulnerable than adults and can be much more severely affected by the negative impacts of crises at many levels:

- at a psychological level, the resulting traumas can be deep and long-lasting, especially if children find themselves in armed conflicts or in situations of abandonment or forced separation from their families or adults. Their vulnerability often makes them victims of violence in its various forms (forced labour, trafficking and recruitment into armed groups or gangs, etc.);
- at a physical level, the level of morbidity and mortality in minors increases during crises due to a variety of causes, such as the spread of waterborne diseases – such as diarrhoea, cholera or typhoid –, diseases linked to drought or famine – such as malnutrition –, or diseases directly linked to armed conflict – such as the use of explosive weapons in densely populated areas or attacks on education;
- on a social level, during humanitarian emergencies and crises, children are more exposed to risks due to the so-called negative coping strategies implemented by families and communities[54].

In addition, because they are often forced to work to contribute to family needs and/or drop out of school for long periods of time, an entire generation of children, known as the 'lost generation', risks losing their entire education and irreparably compromising their future.

With particular reference to humanitarian crises triggered by armed conflicts, the UN Secretary-General[55] has specifically identified six serious violations of children's rights that occur on a constant basis, namely killing and maiming, abduction, forced recruitment, sexual violence, attacks on schools and hospitals, and denial of humanitarian access.
A dramatic increase in more specific risks is observed against the most vulnerable. During crises, young women and girls are more likely to be exposed to sexual and gender-based violence, trafficking and sexual exploitation, or to undergo early marriages and pregnancies, while boys and children are more likely to be subjected to forced recruitment or to killings and maiming related to the use of explosive weapons in densely populated areas.
In addition, in emergency, crisis and conflict contexts, there is an increased risk of children being witnesses to violence and harmful practices, which contributes to making them even more vulnerable and exposed to psycho-social hardship and turning them into perpetrators of violence themselves in the future.
Children with disabilities are more likely to be excluded and marginalised owing to increased difficulties in accessing basic essential services and distribution of humanitarian goods linked to their condition and – more generally – to the presence of barriers that undermine their interaction with the surrounding family and social reality.

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[53] *For the distinction between unaccompanied and separated minors, see the chapter on 'children on the move'.*
[54] *For example, when faced with the impossibility of providing for all family members, families often reduce access to food for their daughters or resort to marrying them off despite their young age.*
[55] *https://childrenandarmedconflict.un.org/six-grave-violations/. The first Special Representative on Children and Armed Conflict was appointed following the presentation of the report on the impacts of armed conflict on children (A751/306) to the UN General Assembly by the UN Secretary-General in 1996. UN Security Council Resolution 1539 of 2004 enumerates serious violations committed against children during conflicts and calls for the establishment of a monitoring mechanism and an Action Plan. Resolution 1612 of 2005 formally authorises such measures and establishes a Security Council working group for this purpose.*

Subject to compliance with humanitarian principles (neutrality, humanity, impartiality, independence) and the 'do no harm' principle, an effective response to crises requires that humanitarian, development and peace actors intervene in a timely, coherent and joint manner on the basis of what is termed comparative advantage' of each of them[56].

In this perspective, it is crucial to carry out multisectoral interventions planned in continuity and contiguity with each other that are aimed at strengthening the social cohesion of all social systems, i.e., families, schools, communities, institutions, cultural and religious systems.

International and national standards

In addition to International Humanitarian Law, there are International Guidelines, Declarations and Standards which, although not binding, contribute to define the approaches to be adopted in the protection of minors in humanitarian emergencies, crisis contexts and conflicts.

First of all, the Security Council Resolution on the Involvement of Children and Youth in Peace Processes (2250 (2015)) reiterates the importance of recognising and valuing the potential of children as key players in triggering peace and reconstruction processes.

Also of particular relevance in emergency contexts is the Optional Protocol to the Convention on the Rights of the Child on the Involvement of Children in Armed Conflict (OPAC), which commits states to combat the recruitment and involvement of children in hostilities.

Documents such as the 'Minimum Standards for Child Protection in Humanitarian Action – CPMS', published by the Alliance for Child Protection in Humanitarian Action, and the 'Minimum Operating Standards', published by the Inter-Agency Standing Committee (IASC), contain both references to the theoretical and normative framework that should guide interventions, as well as indications and operational tools to implement them.

The International Child Safeguarding Standards introduced in 2002 by a coalition of humanitarian and development agencies known as Keeping Children Safe, represent a commitment for practitioners to ensure that their actions do no harm to children and respect their rights, protecting them from abuse, neglect or violence.

As for children with disabilities, their specific needs are identified both in the Charter on Inclusion of Persons with Disabilities in Humanitarian Action (2016), and in the most recent Guidelines on inclusion of Persons with Disabilities in Humanitarian action (2019) issued by the IASC. The United Nations Security Council has also adopted Resolution 2475 (2019) on protection of persons with disabilities in armed conflict.

At national level, in 2015 the Italian Cooperation adopted the 'Vademecum on Humanitarian Aid and Disability' (*Vademecum Aiuto Umanitario e Disabilità*), drafted with a multi-actor approach, which provides theoretical elements and concrete guidelines on the protection and inclusion of persons with disabilities in case of humanitarian crises.

In 2018, the Italian Cooperation then adopted the new 'Guidelines for Disability and Social Inclusion in Cooperation Interventions', which include a chapter dedicated to initiatives in emergency contexts and - stressing the negative impacts of catastrophic events on persons with disabilities - summarise the key elements for the inclusion of persons with disabilities in humanitarian action.

There are also a number of texts that analyse the problem of access to education and the fight against the 'lost generation' phenomenon. The 'Safe Schools Declaration - Guidelines for Protecting Schools and Universities from Military Use during Armed Conflict' and the Minimum Standards for Education: 'Preparedness, Response, Recovery' published by the Inter-Agency Network for Education in Emergencies (INEE) stress that education should be a priority, even in situations of protracted conflict and long periods of displacement, as it provides immediate physical, psychosocial and cognitive protection during crises and is an important coping factor, as it increases children's ability to handle shocks and helps to increase their ability to provide for themselves.

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[56] *Particular reference is made to the Agenda for Humanity, Core Responsibility 4C, where 'comparative advantage' means the added value that each actor can bring to the implementation of joint and coordinated interventions.*

AREAS OF INTERVENTION

The fundamental role played by children's education in emergencies was also particularly stressed at the World Humanitarian Summit (2016), where the United Nations launched the Education Cannot Wait initiative, aimed precisely at responding effectively and promptly to the educational needs of children living in crisis contexts. This issue has also been included by the European Commission as one of the priorities of the EU's humanitarian action, defining its standards with the adoption of Council Conclusions and ad hoc policy documents, which can be found in the bibliography.

4 QUALITY EDUCATION	5 GENDER EQUALITY	13 CLIMATE ACTION	15 LIFE ON LAND	16 PEACE, JUSTICE AND STRONG INSTITUTIONS
4.5	5.1 5.2	13.1 13.2 - 13.3 13.a - 13.b	15.9	16.1 16.2

Lines of action of the interventions implemented by Italian Development Cooperation

ACTION 1: Strengthening the capacity of all actors involved in the response - including local authorities - to formulate and implement interventions with a view to combining humanitarian aid, development and peace

METHOD OF IMPLEMENTATION:

• Analysing the environmental context in which the humanitarian action takes place and establishing the degree of vulnerability based on the likelihood that children will experience one or more forms of abuse, violence, exploitation and neglect in an emergency. This analysis must take into account the following variables and risk factors: age, gender, disability, separation from families or adults of reference, social marginalisation, belonging to specific ethnic groups. The analysis can be carried out with different methodologies: questionnaires, direct interviews and focus groups, and must necessarily start by considering the capacities and potentials of the beneficiaries and of the local economic systems.
• Analysing which livelihoods have been lost and identifying those that need to be restored based on their adequacy and relevance to the needs of families with children.
• Collecting disaggregated data on crisis situations and using ad hoc indicators for monitoring purposes.
• Learning from the monitoring and evaluation of interventions, using the information and statistical data collected during the implementation of initiatives in order to identify any new gaps and needs not covered and to assess the evolution of the situation.
• Strengthening local socio-economic cohesion mechanisms by involving local partners at every stage of the intervention in order to promote their autonomy.
• Involving children actively throughout the project process, from the analysis of needs to the evaluation of interventions, especially by directly including the perspective of girls, given their vulnerability and increased exposure to harmful practices and GBV during humanitarian crises.

ACTION 2: *Promoting respect for and implementation of the principles of international humanitarian law*

METHOD OF IMPLEMENTATION:

• Carrying out advocacy and awareness-raising activities on children's rights, targeting duty-bearers and other actors involved.
• Creating child safeguarding mechanisms to reduce risks of violence, abuse and exploitation experienced by children at the hands of child protection actors.
• Exposing violations of children's rights and international humanitarian law in relevant multilateral fora to combat impunity, including through multilateral governance mechanisms.
• Involving organisations of people with disabilities in clusters of humanitarian and emergency interventions.

ACTION 3: *Ensuring access to essential basic goods and services (life-saving) for children and their families according to humanitarian standards*

METHOD OF IMPLEMENTATION:

• Identifying the urgent needs of children within emergency-affected communities, taking into account the specific needs of young and adolescent girls and children with disabilities.
• Improving access to health and immunisation services, drinking water and adequate sanitation, adequate shelter, food and nutritional support, non-food items (NFIs).
• Promoting care and educational services for children from 0 to 3 years, with the aim of accompanying the youngest children in their emotional, cognitive and social development, ensuring adequate support for families and mothers in particular.
• Promoting education (formal and non-formal) from early childhood to university, including vocational training for employment and other forms of skills development for young people, through the rehabilitation of school buildings, the provision of materials and furniture, support for school management and the training of teaching and non-teaching staff, as well as the provision of recreational and psychosocial activities complementary to study.
• Promoting campaigns for the reintegration into school of minors who, due to emergencies and humanitarian crises, have been denied education for prolonged periods of time.

