

POLICY BRIEF

FEMALE GENITAL MUTILATION: FROM LAW TO PRACTICE

Twenty years after Law 7/2006: State of play and future perspectives

International Day of Zero Tolerance for Female Genital Mutilation

6 February 2026

SUMMARY

Female genital mutilation (FGM) is a serious form of gender-based violence and a violation of human rights that also affects Italy, where thousands of women living with FGM and girls and young women at risk reside. Nearly twenty years after the entry into force of **Law 7/2006**, *“Provisions concerning the prevention and prohibition of practices of female genital mutilation,”* the **implementation** of the measures provided for remains **limited and uneven**. There is a **shortage of actions actually carried out** in relation to the statutory obligations, despite annual funds being regularly allocated among the competent ministries. This situation is compounded by **serious shortcomings in transparency**, which restrict access to complete and systematic information on the use of resources and on the implementation of the actions envisaged by the law. When actions are activated, they **mainly focus on training and awareness-raising initiatives, without developing into a structured system for prevention, identification, and survivor-centred referral and support**. The analysis of the activities of the **Department for Equal Opportunities**, the **Ministry of Health**, the **Ministry of the Interior**, and the **Ministry of Foreign Affairs and International Cooperation** — each assigned specific responsibilities on FGM under the law — also highlights a **structural weakness in coordination and in the systematic integration with the national anti-violence system**. In this context, the **intervention chain model** developed by ActionAid in Milan and Rome represents a **concrete response to the limits of the current institutional framework**, strengthening early identification, referral, and case management through a multi-agency network. This policy brief presents that experience and includes **policy recommendations addressed to the competent institutions** to make the response to FGM coordinated, structural, and genuinely accessible throughout the national territory.

INTRODUCTION

Female genital mutilation is internationally recognised as a **serious violation of human rights** and a **form of gender-based violence** that permanently affects women and girls. Although often associated with non-European contexts, FGM also concerns Italy, where women who have already undergone the practice live alongside girls and young women who are at risk of being subjected to it.

Since 2006, Italy has had **Law 7/2006**, *“Provisions concerning the prevention and prohibition of practices of female genital mutilation,”* which complements the criminal ban with measures on prevention, training, protection, and international cooperation. Nearly twenty years after its entry into force, however, it is **necessary to assess how the law has been implemented**, which tools have actually been put in place, and how the institutional response can be strengthened. This policy brief

analyses the implementation of the law and, drawing on the experience of the **intervention chain model** developed by ActionAid in Milan and Rome, identifies critical issues and opportunities for strengthening the response in order to ensure effective and coordinated protection for girls and women at risk of or living with FGM.

DEFINITION AND PREVALENCE

The term female genital mutilation refers to “**all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons**”¹ These practices encompass a range of procedures that are often difficult to distinguish from one another and vary according to national and local contexts. Traditionally carried out by cutters and traditional midwives, in some countries there has been a growing involvement of healthcare personnel, despite legal prohibitions. The medicalisation of the practice, while reducing some immediate health risks, does not lessen its harmful and violent nature.

Although they take different forms and carry different meanings depending on social and cultural contexts, FGM is rooted in **discriminatory gender norms and structural socio-economic factors**. In many communities, it is perceived as a prerequisite for social inclusion, marriage, and adherence to ideals of purity, femininity, and control over sexuality. Justifications based on tradition, religion, or alleged hygienic benefits have no scientific or religious basis and contribute to legitimising a practice aimed at **controlling the bodies and social roles of women and girls**. FGM can cause **severe and long-lasting consequences** for physical and mental health, with immediate and long-term complications including gynecological, obstetric, sexual, and psychological problems, as well as increased risks during childbirth. The practice undermines bodily autonomy, limits participation in social life, and violates the rights to sexual and reproductive health. **Global health costs** associated with FGM are estimated at **around USD 1.4 billion per year** and are expected to rise in the absence of effective interventions². In many contexts, FGM is also closely **interconnected with early and forced marriage**.