ACTION 4: *Promoting and strengthening institutional and local protection systems to take care of the most vulnerable minors*

METHOD OF IMPLEMENTATION:

• PromIdentifying vulnerabilities through reference systems with a focus on: minors associated with armed forces/groups/actors, survivors of sexual violence and abuse, traumatised by conflict, separated from their families, obliged to early and/or forced marriages and early pregnancies, pregnant women and children at risk of malnutrition, minors exposed to or victims of landmines.
• Activating psychosocial support mechanisms for minors and adults (teachers, educators, parents) and creating safe listening spaces and mechanisms for the safe reporting of violations.
• Encouraging the adoption and use of Standard Operating Procedures or other minimum standards for the management - including follow-up - of each individual case according to the specific vulnerability identified (psychosocial support, family reunification, case management, assessment and determination of best interests) taking into account all contextual aspects.
• Creating and/or reviving existing child protection systems at community level (support and strengthening in youth clubs and schools of child protection practices, including through play and sport activities, child friendly spaces, education on the risks of unexploded mines, parenting support spaces, etc.), with particular attention to the prevention of sexual violence.

AREAS OF INTERVENTION

• Promoting mechanisms to reunite separated children with their families or to place them in alternative families and communities, depending on which solution is in the best interests of the child.

• Combating traditional practices detrimental to the health and well-being of children, which include all inhuman, degrading and cruel practices influenced or produced by socio-cultural, religious and aesthetic factors (including female genital mutilation, torture, sexual slavery, enforced polygamy, selective abortion against girls, early marriage, honour killing, abduction for slavery), through interventions aimed at changing the social and cultural behaviour patterns of men and women and which involve family, school, communities and society, in actions aimed at informing, training, raising awareness and also supporting education, preventive health care and therapy and prophylaxis of physical, physiological and psychological consequences, as well as legal protection of the rights of affected minors.

• Training and enhancing the skills of staff involved in providing services for minors (school staff, educators, psychologists, etc.) and local civil society (women's associations, parents' associations, caregivers' associations, associations of people with disabilities), and engaging them as active partners in the formulation and implementation of interventions.

ACTION 5: Promoting the active role and participation of children in processes of peacebuilding, of local crisis response, of post-emergency recovery and reconstruction, and of education on mine risks

METHOD OF IMPLEMENTATION:

• Mapping any existing child participation mechanisms.

• Revitalising, strengthening and/or creating child participation mechanisms that respect the cultural context and customs and are representative of the various minorities, gender differences and disabilities, stimulating peer education and training (through the establishment of clubs, networks, civil society organisations led by children, the development of communication channels (web radio, forums, web channels) aimed at and/or managed by children, where they can participate in public debate on issues that concern them.

• Involving particularly vulnerable children (for cultural, religious, ethnic, disability, class, gender and sexual orientation reasons, due to family situation, degraded environmental context, separation or abandonment) and their families, guardians or representative organisations in all project phases, in particular those of response planning, needs analysis, implementation of interventions and in the follow-up and evaluation phases.

• Supporting training activities on mine risk in post-conflict or conflict-affected areas, ensuring the participation of children.

ACTION 6: Ensuring access to education for the most marginalised and vulnerable children, particularly those living in areas affected by crisis or emergency

METHOD OF IMPLEMENTATION:

• Promoting 'Education in Emergencies' interventions to guarantee that the right to basic education is upheld.

• Providing 'Accelerated Education' programmes for children who have been out of school for a long time.

• Promoting children's participation in disaster risk reduction and management programmes through School Based DRR (Disaster Risk Reduction) activities.

4.9 COMMUNICATION

Definition and principles

Communication plays a fundamental role in the growth and proper psycho-physical development of children even at an early age.

In terms of communication, minors can be considered both as consumers and as objects of communication. The media (from the traditional ones such as press, radio, telephone, television and cinema, to the new digital and computer media) are perhaps the main agent of socialisation today, and can influence in a positive or negative way the behaviour, attitudes and expectations of minors.

New communication technologies can play a very important role in the training and education of the new generations, and can also enable children, from an early age to adolescence, to participate in decision-making. However, the social contexts from which children learn to communicate and through which they increase their knowledge are very diverse and many opportunities may be denied to those living in extreme poverty, in war zones or in areas affected by other serious emergencies, as well as in disadvantaged contexts where access to technology (especially new media) is severely limited due to restrictions imposed by local authorities.

Minors living in crisis contexts generally encounter serious difficulties in accessing communication, also understood as the availability of books, magazines, films, radio and television programmes, and are particularly badly affected by the so-called digital divide that characterises the contemporary world.

With regard to accessibility and usability, it is important to stress how important it is for communication to be inclusive, also by introducing technologies adapted to the different types of disability (subtitles, sign language interpretation, etc.).

However, the difference lies not only in access but also in the quality of the information that can be acquired and its use, as well as its appropriateness in terms of content and respect for the local cultural context.

Based on the above, it is clear that means and tools of communication play a fundamental role in development cooperation programmes in terms of promoting children's rights, encouraging their active participation in society, raising awareness and promoting inclusive, non-discriminatory or stigmatising behaviour towards them as well as bridging the gap in access to the digital world.

The CRC includes a number of provisions on children's rights concerning communication: the right to be heard, freedom of expression, conscience and religion, the right to information and respect for privacy, etc. These rights should be ensured at all ages, starting with children growing up in situations of economic and social deprivation, and should also be used to guide cooperation initiatives on this issue.

More specifically:

- children's opinions must be heard and taken seriously;
- children must have the opportunity to form and express their opinions freely and therefore have the freedom to access, produce and disseminate information and ideas, including those related to the protection of their rights, through any medium and in any language they choose;
- communication should boost children's self-esteem and confidence and present them as active participants in their own lives and in bringing about positive change in the world;
- when giving voice to children, said voice must not be a mere reflection of adult-instilled ideas.

The media representation of minors and of their specific needs in the context of development cooperation projects therefore requires special attention: while it is clear that still and moving images are of enormous importance in communicating, as they can create empathy, arouse or modify understanding and motivate action, it is also necessary to develop a deep awareness and the utmost sense of responsibility towards both the protagonists and the target audience. For this reason, it is essential to provide images and stories that are indeed authentic, but at the same time respect and protect the children, families and communities involved.

Now more than ever it is necessary to reconcile the right/duty to inform public opinion about the dynamics of the context in which one is intervening - especially if it is extremely critical such as a conflict or a natural disaster - with the obligation to avoid using images of underage subjects for the mere purpose of influencing the public or exploiting such images for narrative purposes.

International and national standards

International and national legal systems safeguard personality rights - and in particular the image, which to all intents and purposes qualifies as personal data - while at the same time taking into account the freedom to inform and be informed. In the field of communication, the relationship between the right to privacy and the right to information is therefore particularly complex, and this complexity becomes critical where the subjects and objects of communication are minors. As regards the rights of the individual and their protection, especially image rights, reference should be made to the guiding principles of the European Union, expressed in the European Convention for the Protection of Human Rights and Fundamental Freedoms of 4 November 1950 (Art. 8), in the Charter of Fundamental Rights of the European Union of 7 December 2000 (Articles 1, 7, 8 and 24) and in EU Regulation 2016/679 on the protection of natural persons with regard to the processing of personal data and on the free movement of such data, implemented in Italy by Italian Legislative Decree No. 101 of 10 August 2018.

In particular, in accordance with Article 13 of the General Data Protection Regulation (GDPR, EU Regulation 2016/679), in order to publicise and document initiatives, projects and activities involving minors (including development cooperation projects), consent must be obtained for the use of images, sounds and testimonies prior to their dissemination to the public. The dissemination of such material must take place in full respect of the decorum, dignity and reputation of the persons involved.

In order to protect image rights, the interventions of the Italian Cooperation must not only take into account what is established by international standards, but also what is provided for on a national level by:

- the Self-Regulatory Code on Commercial Communications (*Codice di Autodisciplina della Comunicazione Commerciale*), which in Art.10 establishes that "*Marketing communication […] should respect human dignity in every form and expression and should avoid any form of discrimination, including that of gender*".
- The '*Carta di Treviso*'[57] adopted in 1990, which commits journalists to comply with a series of rules - to avoid incurring sanctions from the Order of Italian Journalists - among which the following is worthy of note: "*in the case of minors that are ill, injured, disadvantaged or in difficulty it is necessary to pay particular attention and demonstrate sensitivity in the diffusion of the images and news items in order to avoid that, in name of compassionate feelings, news is sensationalised and ends in exploitation of the persons*".
- The Code of Conduct on Asylum Seekers, Refugees, Victims of Trafficking and Migrants, known as the Rome Charter (Carta di Roma), introduced in 2008 and addressed to Italian journalists, which focuses on providing balanced and comprehensive information on asylum seekers, refugees, victims of trafficking and migrants. Its invitation to journalists to "*adopt legally appropriate terminology*", to "*avoid the dissemination of inaccurate, superficial or distorted information*" and "*superficial and incorrect behaviour, which may give rise to unfounded alarm*", applies here in particular to the representation of children on the move.
- The Guidelines for Distance Support of Minors and Young People (*Linee Guida per il sostegno a distanza di minori e giovani*), issued by the *Agenzia per le Onlus* (the Italian Agency for Non-Profit Organisations) in 2009 and implemented by the Italian Ministry of Labour and Social Policies (Law 44 of 26 April 2012), which, in the Notes on the Processing of Minors' Personal Data, state that "*when disseminating non-sensitive personal data of minors (pictures, testimonials, statements, personal data, etc.) the Italian legislation on privacy, Italian Legislative Decree 196/2003 and amendments, requires that a privacy statement must be provided and consent to the processing of minors' data must be obtained from the person exercising parental authority. If the child is portrayed in countries outside the European Union, as is generally the case with support from a distance project, and it is not possible to identify a parent, guardian or similar figure, it is necessary to ask for the consent of the person in charge of the structure where the child normally lives*".
- The White Paper on Media and Minors (*Libro Bianco Media e Minori*) published by the Italian Authority for Communications Guarantees (*Autorità per le Garanzie nelle Comunicazioni*, AGCOM) which analyses the relationship between minors and the media, presenting both a review of the relevant scientific literature and considerations on minors' use and access to the media.