According to UNICEF, **more than 230 million girls and women worldwide** have undergone a form of FGM, and around **4 million** are at risk of being

TYPES OF FGM

The World Health Organization distinguishes four types:

Type 1 (Clitoridectomy): partial or total removal of the clitoral glans and/or the prepuce/clitoral hood;

Type 2 (Excision): partial or total removal of the clitoral glans and the labia minora, with or without removal of the labia majora;

Type 3 (Infibulation): narrowing of the vaginal opening through the creation of a covering seal. The seal is formed by cutting and repositioning the labia minora, or labia majora, sometimes through stitching, with or without removal of the clitoral prepuce/clitoral hood and glans;

Type 4: All other harmful procedures to the female genitalia for non-medical purposes, e.g., pricking, piercing, incising, scraping and cauterizing the genital area.

Source: WHO, 2025

subjected to it each year before the age of 15³. The practice has been documented in **at least 94 countries** and affects **all continents**, with **higher prevalence** in **Central Africa** and in some areas of the **Middle East and Asia**⁴. The highest prevalence rates (over 80%) are recorded in **Somalia, Guinea, Djibouti, Sierra Leone, Mali, Egypt, Sudan, and Eritrea**. In **Europe**, it is estimated that **over 600,000 women** are living with FGM and **190,000 girls** are **at risk across 17 countries**⁵. In addition, according to UNHCR, in 2017 **more than 24,000 women and girls** may have already undergone FGM at the time of their **asylum application**⁶. According to the most recent estimates produced by the University of Milan–Bicocca, as of 1 January 2023 approximately **88,500 women and girls over the age of 15** in **Italy** are estimated to have undergone FGM, **98%** of whom were **born abroad**⁷. Prevalence is higher among older age groups and decreases progressively among younger generations. The numerically most represented **communities** are **Egyptian, Nigerian, and Ethiopian**, while the highest prevalence rates are found among women of Somali, Sudanese, and Guinean origin. **Girls under the age of 15** who are potentially **at risk** are estimated at around **16,000**, of whom 9,000 were born in Italy and belong to the so-called “**new**” generation.

LEGAL FRAMEWORK

FGM is recognised at international and European level as **a serious form of gender-based violence and a violation of human rights**, particularly the rights of women, girls, and adolescents. At European level, the main legal instruments for prevention, prosecution, and the protection of those affected are *the Council of Europe Convention on preventing and combating violence against women and domestic violence* (so-called Istanbul Convention, 2011, Article 38) and *Directive (EU) 2024/1385* of the European Parliament and of the Council on combating violence against women and domestic violence (Articles 3, 27, and 34). In Italy, *Law No. 7/2006*, “Provisions concerning the prevention and prohibition of practices of female genital mutilation,” introduced Articles 583-bis and 583-ter into the Criminal Code. These provisions establish ex officio prosecution, the extraterritorial application of the offence, and a system of sanctions including imprisonment from four to twelve years, with aggravated penalties in cases involving minors or profit motives, as well as disqualification from the medical profession and sanctions for the entities involved. The law also provides for a set of prevention, information, and training measures, coordinated by the Department for Equal Opportunities in collaboration with the relevant ministries and the State–Regions Conference, as outlined below.

FROM LAW TO PRACTICE IN ITALY

In Italy, there is **no publicly available system of periodic data on the implementation of the measures provided for by Law No. 7/2006**, despite the annual allocation of resources to the competent administrations through the State budget laws. In order to reconstruct the landscape of interventions carried out, ActionAid made use of the **general civic access** (Italy’s transparency mechanism under Legislative Decree 33/2013, Art. 5), requesting information from the relevant ministries on the activities undertaken from the entry into force of the law up to 2025. The **information received⁸** is **fragmented** and **uneven**, as it does not cover the entire period considered and, in some cases, provides only partial or insufficiently detailed data. The **following sections** therefore reconstruct the **actions reported by the institutions contacted**, which are required to account for the implementation of the obligations set out in the current legal framework.

ARTICLE 2 – PROMOTION AND COORDINATION ACTIVITIES

The **Department for Equal Opportunities promotes and coordinates the activities of the competent ministries** for the **prevention of FGM, assistance to victims, and the eradication of the practice**. To this end, it **collects and analyses data and information at national and international level on the actions undertaken and strategies adopted to combat FGM**.