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[57] *The Carta di Treviso is a protocol signed on 5 October 1990 by the Order of Italian Journalists, the National Federation of Italian National Press Federation (Federazione Nazionale Stampa Italiana, FNSI) and Telefono Azzurro (the Italian National Child Helpline) with the aim of regulating relations between information and children.*

• The Committee for the application of the Code of Self-Regulation for TV and minors (*Codice di Autoregolamentazione TV e minori*) under the Italian Ministry of Economic Development.
• The considerations of the Working Group on the protection of minors in the world of communication, set up within the Italian Council of Associations and Organisations (*Consulta delle associazioni e delle organizzazioni*), established and chaired by the Italian Supervisory Authority for Childhood and Adolescence (Autorità Garante per l'Infanzia e l'Adolescenza).

As regards the reproduction of images, the provisions of the law on copyright, Law 633/1941 (in particular Articles 96 and 97) and the Civil Code must also be observed.

Lines of action of the interventions implemented by Italian Development Cooperation

ACTION 1: Strengthening local institutions to create an environment that promotes children's rights in the media

MODALITÀ DI ATTUAZIONE:

• Providing technical assistance to the institutions in partner countries for the drafting and adoption of ad hoc policies and action plans to regulate the media representation of children and promote children's right to access to communication.
• Providing technical assistance to local institutions in partner countries in order to promote the creation of independent Authorities devoted to the protection of children's rights, especially with regard to their media representation.
• Supporting the creation of monitoring mechanisms for reporting communications products detrimental to the protection of minors and introducing sanctions for offenders.
• Conducting awareness-raising campaigns addressed to communities and local authorities, to families and to the minors themselves on the issues of protection of minors' rights in communication in order to stimulate widespread forms of protection and reporting of cases where the representation of minors does not respect their dignity.
• Organising training courses for the representatives of the Public Administration (Press and Communication Offices), of Local Authorities, of CSOs, of national and international networks, of public and private sector communication services (profit and non-profit), of European and Worldwide broadcasting systems. The contents of the courses will provide all those responsible for media representation with adequate tools, both for the production of materials and for when operators come into contact with minors to collect their opinions, images, etc., especially in fragile contexts, in order to protect the dignity and promote the role of minors (see the operational appendix).
• Organising training courses (including at academic level) for media professionals dealing with minors (especially minors living in areas affected by poverty and crisis) in order to achieve a 'certified' competence in the sector so that those who, in various capacities, create multimedia products dealing with minors, take personal responsibility.

ACTION 2: Adopting appropriate communication strategies for children, in particular for those who are most vulnerable (e.g., disabled people and children affected by crises or disasters) in order not to make a spectacle of their suffering, whilst also valuing their active involvement

METHOD OF IMPLEMENTATION:

• Producing specific multimedia materials, using appropriate (child sensitive) language and images as well as positive examples of adult-child relationships. This is particularly important for children under the age of 10, who are more difficult to represent and actively involve in the process of storytelling.

• When narrating critical situations or crises, adopting an approach that contextualises the problem, refraining from focusing on individuals and exposing children to violations of their dignity and rights. Using instead an individual approach for success stories in which the qualities and personality of the child protagonist are fully recognised.

• Combating stereotyping in terms of gender, age, ethnicity and religion in favour of fair and unprejudiced representation of children. For example: including in the media portrayal of everyday situations children in difficult situations (e.g., because they are albinos, or have a physical, mental or sensory disability) so that they are not confined to 'sectoral communication' products.

• Relying on edutainment, which, by combining learning and games/entertainment, makes it possible to create innovative communication and educational products capable of supporting participatory education.

• Promoting reading among minors with appropriate strategies that start with listening: for example, by organising collective reading sessions in which adults read (aloud) narrative books for children, valorising local traditions and, where possible, transcribing stories from oral narratives.

• Create safe and protected spaces where minors can express themselves and confide freely and easily in adults who are trained for this purpose.

• Using role modelling to give positive examples of how disadvantaged situations can be overcome or to promote healthy lifestyles, thus fostering children's self-confidence and self-esteem.

• Promoting productions or adaptations of local productions (radio-TV-cinema) with the aim of encouraging respect for different cultural sensitivities.

• Adopting technical solutions to respect the privacy of minors (e.g., pixelating/blurring their faces in images, obscuring their names, etc.).

• Requiring producers to specify the name of the person who created the content with minors in order to ensure transparency and accountability.

ACTION 3: Promoting the active participation of children in communication products

METHOD OF IMPLEMENTATION:

• Promoting the participation of minors (according to standards of transparency, voluntariness, inclusion, awareness, etc.) in the design and production of communication products: videos, photos, storytelling, visual arts, articles, tales, journalistic reports, awareness-raising campaigns.

• Encouraging, whenever possible, the direct participation of minors by sharing the multimedia project in advance so that they can actively intervene and make their own personal contribution.

• Promoting listening to minors through moments of dialogue that allow minors to tell and re-elaborate their own experiences with the help of the reference adults. Awareness of one's own experience will then increase the ability to actively participate in the stories told by adults (or by communication operators) as protagonists and not in a passive or stereotyped manner.

• Establishing peer consultation mechanisms/groups at EU and national level to help children be heard, including those who are most vulnerable and find it most difficult to have their voices heard.

• Promoting child led advocacy activities in order to directly promote young people's requests towards institutions and their direct involvement in the decision and policy making processes that concern them.

4.10 ICT – INFORMATION AND COMMUNICATION TECHNOLOGIES

ARTICLES CRC **2, 3, 6, 12, 17**

Definition and principles

ICTs are those technologies that enable information to be accessed, stored and exchanged through telecommunications, including the internet, wireless networks, mobile phones, computers, etc.
Information is one of the most valuable resources in the contemporary world and digital media are one of the main agents of socialisation today, capable of influencing children's behaviour, attitudes and expectations in a positive or negative way.

New communication technologies can be a very important tool for training and educating the new generations. They can also enable minors, from a very young age to adolescence, to take part in decision-making processes and to actively exercise their rights through mechanisms such as User Generated Content, i.e., the shared production of content and knowledge.

The crisis caused by the COVID19 pandemic has clearly highlighted the potential of ICTs, thanks to which millions of children all over the world have been able to continue their education, maintain relationships and build new forms of sociality.
However, it is important to bear in mind that access to ICTs too reflects the inequalities between the global North and South and between rural areas, suburbs and urban centres, and that while on one side of the globe the internet has made it possible to carry on with school and private life virtually, on the other side millions of children have been cut off from school and communications due to difficulties in accessing the net (lack of coverage or excessive costs).
In addition, the so-called gender digital divide is also a problem, resulting in much higher rates of Internet use among men than women[58].

At the same time, it clearly emerged how the risk of being exposed to unsuitable and potentially harmful content or to dangers that can turn into abuse or violence (from cyber-bullying to online child pornography) increases on the internet, which is difficult to control and where it is possible to have a digital identity different from the real one. Not to mention that content distributed on the so-called dark web is often harmful to children's rights (child pornography, etc.) or in any case risky and unsuitable for minors.
It is therefore essential to ensure adequate protection and security, which must be developed in terms of digital citizenship education, so that families, caregivers and minors themselves are able to navigate the cyber space responsibly.

Following on from what was mentioned in chapter 6 "Children on the move", it is important to emphasise the role that ICTs play in biometric data collection procedures (such as iris and facial recognition), which are increasingly used to recognise and manage access to services, especially in the case of migrants.
As the collection of these data is not neutral, but touches on people's physical integrity, intimacy and culture, such procedures, especially when concerning minors, must be applied in a careful and dignified manner and with the aim of protecting and safeguarding minors (e.g., to avoid fraud or to ensure access to protection services for those who are entitled to them) rather than only for reasons of security and control.

Standard internazionali e nazionali

The UN Human Rights Council has expressed its views on ICTs on a number of occasions.
In its Resolution 20/8 of July 2012[59], it stated that "access to the Internet is a human right", that all persons should be allowed to access and express themselves freely on the Internet, and that international cooperation should strive to facilitate the diffusion of ICTs in all countries.

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[58] *ICT Fact and Figures 2016 released by the International Telecommunication Union (ITU)*
[59] *Resolution A/HRC/RES/20/8 of 5 July 2012*

On the same occasion, the Council also reiterated what it had stated shortly before in Resolution 13 June 2012[60], namely the principle whereby the same rights that people have offline must also be ensured and protected online.

In addition, Resolution A/HRC/32/L.20 of 2016[61] on "The promotion, protection and enjoyment of human rights on the Internet" has: i) recognised that privacy online is important for the realization of the right to freedom of expression; ii) emphasised the link between the availability of information on the Internet and inclusive, equitable and accessible education at the global level; iii) highlighted the issue of the digital divide between countries and between men and women and reiterated the importance of promoting digital education so that ICTs are a resource for individual and collective development.

A number of European directives have regulated the accessible use of IT tools and products, and have been transposed by Italy with the 2019 Guidelines on the accessibility of IT tools (*Linee guida sull'accessibilità degli strumenti informatici*) of the Agency for Digital Italy (*Agenzia per l'Italia digitale*, AgID).

Regarding the possible risks related to the use of ICTs, UN Security Council Resolution S/RES/2419 (2018) warns against the increasing use of ICTs by terrorist organisations in globalised society to recruit proselytes or incite attacks.
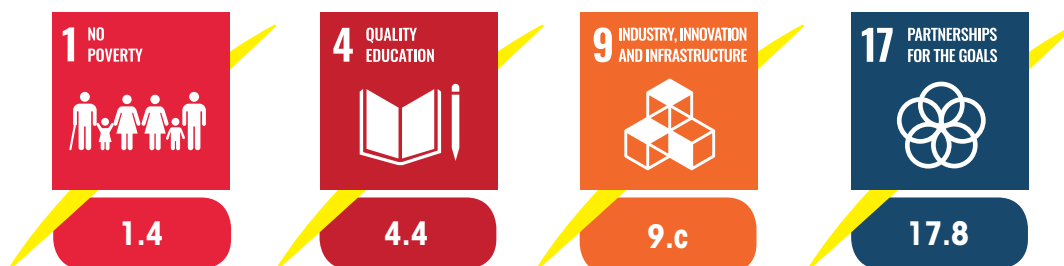
At the national level, it is worth mentioning the Law reforming the Italian education system (L.107/2015), according to which "the development of students' digital skills, also aimed at using social networks and the media in a critical and conscious manner, as set out in the National Digital School Plan, was included as one of the priority educational objectives".

Over the years, the MIUR has also signed Memoranda of Understanding and started collaborations with the main Institutions and Associations dedicated to countering bullying and cyberbullying, in order to create a convergence of tools and resources for educational institutions and families.

Furthermore, as early as 2015, the MIUR issued the 'Guidelines for preventing and combating bullying and cyberbullying' (*Linee di Orientamento per azioni di prevenzione e contrasto al bullismo e cyberbullismo*).

More recently, Law 71/2017 on the protection of minors and the prevention and fight against the phenomenon of cyberbullying, invites, with an inclusive approach, different institutional actors to develop projects aimed at preventing and combating this phenomenon.

Following this Law, in October 2017 the Department for the Education and Training System (*Dipartimento per il sistema educativo di istruzione e formazione*) of the MIUR issued Updates on the subject.

1 NO POVERTY — 1.4

4 QUALITY EDUCATION — 4.4

9 INDUSTRY, INNOVATION AND INFRASTRUCTURE — 9.c

17 PARTNERSHIPS FOR THE GOALS — 17.8

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[60] *Resolution A/HRC/20/L.13 of 29 June 2012*
[61] *Resolution A/HRC/32/L.20 of 27 June 2016*

Lines of action of the interventions implemented by Italian Development Cooperation

ACTION 1: Creating infrastructures and facilitating access to ICT

METHOD OF IMPLEMENTATION:

• Promoting the analysis of the Digital Divide in partner countries, taking into account factors such as gender, age, disability, geographic context of residence, socio-economic status.
• Promoting the implementation of the inclusive technological infrastructure necessary for the widespread deployment of the network.
• Promoting access to affordable or free computer literacy courses for minors and for adult caregivers.
• Increasing the availability of IT devices for educational or creative purposes.
• Supporting the provision of grants and awards in the field of technological innovation (digital programming, design and 'building' of computer architectures and applications)
• Supporting the development of platforms and the access to devices for e-learning and distance learning.

ACTION 2: Promoting a conscious and responsible use of ICTs

METHOD OF IMPLEMENTATION:

• Carrying out training activities for teachers, educators and operators to integrate the use of ICT in their activities.
• Carrying out training activities directed at minors and tailored to their age group in order to inform them about their digital rights and train them in the use of ICTs to produce shared knowledge, freely express their opinions and participate in decision-making processes.
• Providing scholarships - aimed mainly at girls and young women in order to compensate for the gender gap - to promote access to STEM (Science, Technology, Engineering and Mathematics) studies and training.
• Running communication and awareness-raising campaigns directed at families and communities (through focus groups, community conversations, peer education, etc.) as well as hackathons[62] with social purposes, to promote the conscious and responsible use of ICTs.
• Urging technology and telephone companies to promote safe use of their platforms for minors, including features such as automatic creation of private profiles and restriction of content to friends and acquaintances, limiting access and distribution to people outside the contact list.

ACTION 3: Protecting minors from the dangers deriving with the use of ICTs, from cyber-crime and from exposure to harmful content

METHOD OF IMPLEMENTATION:

• Supporting the development of policies, strategies and operational plans for the protection and promotion of children's rights online and for the punishment of those who infringe them.
• Creating independent and safe child-friendly mechanisms for reporting child rights violations online also within law enforcement (Police, Carabinieri, Postal Police) and social services.
• Including in the social and health services structures and staff specialised in supporting minors who are victims of online crimes (cyber-bullying, sexting, revenge porn, images depicting the victim in sexually explicit acts, sexual exploitation and violence, gambling).

[63] *An event, hotspot of IT experts, dedicated to the creation of a project or software*

5 NOTE METHODOLOGICAL

The research and processing of data (especially time series) on Italian Official Development Assistance (ODA) invested in initiatives benefiting children is made complex by the lack of a univocal mechanism for identifying such initiatives. In fact, there is no 'Marker', no internationally shared and codified label that can be applied to interventions in order to classify them in the various databases, as is the case for other topics.

However, believing that such a tool is indispensable, the Italian Agency for Development Cooperation has suggested adopting its own Marker, which would serve to classify all the initiatives it finances and carries out, also through other implementing bodies. The scope of this tool will be internal and the aim is to have an extremely clear and consistent database of information regarding the commitment of the Italian Cooperation on the subject.

The Marker will be adopted by the AICS and the DGCS for their own initiatives and should be adopted by all implementing agencies that receive funding from said bodies for the implementation of their own initiatives.

To facilitate understanding and use of the tool, it was decided to follow the structure and the application methodology of the other markers already in use within the OECD/DAC.

The Marker, that shall be called `*Minori*' (Minors), is a quantitative-statistical tool useful to measure the allocation of resources destined to the protection and promotion of the rights of minors, through the use of an incremental scoring system (three-point scoring system): Main with numerical value 2; Significant with numerical value 1; Not targeted with numerical value 0. In the event that it is not possible to examine and evaluate the initiative with respect to this component, the score will be Not Screened with numerical value 0.

MAIN (2)	Children's rights are the main objective of the initiative and play a central role in its design.
SIGNIFICANT (1)	Children's rights are included in one or more of the objectives of the initiative, but are not the main focus. They are, however, included in the results.
NOT TARGETED (0)	The initiative neither includes nor intervenes in children's rights.

The following guiding criteria will serve as a reference for attributing scores:

MAIN: children's rights are the main focus of the initiative and play a key role when defining the strategy for intervention and in achieving results. The initiative could not be carried out without its children's rights component.

The initiative is conceived with the main objective of promoting and protecting children's rights, in order to meet the specific needs of children and adolescents	
MINIMUM CRITERIA	
Children, girls and/or teenagers are the main target group of the initiative	YES
The main objective of the initiative is the protection and promotion of specific children's rights	YES
The strategy of intervention is based on an analysis of the specific needs of children	YES
The strategy of intervention consists mainly in responding to specific needs of children and/or promoting their rights	YES
Data and indicators are broken down by age	YES
The indicators used allow to monitor the achievement of the results and to evaluate the impact of the initiative with regard to children's rights	YES
The monitoring of the achievement of the results and the evaluation of the impact of the initiative with regard to children's rights are explicitly foreseen	YES

SIGNIFICANT: Children's rights are an important objective of the initiative but are not the only or main reason for its implementation.
The objective of promoting and protecting children's rights MUST be explicit, it CANNOT be implied or taken for granted in the document describing the initiative, nor can it be intended with the generalisation that within the target group children are - incidentally - included. The initiative is designed to have a positive impact on children.

MINIMUM CRITERIA	
The strategy of intervention includes a section devoted to the protection and promotion of specific children's rights, with an objective and/or at least one result explicitly referring to children's rights	YES
The strategy of intervention, for the section concerning children, is based on an analysis of children's specific needs	YES
Data and indicators are broken down by age	YES
The indicators used allow to monitor the achievement of the results and to evaluate the impact of the initiative with regard to children's rights	YES
The monitoring of the achievement of the results and the evaluation of the impact of the initiative with regard to children's rights are explicitly foreseen	YES

METHODOLOGICAL NOTE

NOT TARGETED: the initiative does not include a specific focus on the protection and promotion of children's rights in its strategy of intervention.

The correct application of the OECD/DAC "Purpose Codes" is another valuable element to classify initiatives with respect to the areas of intervention. For a general discussion on codes and their adoption, please refer to the DAC guidelines available at the following link *http://www.oecd.org/development/financing-sustainable-development/development-finance-standards/purposecodessectorclassification.htm*

For practical purposes, however, it is considered useful to highlight the list of sector codes (Purpose Codes) that contain explicit references to children in different areas of intervention (Table 1) and the list of sector codes that are likely to refer to activities aimed at children (Table 2). The application of these codes is not automatic, but must follow a careful assessment of the objectives of the initiative, evaluating whether children are a significant and relevant target of the results and activities. It is also recommended that the use of the sector codes be consistent with the use of the 'Minori' Marker in order to avoid initiatives with a main 'Minori' Marker and no sector code among those indicated or, vice versa, initiatives totally dedicated to sector codes related to minors that are reported as not targeted in the 'Minori' Marker.

Table 1

LIST OF CRS PURPOSE CODES AND VOLUNTARY BUDGET IDENTIFIER CODE			
112		Basic Education	
	11220	Primary education	Formal and non-formal primary education for children; all elementary and first cycle systematic instruction; provision of learning materials.
	11240	Early childhood education	Formal and non-formal pre-school education.
122		Basic Health	
	12240	Basic nutrition	Direct feeding programmes (maternal feeding, breastfeeding and weaning foods, child feeding, school feeding); determination of micro-nutrient deficiencies; provision of vitamin A, iodine, iron etc.; monitoring of nutritional status; nutrition and food hygiene education; household food security.
130		Population Policies/ Programmes & Reproductive Health	
	13010	Population policy and administrative management	Population/development policies; census work, vital registration; migration data; demographic research/analysis; reproductive health research; unspecified population activities.
	13020	Reproductive health care	Promotion of reproductive health; prenatal and postnatal care including delivery; prevention and treatment of infertility; prevention and management of consequences of abortion; safe motherhood activities.
152		Conflict, Peace & Security	N.B. Further notes on ODA eligibility (and exclusions) of conflict, peace and security related activities are given in paragraphs 76-81 of the Directives.
	15261	Child soldiers (prevention and demobilisation)	Technical co-operation provided to government – and assistance to civil society organisations – to support and apply legislation designed to prevent the recruitment of child soldiers, and to demobilise, disarm, reintegrate, repatriate and resettle (DDR) child soldiers.