Law No. 7/2006 assigns the **Department for Equal Opportunities (DEO) a central role in guiding and coordinating** policies for the prevention of and response to FGM, as well as assistance to girls and women who have undergone or are at risk of undergoing female genital mutilation. This role is primarily carried out **through the Observatory on Violence against Women and Domestic Violence**, established in 2022, which represents the main institutional coordination platform on the issue. Chaired by the President of the Council of Ministers or by the Authority delegated for equal opportunities, the Observatory brings together representatives of **central government administrations, regions and local authorities, the research and statistical community, trade unions, employers’ associations, and civil society⁹**. Its members include, among others, the ministries responsible for the implementation of Law No. 7/2006, in particular the Ministry of the Interior, the Ministry of Health, and the Ministry of Foreign Affairs and International Cooperation. These ministries are also required to coordinate with the Ministry of Education and Merit, the Ministry of Research, the Ministry of Labour and Social Policies, and the Permanent Conference for Relations between the State, the Regions, and the Autonomous Provinces.

In the most recent framework, in line with the previous 2021–2023 plan, the DEO has included FGM in the **National Strategic Plan against Violence against Women and Domestic Violence 2025–2027**, adopted on 16 September 2025. FGM is recognised as a particularly hidden form of violence affecting women and girls experiencing multiple forms of discrimination, especially migrants and asylum seekers. The Plan highlights the need to strengthen actions for identification, prevention, and survivor-centred support, involving a wide range of actors, including schools, social and health services, law enforcement agencies, and the judiciary. Specifically, FGM is mentioned under **Priority 1.4**, “Activating actions for the identification and response to violence

against women experiencing multiple discrimination, migrant women, asylum seekers and refugees, women with disabilities, and older women, in settings at higher risk,” within the Prevention pillar of the **Operational Framework of the Anti-Violence Plan**. Under this priority, the following actions are envisaged:

- » **A study on FGM in Italy**, including through the involvement of organisations and associations working in the field;
- » **An integrated communication plan**, differentiated by target groups, content, and tools;
- » **Accredited training pathways under the Continuing Medical Education system**, targeting healthcare and social service professionals who come into contact with girls and women who have undergone or are at risk of undergoing FGM.

The implementation of these activities was entrusted in July 2025 to the **Catholic University of the Sacred Heart**, with a total allocation of **EUR 114,900** and a planned duration of **24 months**. In its reply provided in December 2025, the DEO also indicated that the adoption of the measures required for the allocation of **EUR 500,000 to the Regions** is underway. These funds are intended for initiatives on the prevention of, assistance to, and eradication of FGM; however, no detailed information was provided on the state of progress or on how the resources will be used.

With regard to the overall use of **funds** under Law No. 7/2006, the accompanying reports to the financial statements of the Presidency of the Council of Ministers **from 2011 to 2025** were reviewed. This reconstruction shows that, out of a total allocation of **EUR 14,596,434**, **EUR 9,120,921 remained unspent**. In particular, for the years **2014, 2020, 2021, 2022, and 2023**, **no commitments or payments were recorded**, or **only generic notes on future programming are available**, without any indication of the activities carried out or the beneficiaries reached. Even in cases where funds were transferred to the Regions or contracts were awarded to third parties, **no information is available on the monitoring of interventions or on the results achieved**. Among the **few actions** that are clearly **traceable** and have been publicly communicated are the adoption of the *Linee guida per il riconoscimento precoce delle vittime di mutilazioni genitali femminili o altre pratiche dannose* (tr. *Guidelines for the early identification of victims of female genital mutilation or other harmful practices*, 2018), targeting staff working in reception centres for asylum seekers, and the *survey on FGM in Italy* conducted by the University of Milan–Bicocca (2019).

Overall, the DEO’s action appears to be focused primarily on the strategic and planning dimension, albeit in a non-continuous manner, without a corresponding level of transparency regarding the concrete implementation of the measures provided for by Law No. 7/2006. The lack of systematic data on the use of resources, activities carried out, and results achieved limits the ability to assess the effective fulfilment of the coordination, monitoring, and steering responsibilities assigned to the Department, and points to the **need for a decisive strengthening of transparency and accountability mechanisms**.

ARTICLE 3 – INFORMATION CAMPAIGNS

The **Department for Equal Opportunities**, in coordination with the competent ministries and the State-Regions Conference, develops programmes for the prevention of and response to FGM. These programmes include **information campaigns targeting migrants at Italian consulates during the visa issuance process and upon arrival at national borders; awareness-raising initiatives with communities and civil society; information courses for infibulated pregnant women; training for teachers; and the promotion of monitoring of known cases** within health and social services.

The **DEO did not provide any information** regarding the implementation of the measures set out in this article. As a result, it is **not possible to verify** whether, from the entry into force of the provision to date, **the envisaged information campaigns have actually been carried out**, either at Italian consulates in countries of origin or upon entry at Italian borders.

ARTICLE 4 – TRAINING OF HEALTHCARE PERSONNEL

The **Ministry of Health**, in coordination with the competent ministries and the State-Regions Conference, adopts **national guidelines for the training of healthcare personnel and other professional figures working with migrant communities from countries where FGM is practised**. The guidelines aim to strengthen **prevention, assistance, and support activities** for women and girls who have already undergone the practice.

The **Ministry of Health** is responsible for the adoption of national guidelines and for funding training activities for healthcare personnel, as well as information and prevention initiatives targeting the communities concerned. The [guidelines](#), adopted by Ministerial Decree of 17 December **2007**, constitute the **main reference framework** for the implementation of the measures provided for by the law at territorial level, while the law assigns a central role to the **Regions and Autonomous Provinces** in the **implementation of activities**, through resources transferred annually by the Ministry

According to the **mapping** carried out by the Ministry, in the most recent monitoring period (**2018–2022**) the majority of the **Regions** that responded reported having implemented activities **mainly** of a **training** nature. **Training and refresher courses for healthcare and socio-healthcare personnel** in fact represent the most common type of intervention, delivered through different modalities, including in-person courses and distance learning. Alongside limited or time-bound initiatives, some Regions reported more structured and continuous interventions. Among these, **Friuli Venezia-Giulia** reported eight training courses between 2018 and 2022; **Tuscany** activated FGM-specific training content on its regional platform; **Piedmont** integrated healthcare training with activities in schools and universities; and in **Umbria** training was complemented by case support interventions, action-research activities, and interdisciplinary workshops, involving a total of 114 professionals. In other contexts, more articulated prevention and referral actions emerged: in **Lazio**, dedicated obstetric and anthropological support services and training pathways for healthcare, social service staff, and linguistic-cultural mediators were activated; in **Emilia-Romagna**, efforts focused on system-level interventions, such as updating regional information tools and strengthening diagnostic equipment; and in **Veneto**, training was complemented by an active communication plan and a regional project involving 545 participants. According to the information provided, school-based activities were carried out in Friuli Venezia Giulia, Lazio, Liguria, the Autonomous Province of Trento, and Veneto. Overall, the picture reveals marked **territorial heterogeneity**, with some Regions reporting a wide range of interventions and others indicating activities that were limited in time or absent altogether: in **Basilicata**, actions were confined to the period 2017–2019, while **Molise** and the **Autonomous Province of Bolzano** reported no initiatives. In addition, the **Ministry of Health** included a **training module** specifically dedicated to FGM within a distance learning programme for emergency department personnel.

^WWith regard to **funding**, **between 2005 and 2025** the Ministry of Health transferred more than **EUR 18.3 million** to the Regions and Autonomous Provinces. Resources are allocated on the basis of a mixed criterion, whereby 70% of the funds are distributed according to the resident population and 30% according to the number of immigrant women holding a residence permit from countries where FGM is practised. Overall, Lombardy is the Region that has received the highest amount of funding, despite not having provided information on the activities carried out; it is followed by Veneto, Emilia-Romagna, and Lazio, while Molise and Valle d'Aosta are among the territories with the lowest levels of funding. The amount of resources allocated does not always appear to be proportionate to the type, continuity, and intensity of the activities reported.

Overall, the action of the Ministry of Health is based on a strongly decentralised approach, which entrusts the Regions with the implementation of the measures provided for by Law No. 7/2006 and results in a **heterogeneous landscape in terms of the type, structure, and timing of interventions**. The **absence of homogeneous, comparable, and systematic data** on trained personnel, people reached, territorial coverage, implementation periods, as well as on the use of resources, the activities actually carried out, and the results achieved, **limits the ability to assess the overall impact of the measures adopted** and the contribution of healthcare training to the prevention, identification, and referral of FGM cases. In this context, the combination of territorial disparities and shortcomings in monitoring and accountability risks translating into **unequal access to protection and services for girls and women living with or at risk of FGM**, highlighting the **need for a structural strengthening of coordination, monitoring, and transparency**.