Table 2

			LIST OF CRS PURPOSE CODES AND VOLUNTARY BUDGET IDENTIFIER CODES	
111			Education, Level Unspecified	The codes in this category are to be used only when level of education is unspecified or unknown (e.g. training of primary school teachers should be coded under 11220).
	11110		Education policy and administrative management	Education sector policy, planning and programmes; aid to education ministries, administration and management systems; institution capacity building and advice; school management and governance; curriculum and materials development; unspecified education activities.
	11120		Education facilities and training	Educational buildings, equipment, materials; subsidiary services to education (boarding facilities, staff housing); language training; colloquia, seminars, lectures, etc.
	11230		Basic life skills for youth and adults	Formal and non-formal education for basic life skills for young people and adults (adults education); literacy and numeracy training.
		11231	Basic life skills for youth	Formal and non-formal education for basic life skills for young people.
122			Basic Health	
	12220		Basic health care	Basic and primary health care programmes; paramedical and nursing care programmes; supply of drugs, medicines and vaccines related to basic health care.
130			Population Policies/ Programmes & Reproductive Health	
	13030		Family planning	Family planning services including counselling; information, education and communication (IEC) activities; delivery of contraceptives; capacity building and training.
	13040		STD control including HIV/AIDS	All activities related to sexually transmitted diseases and HIV/AIDS control e.g. information, education and communication; testing; prevention; treatment, care.
	13081		Personnel development for population and reproductive health	Education and training of health staff for population and reproductive health care services.
151			Government & Civil Society-general	N.B. Use code 51010 for general budget support.
	15130		Legal and judicial development	Support to institutions, systems and procedures of the justice sector, both formal and informal; support to ministries of justice, the interior and home affairs; judges and courts; legal drafting services; bar and lawyers associations; professional legal education; maintenance of law and order and public safety; border management; law enforcement agencies, police, prisons and their supervision; ombudsmen; alternative dispute resolution, arbitration and mediation; legal aid and counsel; traditional, indigenous and paralegal practices that fall outside the formal legal system. Measures that support the improvement of legal frameworks, constitutions, laws and regulations; legislative and constitutional drafting and review; legal reform; integration of formal and informal systems of law. Public legal education; dissemination of information on entitlements and remedies for injustice; awareness campaigns. (Use codes 152xx for activities that are primarily aimed at supporting security system reform or undertaken in connection with post-conflict and peace building activities.)

LIST OF CRS PURPOSE CODES AND VOLUNTARY BUDGET IDENTIFIER CODES		
15160	Human rights	Measures to support specialised official human rights institutions and mechanisms at universal, regional, national and local levels in their statutory roles to promote and protect civil and political, economic, social and cultural rights as defined in international conventions and covenants; translation of international human rights commitments into national legislation; reporting and follow-up; human rights dialogue. Human rights defenders and human rights NGOs; human rights advocacy, activism, mobilisation; awareness raising and public human rights education. Human rights programming targeting specific groups, e.g. children, persons with disabilities, migrants, ethnic, religious, linguistic and sexual minorities, indigenous people and those suffering from caste discrimination, victims of trafficking, victims of torture. (Use code 15230 when in the context of a peacekeeping operation and code 15180 for ending violence against women and girls.)
15180	Ending violence against women and girls	Support to programmes designed to prevent and eliminate all forms of violence against women and girls/gender-based violence. This encompasses a broad range of forms of physical, sexual and psychological violence including but not limited to: intimate partner violence (domestic violence); sexual violence; female genital mutilation/cutting (FGM/C); child, early and forced marriage; acid throwing; honour killings; and trafficking of women and girls. Prevention activities may include efforts to empower women and girls; change attitudes, norms and behaviour; adopt and enact legal reforms; and strengthen implementation of laws and policies on ending violence against women and girls, including through strengthening institutional capacity. Interventions to respond to violence against women and girls/gender-based violence may include expanding access to services including legal assistance, psychosocial counselling and health care; training personnel to respond more effectively to the needs of survivors; and ensuring investigation, prosecution and punishment of perpetrators of violence.
15190	Facilitation of orderly, safe, regular and responsible migration and mobility	Assistance to developing countries that facilitates the orderly, safe, regular and responsible migration and mobility of people. This includes:• Capacity building in migration and mobility policy, analysis, planning and management. This includes support to facilitate safe and regular migration and address irregular migration, engagement with diaspora and programmes enhancing the development impact of remittances and/or their use for developmental projects in developing countries.• Measures to improve migrant labour recruitment systems in developing countries.• Capacity building for strategy and policy development as well as legal and judicial development (including border management) in developing countries. This includes support to address and reduce vulnerabilities in migration, and strengthen the transnational response to smuggling of migrants and preventing and combating trafficking in human beings.• Support to effective strategies to ensure international protection and the right to asylum.• Support to effective strategies to ensure access to justice and assistance for displaced persons.• Assistance to migrants for their safe, dignified, informed and voluntary return to their country of origin (covers only returns from another developing country; assistance to forced returns is excluded from ODA).• Assistance to migrants for their sustainable reintegration in their country of origin (use code 93010 for pre-departure assistance provided in donor countries in the context of voluntary returns). Activities that pursue first and foremost providers' interest are excluded from ODA. Activities addressing the root causes of forced displacement and irregular migration should not be coded here, but under their relevant sector of intervention. In addition, use code 15136 for support to countries' authorities for immigration affairs and services (optional), code 24050 for programmes aiming at reducing the sending costs of remittances, code 72010 for humanitarian aspects of assistance to refugees and internally displaced persons (IDPs) such as delivery of emergency services and humanitarian protection. Use code 93010 when expenditure is for the temporary sustenance of refugees in the donor country, including for their voluntary return and for their reintegration when support is provided in a donor country in connection with the return from that donor country (i.e. pre-departure assistance), or voluntary resettlement in a third developed country.

LIST OF CRS PURPOSE CODES AND VOLUNTARY BUDGET IDENTIFIER CODES				
160			Other Social Infrastructure & Services	
	16010		Social/welfare services	Social legislation and administration; institution capacity building and advice; social security and other social schemes; special programmes for the elderly, orphans, the disabled, street children; social dimensions of structural adjustment; unspecified social infrastructure and services, including consumer protection.
		16011	Social protection and welfare services policy, planning and administration	Administration of overall social protection policies, plans, programmes and budgets including legislation, standards and statistics on social protection.
		16015	Social services (incl youth development and women+ children)	Social protection schemes in the form of cash or in-kind benefits to households with dependent children, including parental leave benefits.
	16020		Employment policy and administrative management	Employment policy and planning; labour law; labour unions; institution capacity building and advice; support programmes for unemployed; employment creation and income generation programmes; occupational safety and health; combating child labour.
	16050		Multisector aid for basic social services	Basic social services are defined to include basic education, basic health, basic nutrition, population/reproductive health and basic drinking water supply and basic sanitation.
	16064		Social mitigation of HIV/AIDS	Special programmes to address the consequences of HIV/AIDS, e.g. social, legal and economic assistance to people living with HIV/AIDS including food security and employment; support to vulnerable groups and children orphaned by HIV/AIDS; human rights of HIV/AIDS affected people.
720			Emergency Response	
	72010		Material relief assistance and services	Shelter, water, sanitation and health services, supply of medicines and other non-food relief items for the benefit of affected people and to facilitate the return to normal lives and livelihoods; assistance to refugees and internally displaced people in developing countries other than for food (72040) or protection (72050).
	72040		Emergency food aid	Food aid normally for general free distribution or special supplementary feeding programmes; short-term relief to targeted population groups affected by emergency situations. Excludes non-emergency food security assistance programmes/food aid (52010).
	72050		Relief co-ordination; protection and support services	Measures to co-ordinate delivery of humanitarian aid, including logistics and communications systems; measures to promote and protect the safety, well-being, dignity and integrity of civilians and those no longer taking part in hostilities. (Activities designed to protect the security of persons or property through the use or display of force are not reportable as ODA.)
730			Reconstruction Relief & Rehabilitation	
	73010		Reconstruction relief and rehabilitation	Short-term reconstruction work after emergency or conflict limited to restoring pre-existing infrastructure (e.g. repair or construction of roads, bridges and ports, restoration of essential facilities, such as water and sanitation, shelter, health care services); social and economic rehabilitation in the aftermath of emergencies to facilitate transition and enable populations to return to their previous livelihood or develop a new livelihood in the wake of an emergency situation (e.g. trauma counselling and treatment, employment programmes).

METHODOLOGICAL NOTE

Until the marker is adopted, all interested stakeholders can use the above-mentioned Purpose Codes and/or some keywords as search criteria to query the various available databases (the OECD Credit Reporting System and the AICS OpenAID).

AICS has selected the following keywords as having a high probability of being associated with initiatives aimed at children. The selection is the result of the textual analysis carried out on a sample of about 120 initiatives targeting minors and implemented by AICS or by its partners (CSOs, International Organisations, Local Governments, Territorial Authorities, etc.) both in the humanitarian and development sectors.

The words listed in Table 3 are those that recur most frequently in the titles and descriptions of Italian initiatives targeting children. As for the Purpose Codes, it is suggested that these keywords be used in the titles and descriptions of future initiatives in order to favour the rapid recognition of an initiative as relevant to minors and therefore the search and aggregation of data. The Italian Cooperation therefore invites the implementing agencies that will carry out initiatives with its funding to include these words as much as possible - where relevant - in the titles and descriptions, in order to facilitate the identification and classification of the initiatives.

Table 3 Keywords

LEMMA	CORRISPONDENZA	LEMMA	CORRISPONDENZA
child		abus	
school		detention	
minor	minor/minors;	abandon	
educ	education; educator/s; educate	prenatal	
family		mother	
protection		vaccination	
student		GBV	
scholastic		birth	birth/s / give birth
teacher		brestfeeding	brestfeeding; brestfeed
studies		marriages	
young		ECD	
kid		foster	
parent			
child	child; children; childcare; childbirth; childhood	schooling	
infant	childish; infant/s; childhood	vaccin	
didactic		mother	mother; mothers
malnutrition		father	
familiar		birth certificate	
maternal		birth record	
adolescence	adolescent; adolescence	diversion	
professor		bullying	
preschool		FGM	

LEMMA	CORRISPONDENZA
paediatr	paediatrics; paediatric
education	
mother	
student	
protection	
orphan	oprhan/s; orphanage
student	
newborn	
birth	
reintegration	
juvenile	
pregnancy	
pedagogic	
child	
obstetrician	
exploitation	

LEMMA	CORRISPONDENZA
registration	
newborn	
nurturing	
child	
weaning	
maras	
marriage	
birth	
nursery school	
kindergarten	
foster home	
parental	
mutilation	
give birth	
natal	natal; neonatal
premature	
re-educational	
forced	
pandilla	
reintegration	
breastfed	
restorative	
premature	
Early childhood development	
justice	