ARTICLE 5 – ESTABLISHMENT OF A TOLL-FREE HELPLINE

The **Ministry of Interior** establishes a **national toll-free helpline** for the **collection of reports** relating to cases of FGM on Italian territory and for the **provision of information** on “volunteer organisations” and healthcare facilities working with **migrant communities from countries where the practice is widespread**.

In implementation of Law No. 7/2006, the **Ministry of the Interior** activated the **national FGM toll-free helpline (800.300558)** in November 2009, with the aim of promoting the identification of cases of female genital mutilation and directing individuals to

support services. In **sixteen years** of operation, the helpline has recorded **228 calls**. The vast majority of contacts were informational in nature: **211 calls** consisted of requests for information, while only **10 reports** were forwarded to the Mobile Squads for further investigative follow-up. Of these, **9 reports** were found to **relate to cases of FGM**, while one concerned a situation not directly linked to the practice.

The data also show a **marked temporal discontinuity**. In the period **2009–2017**, **206 calls** were recorded, with **only two reports**. In the subsequent three-year period **2017–2019**, **no calls were received**. In the two-year period **2020–2021**, **13 calls** were recorded, including **four reports**, while in **2022–2023** the number of calls dropped to **three**, with only **one report** relating to two cases of FGM undergone in the country of origin. In the most recent period **2024–2025**, **six calls** were recorded, **four** of which were **reports**. A particularly critical issue concerns the **lack of information on the follow-up of reports**. For the nine cases attributable to FGM, no data were made available on the outcomes of the reports, any proceedings initiated, or the protection measures activated. This lack of information prevents an assessment of the helpline's actual capacity to produce concrete effects in terms of victim protection.

From a resource perspective, in the period **2009–2025** a total of **EUR 4,967,308** was **allocated** for the operation of the toll-free helpline¹⁰. However, based on the State Financial Statements¹¹, **EUR 3,686,513** appears to have remained **unspent**, highlighting a significant gap between allocated resources and

actual expenditure. In the **absence of systematic information on the outcomes of reports and on the overall impact of the tool**, this imbalance raises significant questions regarding the efficiency and effectiveness of the use of public resources allocated to combating FGM.

Overall, the FGM toll-free **helpline** appears to have served primarily a **very limited informational function**, without constituting an effective tool for the systematic identification of the phenomenon. The complete absence of reports in the period 2017–2019, the very limited number of cases reported overall, the lack of follow-up, and the high average cost per contact highlight the **need for a structural rethinking of the tool in terms of its purpose and monitoring**. In light of this evidence, a **critical issue** also emerges with regard to the **coherence of the institutional response system**. Since female genital mutilation constitutes a form of gender-based violence, the current positioning of the **FGM helpline** as a stand-alone tool appears **poorly integrated with the national anti-violence system**. In this respect, it **would be more coherent to integrate 800.300558 into the 1522 helpline**, which operates 24 hours a day, 365 days a year, and provides multilingual assistance via landline, mobile phone, web, and a dedicated app through specialised operators. The 1522 helpline is already structured to refer women to anti-violence centres and other competent services at local level. Such integration would strengthen service accessibility, improve case management, and overcome the fragmentation of support tools.

TABLE 1. **FGM Toll-Free Helpline: Allocated resources and use (2009–2025)**

Period	Allocated funds (€)	Unspent funds	Calls received	Referral to the criminal investigation units
2009–2016	2,530,576	1,745,030	206	2
2017–2019	1,009,260	843,868	0	0
2020–2021	679,690	632,912	13	4
2022–2023	481,387	383,611	3	1
2024–2025	266,395	81,090*	6	4
Total	4,967,308	3,686,513	228	11

Source: ActionAid Italy's own elaboration based on data on calls and reports provided by the Ministry of the Interior (2025), and on allocations and use of financial resources for the relevant years as provided for by the State Budget Laws and the corresponding State Financial Statements.

*The amount refers only to the year 2024, as the State Financial Statement for 2025 is not yet available.