METHODOLOGICAL NOTE

6 ACRONYMS

AICS:
Italian Agency for Development Cooperation
BCG:
Bacillus Calmette–Guérin
BIA:
Best Interests Assessment
BID:
Best Interests Determination
CD:
Communicable Diseases
CEDAW:
Committee on the Elimination of Discrimination against Women
CESCR:
United Nations Committee on Economic, Social and Cultural Rights,
CRC:
Convention on the Rights of the Child
CRPD:
Convention on the Rights of Persons with Disability
DRR:
Disaster Risk Reduction
ECCE:
Early Childhood Care and Edcucation
ECD:
Early Childhood Development
ERW:
Explosive Remnants of War
GBV:
Gender Based Violence
GCED:
Global citizenship education
HRBA:
Human Rights Based Approach
IASC:
Inter-Agency Standing Committee
ICT:
Information and Communication Technologies

IEC:
Information, Education & Communication
ILFE toolkit:
Inclusive Learning Friendly Environment
ILO:
International Labour Organitazion
KAP:
Knowledge, Attitudes and Practices
KMC:
Kangaroo Mother Care
MAECI/DGCS:
Italian Ministry of Foreign Affairs and International Cooperation/ Directorate General for
Development Cooperation
mhGAP:
mental health GAP
NRC:
Nutrition Reabilitation Center
ODA:
Official development assistance
OHCHR:
Office of the United Nations High Commissioner for Human Rights
OPAC:
Optional Protocol to the Convention on the Rights of the Child on the Involvement of Children in
Armed Conflict
PHC:
Primary Health Care/Center
PMTCT:
Prevention of mother-to-child transmission
PTSD:
Post Traumatic Stress Disorder
SaD:
Support from a Distance
SDG:
Sustainable Development Goal
SFDRR:
Sendai Framework on Disaster Risk Reduction
SRHR:
Sexual and Reproductive Health Rights
TVET:
Technical and Vocational Education and Training
UHC:
Universal Health Coverage
UN:
United Nations
UNAIDS:
Joint United Nations Programme on HIV/AIDS
UNICEF:
United Nations Children's Fund
WASH:
Water Sanitation and Hygiene
WHO:
World Health Organisation

6

ACRONYMS

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8 OPERATIONAL APPENDICES

KANGAROO MOTHER CARE (KMC)

Kangaroo Mother Care (KMC) was introduced in 1978 by Edgar Rey, at the *Istituto Materno Infantile* (Institute for maternal and child health care) in Santa Fé de Bogotá, Colombia, and is now recommended by WHO as an alternative to conventional care offered to new-borns to:

- control and prevent the risk of hypothermia in premature babies (<32 weeks) and/or low birth weight (LBW);
- care for babies in facilities with a limited number of incubators;
- assist babies in a stable clinical condition, who do not present serious cardiac or respiratory diseases that occur frequently such as Respiratory Distress Syndrome.

The key feature of KMC is to create daily skin-to-skin contact - for up to two hours - between mother/dad and the baby immediately after birth, even in the case of full-term babies, until discharge from the hospital or health centre and close follow-up.

The aim is to encourage the start of breastfeeding and provide warmth by maintaining a constant body temperature. It has also been shown to improve heart and respiratory rhythm by reducing apnoea, and to provide care, secure bonding and well-being for the baby.

It requires the constant presence of the mother - to whom the advantages of the method are explained - and a longer stay in hospital, as well as further treatment at home and follow-up.

Recent studies have shown that in addition to promoting the development of babies and, consequently, their ability to adapt to life outside the womb, whether if born prematurely or simply underweight (< 2000 g), KMC:

- reduces neonatal mortality, infections and sepsis by 60%, as well as hypothermia and lower respiratory tract disorders;
- is associated with an increased weight, length, and head circumference.

The positive effects are also evident in the long term: it would appear that children sleep better, are calmer and have a better cognitive capacity than those cared for exclusively in an incubator, even years later.

Adoption of KMC and its protocol should be done through joint action by health authorities at various levels (hospital director, district, provincial and regional managers), equipped with existing structures and ensuring continuous staff training in the area of KMC and breastfeeding, and nursing and medical schools should include it in their curricula.

Activity:

In an environment with a micro climate of 22-24°, the baby is placed in a vertical position between the breasts of the naked mother in a 'kangaroo' position since it is essential to have skin to skin contact between the two. The baby is also covered with the same clothes as the mother/father and has to wear a hat.

The mother, who can be sitting or standing, is then encouraged to move and offer her breast to the newborn baby for suckling, although in some cases the baby may not feed adequately from the breast and will need to be fed from a cup or other support; this option will certainly take longer than breastfeeding but will serve to establish a strong and lasting bond with the baby.

The duration of the contact depends however on the baby's state of health and weight and on the medical protocol. In general, it is advisable not to subject the newborn to extreme changes, so it should not last less than 60 minutes, or even 120 minutes in some cases.

In any case, the approach is gradual and is decided on a case-by-case basis together with the doctor and midwife.

Constant contact will only be interrupted for nappy changing, umbilical cord hygiene and care and necessary clinical assessment.

During the day, the mother carrying a child in the KMC position can move around or engage in various recreational, educational or income-generating activities. Such activities can make her long stay in hospital more bearable.

The support and presence of a nurse and midwife is essential to assist young mothers and teach them:

- how to feed underweight/pre-term infants, explaining the position the infant should assume between and during feedings, the timing of breastfeeding and knowledge of alternative feeding methods until the latter is possible
- observe the baby and recognise danger signs/symptoms such as: altered breathing rate (in the LBW/pre-term infant the value varies between 30 and 60 breaths per minute) or apnoea, skin colour, lack of appetite and possible vomiting and increased heart rate.
  However, it often happens that the baby next to the mother relaxes and breathing and heart rate regulate spontaneously.
  Women report that during KMC they are less stressed, they develop confidence and self-esteem, a sense of satisfaction and empowerment, and feel that they can do something positive for their children.

Facilities:

Rooms should have a temperature of 22-24° and should contain two or four beds, as well as chairs for the mothers to be able to maintain an upright or semi-reclining position for rest and sleep; in this environment mothers can stay day and night and live with their children.

Sharing a room for a long period of time with other mothers encourages the exchange of information, opinions and emotions, and develops a sense of mutual support and solidarity.

Discharge and home care:

When breast-feeding proceeds regularly, with constant weight gain of the baby (weight gain of at least 15g/kg/day for at least three consecutive days) and the body temperature is stable at KMC position, in the absence of any pathology, mother and baby may return home, to be checked later by health personnel at home.

An initial home visit might be necessary to assess environmental and family conditions, ascertain that mothers have the possibility to travel for check-ups, and determine any impediments (family and social context).

Frequency of follow-up visits may vary, from daily to weekly and then monthly. Quality of follow-up determines when mother and child can be discharged from the facility.

The important thing is to make sure that the mother has learned:

- how to perform skin-to-skin contact and how long this should last if the baby has cold hands/feet or night hypothermia;
- how to dress the baby, when not in the kangaroo position, to keep the child warm at home;
- how to bathe the baby and keep the child warm afterwards;
- how to breastfeed the baby both during the day and at night;

Under these circumstances, community support groups, if present, are a fundamental resource at home (social, psychological and domestic support); mothers with previous KMC experiences can reassure other women and share their past experiences, strengthening connections and the community network.

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MALNUTRITION IN CHILDREN

Malnutrition is "*the cellular imbalance between the supply of nutrients and energy and the body's demand for them to ensure growth, maintenance, and specific functions.*" (WHO).
It therefore includes both excesses and deficiencies in the intake of necessary nutrients.
Undernutrition is therefore closely related to malnutrition as it refers to a state of insufficient nutrition over a long period of time. Lack of protein, mineral, vitamin and energy supply can therefore lead to a state of severe malnutrition and is the main risk factor for maternal mortality and for morbidity in children during the first 1000 days of life.
Food shortages can also be caused by environmental factors and by the consequences of climate change. For example, the rainy season usually coincides with the period before the harvest, during which food reserves are insufficient and travel is hampered by hydrogeological disruption caused by the rains.
In low- and middle-income countries, children living in rural areas are in fact twice as likely to be underweight than those living in urban areas.
Malnutrition is certainly linked to food insecurity, but there are also other causes such as diseases (intestinal diseases), lack of health services and community-based health care, lack of access to safe drinking water and sanitation, fragility of social security systems in the face of natural disasters (droughts, floods) or man-made crises (conflicts, migration).
There are different forms of malnutrition which can be categorised as follows:

- *Undernutrition*, which includes acute malnutrition (wasting), whether moderate (**MAM - Moderate Acute Malnutrition**), severe (**SAM - Se-vere Acute Malnutrition**) or chronic malnutrition (stunting)
- *Micronutrient-related malnutrition* (Hidden hunger)
- *Overweight*

Acute malnutrition, known as wasting, is defined as a low weight-for-height ratio (below -3 and -2 standard deviations (SD) from the WHO Standards median). It manifests itself through rapid weight loss/incapacity to gain weight, particularly in the first 1000 days of life. The most frequent symptoms are poor muscle tone with thinning of the limbs, loss of fat and visible skin folds (Marasmus syndrome).

In other cases, in children aged between 1 and 2 years, symptoms include a round face, swollen abdomen and legs (typical of nutritional oedema), dry and dark skin with stretch marks, often accompanied by other symptoms such as sluggishness and irritability, excessive crying, behavioural changes such as anxiety and attention deficit (Kwashiorkor syndrome).

Indicators for acute malnutrition include the index of nutritional status, measured in terms of weight-for-height ratio and mid upper arm circumference (MUAC).

Chronic malnutrition, known as stunting, is also characterised by growth retardation, which impairs psycho-physical development in the first 1000 days of life (height/age ratio). It often stems from the nutritional status of the mother. Women who suffered from malnutrition during childhood are more at risk of giving birth to malnourished, underweight or premature babies, with often irreversible effects on the child's development, growth and psychophysical health.

Therefore, tackling chronic malnutrition also means defining the quality of health care that starts with women of childbearing age (pregnancy, childbirth, breastfeeding and weaning), with particular attention to nutrition during pregnancy, the promotion of breastfeeding (which provides many nutrients that are often absent from low-income families' diets, as well as the transfer from mother to child of antibodies that protect the child from disease) and nutrition education for families and communities in order to promote the intake of micronutrients such as vitamin A, iron, zinc and iodine.

Hidden hunger also occurs when the mother's and child's diet lack micronutrients such as vitamins A and B, minerals, iodine, iron and zinc, which impedes normal psychophysical development.

It is caused by a number of factors such as limited availability of high-energy food (fruit, vegetables, meat and fish) or inflammatory bowel disease with symptoms such as dysentery and vomiting. A diet rich in sugar (pasta and biscuits) can also affect children's appetite for fruit and vegetables.

The effects of poor nutrition can result, in the most severe forms, in delayed neural development of the foetus, premature birth and often neonatal mortality.

In some cases, symptoms are often 'concealed', discontinuous and delayed and are accompanied by a normal body mass index (BMI), which can prevent an early diagnosis.

However, early diagnosis is crucial as nutrient deficiency can have serious consequences: iodine deficiency affects a child's ability to learn (reduced attention and vitality often confused with other diseases), low vitamin A intake is the main cause of blindness and iron deficiency can cause anaemia.

Overweight (**obesity** in its most severe form).

The number of children between the ages of 5 and 19 who are overweight is increasing exponentially worldwide. This phenomenon affects not only rich countries but also low- and middle-income countries.

Overweight in childhood can lead to metabolic (type 2 diabetes), musculoskeletal and orthopaedic disorders. The determining factors are:

- increasing caloric intake
- modern diets as opposed to traditional diets
- urbanisation
- insufficient physical activity.

Other studies suggest that changes in the habitual activity of the microbiota, i.e., an alteration in its activity during digestive processes and in the production of vitamins K and B12, which can also be traced back to an inadequate diet, are additional causes.

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NUTRITION REHABILITATION CENTRE

A Nutrition Rehabilitation Centre (NRC) is a unit situated in a health facility, usually a district hospital (paediatric ward), and dedicated to the initial management and nutritional rehabilitation of children with severe acute malnutrition (SAM).

The total and necessary number of NRCs - required to manage children under 5 years of age suffering from SAM - depends on the prevalence and expected incidence in the target territory/region/country, on the available health facilities and on accessibility to the population. The NCRs should be located in areas with a high density of children, in the provinces/districts, they should have 10-20 beds and be equipped with First Referral Units (RFU) or Community Health Centres (CHC) with 6-10 beds. They rely on the territorial network of Community Health Workers (CHWs) and caregivers.

The objectives of the centre are:

- Ensuring the clinical management of SAM
- Reducing infant mortality rates
- Promoting the restoration of normal metabolic function and nutritional balance with timely and appropriate nutrition
- Promoting breastfeeding
- Identifying the social factors that contributed to/determined severe acute malnutrition
- Improving mothers' knowledge of nutritious and energetic, culturally acceptable, locally available and low-cost foods, with practical demon-strations of meal preparation
- Promoting the physical and psychosocial growth of children suffering from malnutrition by providing sensory and emotional stimulation (play therapy)
- Adopting mechanisms for regular growth monitoring to assess the pro-gress and effect of the nutritional support
- Following up on patients discharged from the facility.

Structural features:

- Patient area with beds provided with adequate ventilation (windows with mosquito nets), repellents available;
- Play area with IEC (Information, Education & Communication) material;
- Kitchen area;
- Toilets.

NRC staff: doctors, nurses, nutrition counsellors, community workers, cooks, cleaners.

Criteria to access the facility:

- Assessment of children's clinical condition and degree of malnutrition by medical/nursing staff: Mid-upper arm circumference (MUAC) <115
- Weight-for-height Z-score (WHZ) <-3
- Bilateral pitting oedema +/++
- Presence of related signs and symptoms such as weight loss, moder-ate anaemia, dehydration and infection
- Assessment by the nutritional counsellor of the psycho-social context of reference, need to set up a nutritional training and educational pro-gramme for the family and community/caregiver
- Need to apply on site interactive methods to increase mothers' aware-ness of the importance of proper nutrition, of the adoption of hygienic rules before preparing meals and for the care of children in general.

NRC activities:

- Preparation of a nutritional table for each child with SMA
- Appetite test (food intake, 25ml/Kg)
- Monitoring of the amount and frequency of food intake during the day
- Monitoring and recording of body weight/height/length and temperature
- Monitoring of hydroelectrolyte balance
- Assessment of the effects of the nutritional support (proteins, vitamins and minerals) and the presence of adverse reactions
- Monitoring of symptoms such as vomiting, diarrhoea, hyperpyrexia (duration and frequency)
- Support and assistance to mothers in preparing meals
- On-the-job training of community workers to care for the child in the centre and at home

Children will be discharged from the NRC when:

- they have a good appetite (they eat at least 120-130 cal/kg/day),
- they continue to gain weight (at least 5g/kg/day for three consecutive days)
- no assisted feeding is required.

Community workers have to:

- monitor that mothers have consolidated the good practices learned (meal preparation, use of safe water, hygiene norms, observation and recognition of additional symptoms)
- conduct follow-up at the NRC for scheduled visits
- identify children who do not respond to home treatment so that they can be referred to the centre
- contact the NRC and provide data for referral.

The strong point of the NRC is the territorial network and the interaction between the professionals involved, especially community workers/caregivers, which provides a valid system of early diagnosis, screening and referral. The centre is therefore a bridge between the hospital (in the most serious cases of SAM) and home care.

The process described above allows, from entry into the centre until discharge, to outline the child's care profile and to acquire useful data (% weight gain, duration of hospitalisation, mortality rate) which will be sent to the central health structures for mapping the child population.

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JUVENILE JUSTICE: Italian best practices

Regulatory framework:

Italian Presidential Decree No. 448 of 22 September 1988, Provisions on criminal proceedings against juvenile offenders (*Disposizioni sul processo penale a carico di imputati minorenni*); Italian Legislative Decree No. 121 of 2018, Regulations on the execution of sentences against juvenile offenders (*Disciplina dell'esecuzione delle pene nei confronti dei condannati minorenni*).

The Italian juvenile penal system is based on a re-educational approach and on the need to protect the still-forming personality of the minor, who has the right to full psycho-social development and whose transgressive behaviour cannot be considered indicative of a completed and definitive deviant life choice.

It is therefore based on the principle of de-stigmatisation, on the rapid exit from the penal system (e.g., thanks to measures such as irrelevance of the fact and probation, granted during the trial) and the use of detention as a last resort, aiming instead at empowering minors in order to prepare them to be released and prevent them from committing further crimes.

This is the logic behind the legal institutions of the so-called 'community criminal measures' aimed at promoting the direct and immediate involvement of the community in the process of social recovery and social inclusion of the juvenile and of the 'suspended sentence and probation'.

Community criminal measures

These measures apply to children and also to so-called young adults, i.e., persons aged up to 25 years convicted of crimes committed when they were minors, and include:

a) probation in the care of social services, applicable if the prison sentence does not exceed 4 years;
b) probation with house arrest;
c) house arrest, applicable when the conditions of the previous point do not apply and the prison sentence does not exceed three years;
d) semi-freedom, which allows the minor to spend daytime outside prison for study or work activities.
e) probation in special cases.

The aim of such measures is to promote the direct and immediate involvement of the community in the process of rehabilitation and social reintegration of the juvenile, with a particular focus on restorative justice and mediation programmes with the victim, in order to foster awareness by understanding the meaning of one's crime, being aware of the suffering caused to the victim and having the opportunity to repair the damage done.

To this end, an educational intervention plan is drawn up by the Office for Juvenile Social Services (*Ufficio di Servizio Sociale per i Minorenni*, USSM), which relies on an inter-professional and inter-institutional team and on the contribution of the other juvenile services of the administration of justice and on the local social and health services. It is essential to network with the systems and actors (including the third sector) in charge of promoting the reintegration of the minor into the community, starting from the concrete and responsible involvement of the family.

The educational plan can include tools such as:

- vocational education and training courses;
- courses for active and responsible citizenship education;
- socially useful activities;
- cultural, leisure and sports activities.

The adoption, replacement and revocation of such measures is the responsibility of the **Juvenile Surveillance Court**, which decides on the basis of the results of the observation and assessment of the juvenile's personality, psychophysical health conditions, age and degree of maturity, life context and any other useful element, taking into account the proposal made by the USSM and the whole team and the educational plan in place.

The request may be submitted by the person concerned, by the person exercising parental authority in the case of minors, or by a lawyer, or it may be proposed by the Public Prosecutor's Office or by the Office for Juvenile Social Services, although it cannot be implemented ex officio.

Suspended sentence and probation

The suspended sentence and probation measure '*Probation processuale*' is a peculiarity of the Italian system because, unlike the probation measures applied in other countries, it does not require a conviction. In this sense it also differs from the Alternative Measures to Detention mentioned above. In the international classification adopted by the UN, the measure that comes closest to this type of Italian probation is 'diversion'.

When the judge orders a probation, the trial is suspended for the time during which the juvenile undergoes this 'probation', which may last up to a maximum of three years. In the event of a positive outcome of the probation, the judge declares the extinction of the offence and the acquittal of the accused child; in the event of a negative outcome, the criminal proceedings must continue.

It is important to mention that this measure can also be applied in the presence of previous convictions and for any type of offence. The assessment is based on the juvenile's personality, which suggests that recovery is possible.
This measure is also based, therefore, on the assumption that the chances of recovery and social reintegration are greater if implemented outside the prison circuit and if a programme of growth, change and social reintegration is involved.

As in the case of alternative measures, the minor is proposed an Individual Education Plan (*progetto educativo individualizzato*, PEI) drafted by the Juvenile Justice Social Services Offices, in collaboration with the educational services, agencies and institutions on the territory, taking into account the minor's personal resources, family and environmental context. In the specific case of probation, the fact that the minor accepts and agrees with the content of the plan is a prerequisite for starting the process.

The main objectives of probation are:

- helping minors to develop their own future life project, changing past behaviour and facilitating their inclusion in the community by providing concrete alternatives to deviant behaviour;
- supporting minors in the development of positive behaviours;
- supporting the development of interpersonal skills and abilities with adults and peers;
- encouraging minors to take responsibility for their actions.

The educational plan must detail the commitments relating to training, work and other educational, psychological support, recreational and voluntary activities (referred to as 'special conditions') and describe the role of the various actors involved, starting with the family.

An important element of the plan is again the dimension of restorative justice and victim-offender mediation, with directions aimed at repairing the consequences of the crime and promoting reconciliation with the victim and/or the community at large.