ARTICLE 7 – PROGRAMMI DI COOPERAZIONE INTERNAZIONALE

The **Ministry of Foreign Affairs**, within the framework of development **cooperation programmes** and in particular those aimed at **promoting women's rights**, supports – by agreement with the governments of the countries concerned – **training and information initiatives** to discourage FGM, as well as the **establishment of anti-violence centres** intended to provide shelter for girls and women who seek to escape the practice or to protect minors, without new or additional costs to the State.

In implementation of Article 7 of Law No. 7/2006, the **Ministry of Foreign Affairs and International Cooperation** (MAECI) has focused its action on development cooperation, supporting **multilateral and bilateral initiatives** aimed at the **prevention and elimination of FGM** and, more broadly, at the **promotion of the rights of women and girls** in countries where the practice is still widespread. Since 2008, Italy has made a continuous contribution to the **UNFPA–UNICEF Joint Programme on the Elimination of FGM**, with a total financial commitment of **EUR 31.8 million up to 2025**. According to information reported by MAECI, the funded interventions have produced significant results in terms of coverage and scale, including the **protection of 1,137,740 girls aged 0–14** from the risk of FGM; **access to FGM-related prevention and protection services** for nearly 7 million girls and women; the engagement of **two million women and girls** in **community dialogue processes** on the elimination of the practice; and outreach to **250 million people** through **media awareness-raising campaigns**. In the period **2018–2023**, Italian Cooperation funded **111 projects addressing violence against women and girls** that included **specific actions for the prevention of and response to FGM**, alongside **broader interventions** aimed at promoting and protecting the rights of women and girls in countries where such practices remain prevalent. These projects were implemented in **25 countries classified as being at risk of FGM**, including Benin, Burkina Faso, the Central African Republic, Chad, Côte d'Ivoire, Egypt, Ethiopia, The Gambia, Ghana, Guinea, Guinea-Bissau, Indonesia, Iraq, Kenya, Mali, Mauritania, Niger, Nigeria, Senegal, Sierra Leone, Somalia, Sudan, Togo, Tanzania, and Yemen. Overall, the **resources allocated** to these interventions amount to **USD 49,564,702**. For **2024**, MAECI also provided the **partial data available**, relating to support for **14 projects**, indicating the level of funding for **10 of**

them, amounting to **EUR 5,209,000**. With regard to the period prior to **2018**, references were provided for **four projects** funded in Egypt and Senegal, noting the impossibility of supplying an exhaustive list.

Despite the **significant financial commitment** and the **wide range of initiatives**, several critical issues emerge that limit the ability to fully assess MAECI's compliance with the obligations set out in the law. The Ministry's action appears to be primarily oriented towards broad programmes on gender-based violence and women's rights, within which **FGM is often included but not always addressed as a specific and priority objective**, making it **difficult to measure interventions** that are genuinely aimed at **reducing the practice and their impact**. The available documentation also highlights **limitations in the historical traceability of data**, particularly for projects implemented prior to 2014, due to partial archives and changes in management systems, resulting in difficulties in reconstructing the continuity of action over time. Finally, although aggregated data on allocated resources and reported results are provided, there is a **lack of impact indicators, FGM-specific monitoring mechanisms, and structured coordination with the national prevention and protection policies** provided for by Law No. 7/2006. Overall, MAECI's action appears significant in terms of financial commitment and international presence, but weak in terms of direct alignment with the legal obligations and in the evaluation of the effectiveness of interventions specifically aimed at eliminating FGM.

THE INTERVENTION CHAIN MODEL

In light of the framework outlined above, it emerges that in Italy the **prevention** of female genital mutilation and the **protection** of girls and women who have undergone the practice are **not part of a structured and coordinated intervention system**. **Awareness-raising activities** are **very sporadic** and carried out by a limited number of specialised actors, while healthcare, social, and psychological **support** is **generally activated indirectly**, following access to services for other reasons, such as a gynaecological visit, childbirth, or a request for help in situations of domestic violence. This is compounded by often **partial or insufficient knowledge of FGM** as a **specific form of gender-based violence, as well as** of the available services and support pathways, which limits the early identification of cases and delays their referral and care.