The request can be submitted by the person concerned, by the person exercising parental authority in the case of minors, by a lawyer, or by the Public Prosecutor's Office or the USSM. Unlike alternative measures, it can also be implemented ex officio.

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RESTORATIVE JUSTICE

The paradigm of restorative justice is worth mentioning, as it holds great potential, especially when applied to juvenile justice systems.
Contrary to retributive justice (based on the idea that the main victim of the offence is the state, which must therefore impose a sentence on the offender that serves both as a punishment and a deterrent), restorative justice focuses on the victim and the reparation of the damage.

Based on the assumption that the crime has created a conflict between the offender, the victim and the community as a whole, restorative justice mechanisms aim to find solutions to the effects of the crime, through a process of reconciliation and peaceful resolution that also serves to increase the collective sense of security. A facilitator is usually involved.

The objectives are, in fact:

- to acknowledge the victims, their suffering and needs
- to restore communication processes (between specific victim and perpe-trator) and social connections (between offender and community) inter-rupted due to the conflict generated by the crime
- to make offenders accountable and give them the opportunity to under-stand what they did and also to express their suffering
- to trigger a prevention mechanism whereby restorative actions, through the response to the need created by the damage caused by the crime, re-duce the possibility of committing new crimes.

The main tools used are:

- *Family Conferencing Circle*: meetings with all the actors involved in the crime in order to reach a shared resolution of the conflict
- *Victim-Offender Mediation*: meetings between the victim and the offender, in a process of mutual confrontation and recognition facilitated by a media-tor.
  Restorative justice mechanisms are relevant here because they are also successfully used in the educational programmes adopted in community measures as an alternative to detention.

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CHECK LIST FOR COMMUNICATION OPERATORS

It is recommended to use this tool not only for a final check of the communication product, but also as a guide to approach the work (before doing it) as early as the identification phase.

1. Respect the dignity of the persons recorded/photographed without making a spectacle of their poverty or suffering
2. Facilitate and stimulate the active participation of minors in the productions dedicated to them (e.g., by sharing in advance the multimedia project so that they can actively intervene during the production by giving their personal contribution) and share the final product
3. Use as reference the Italian Cooperation's Guidelines for Minors, the *Carta di Treviso* and the most important documents concerning the protection of minors in media representation
4. Place the child's story in a socio-political context while also trying to explain its origin and causes
5. Value the child's personality and abilities as fundamental qualities for achieving success or overcoming a difficult situation in order to foster the child's confidence in oneself and in one's ability to overcome future challenges
6. Use appropriate images and language that can be understood even by young children (under 10 years old)
7. Provide positive examples of the adult-child relationship
8. Present the critical issues of the crisis context without focusing on one child in particular, but instead giving the child a leading role in a success story
9. Avoid gender, age, ethnic and religious stereotypes by including everyone, without marginalising those considered 'different' (e.g., albinos or disabled)
10. Pixelate/blur faces (making them unrecognisable) when there are doubts about whether certain images should be disseminated.

In general, the following points can be considered transversal:

a) Explain the usefulness of the project being reported and how it has changed people's lives
b) Explicitly point out the bodies financing and implementing the project
c) Specify in the credits the name of the person who, working with minors, was responsible (or takes responsibility) for their representation (e.g., author, director, etc.).

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8

Guidelines on Childhood and Adolescence and the 2030 Agenda: interlinkages and areas of intervention

The Sustainable Development Goals (SDGs) cover different domains of analysis - social, economic, environmental and institutional - and consider integration, universality and participation as driving forces. In order to facilitate the analysis of the Istat SDGs Information System, it is useful to adopt an approach that takes into account the links and interactions between objectives (Goals), sub-goals (Targets) and statistical indicators, explicitly identifying the 'interlinkages' between the relative statistical measures and thus constructing possible relative 'mappings' dedicated to specific thematic domains.

Statistical systems, such as the current ISTAT SDGs statistical platform, can also be used to study specific phenomena through the analysis of the links between indicators and themes, sub-themes and areas of intervention, thus becoming useful for monitoring and making choices on the synergic actions to be developed, for defining priorities, identifying trade-offs and relevant aspects to be monitored, contributing to an overall improvement in the coherence of the policies implemented.

The analyses related to interlinkages have three main purposes. The first purpose is to make complex statistical information more usable through the integrated analysis of social, economic and environmental dimensions and their interrelationships, by explicitly addressing, for example, development cooperation, or aspects related to transversal issues such as gender or citizenship inequalities or child-related issues as in this case.

The second is to facilitate the production of statistical information, aimed at filling information gaps, in identifying the most appropriate or relevant proxy indicators.

The third purpose suggests to use the identified links to facilitate the use of statistical measures for monitoring, including cross-monitoring, of sustainable development objectives in support of policies.

The work to integrate the 2030 Agenda, its 17 Goals, 169 Targets and 243 Indicators with the present Guidelines is both necessary and important, and can suggest some new routes, objectives and interrelationships for the areas of intervention defined in the document[63] (Figure 1).

The Child Protection area of intervention is connected to the 2030 Agenda through 49 interlinkages with 9 Goals. Child Protection is closely linked to Goal 1 (No Poverty) and Goal 16 (Peace, Justice and Strong Institutions); moreover, the issues of early marriage and violence against girls and young women are monitored by the indicators of Goal 5 (Gender Equality); labour exploitation is covered by Goal 8 (Decent Work and Economic Growth).

The Health area of intervention (which is connected to the 2030 Agenda through 14 interlinkages with 6 Goals) is linked to indicators under Goal 3 (Good Health and Well Being), Goal 2 (Zero Hunger) and Goal 11 (Sustainable Cities and Communities).

The Education area of intervention (17 interlinkages with 6 Goals) is found in Goal 4 which focuses on the education and training system, with connections to Goals 1, 5, 8, 9 and 11.

The Early Childhood Development area of intervention (18 interlinkages with 8 Goals) is largely represented by Goal 1 on Poverty and Goal 3 on Health, which are essential aspects for a healthy and equitable development of the child.

The system of integration between the Guidelines and the SDG framework, which is also useful for representing the connections between the various fields, is therefore well developed, widely interconnected (several goals relate to several areas of intervention and vice versa), and suitable for monitoring policies.

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[63] *Please refer to the individual chapters for the specific interconnections between the indicators and the areas of intervention.*

Figure 1 - Interlinkages between the areas of intervention of the Guidelines and the SDG framework
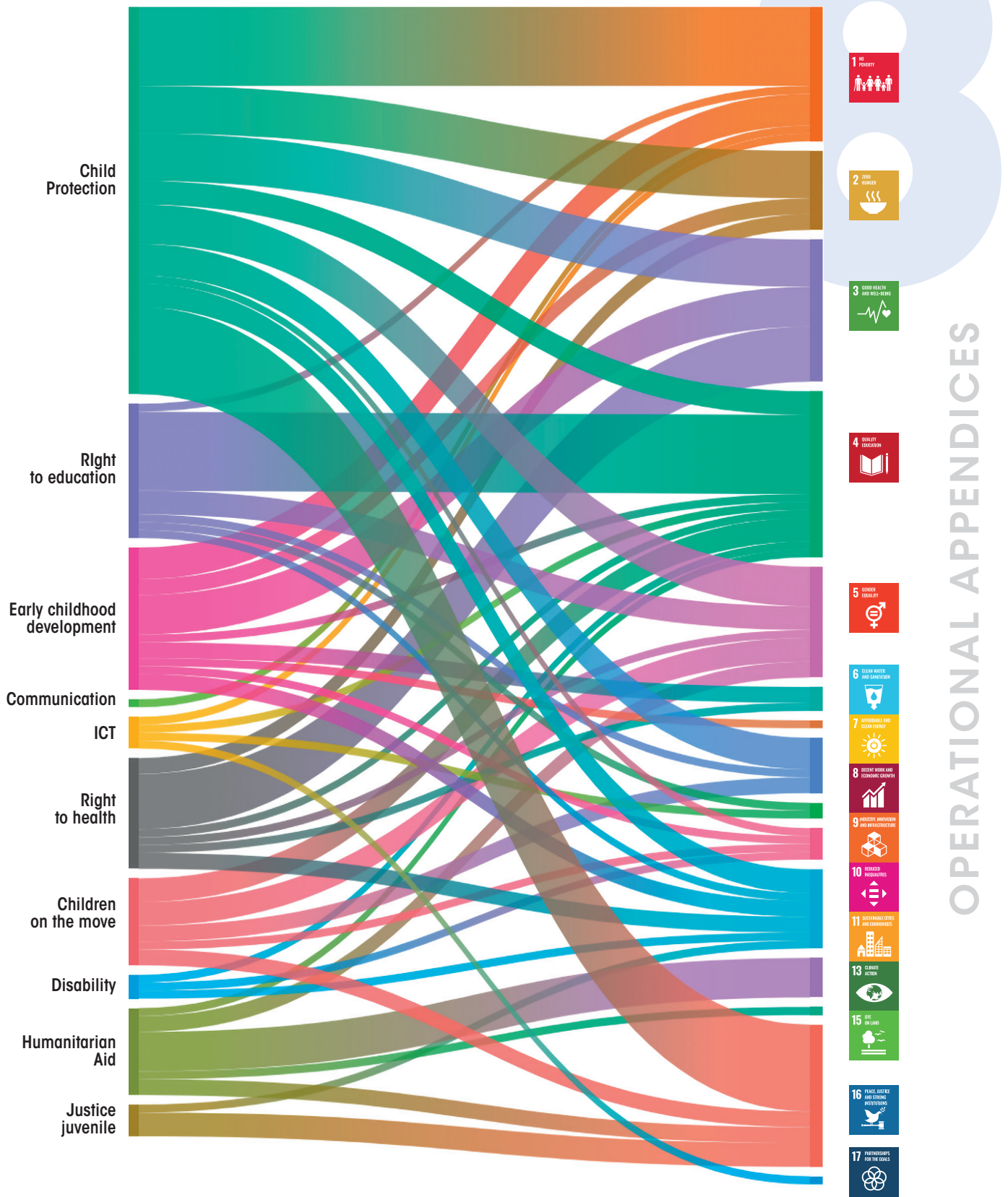
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