To address these critical issues, starting in **2020** **ActionAid Italy**, together with local stakeholders, developed an **intervention chain model** in the cities

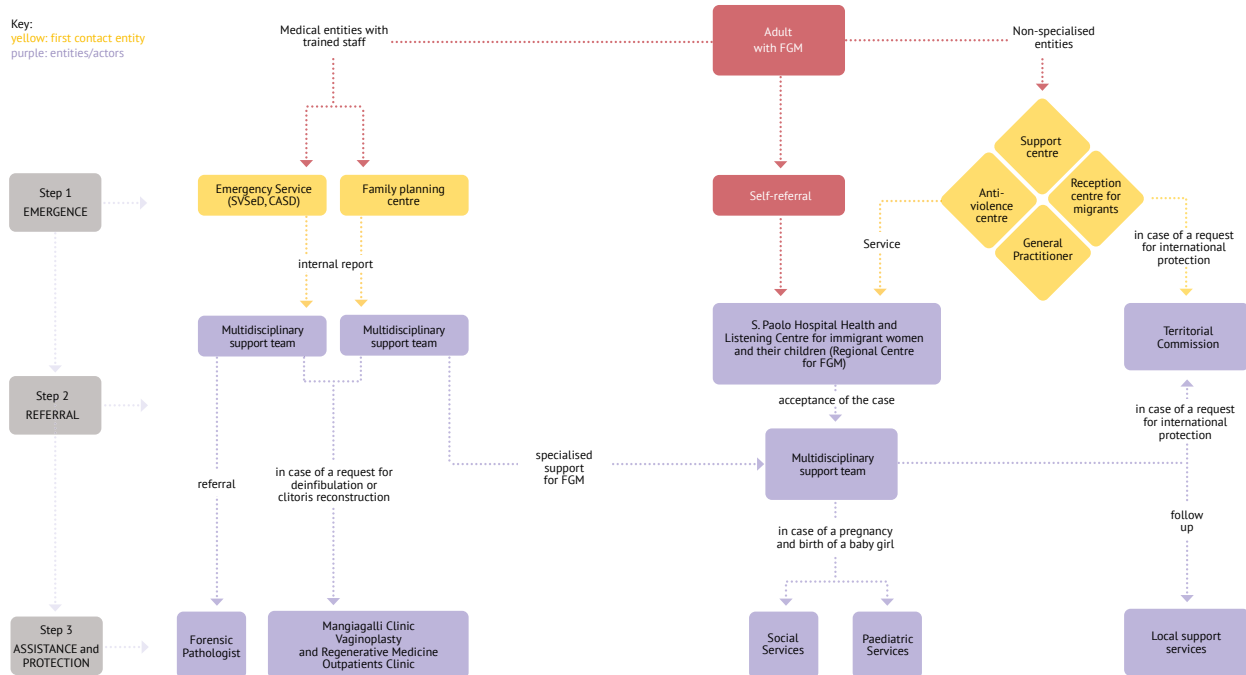
of Milan (Figures 1 and 3) and Rome (Figures 2 and 4), aimed at **strengthening the prevention, identification, referral, and case management of potential or confirmed cases of FGM**. The model is based on **structured cooperation among actors from different sectors** – social services, healthcare facilities, schools, law enforcement agencies, the judiciary, Territorial Commissions for the recognition of international protection, and third-sector organisations – through **shared standard operating procedures**, to be formalised through a protocol. The intervention chain thus enables the creation of a **multi-agency and multi-sectoral territorial network**, in which distinct but complementary competencies and mandates are integrated to ensure a **coordinated, timely, and effective response** to cases of FGM, as well as to other related harmful practices, such as early and forced marriage. The model is articulated into a **narrative component**, which defines the

roles and responsibilities of the actors involved, and **operational flowcharts** that visualise the steps to be activated across the **three phases of intervention** – identification, referral, and case management – distinguishing between cases involving **minors** and those concerning **adult women**, as outlined below.

Several years after the definition of the **intervention chain model**, ActionAid Italy initiated a **reflection on its practical functioning** and the degree of its use in local contexts. To this end, **12 interviews** were conducted **with professionals** from various sectors, including three Community Trainers¹², who took part in the **co-design of the intervention chain** in Milan and Rome¹³. The following section presents **their assessments** of the experience gained, together with insights and proposals for future developments.

FIGURE 1.

Intervention chain model for the city of Milan to be activated in cases involving women with FGM



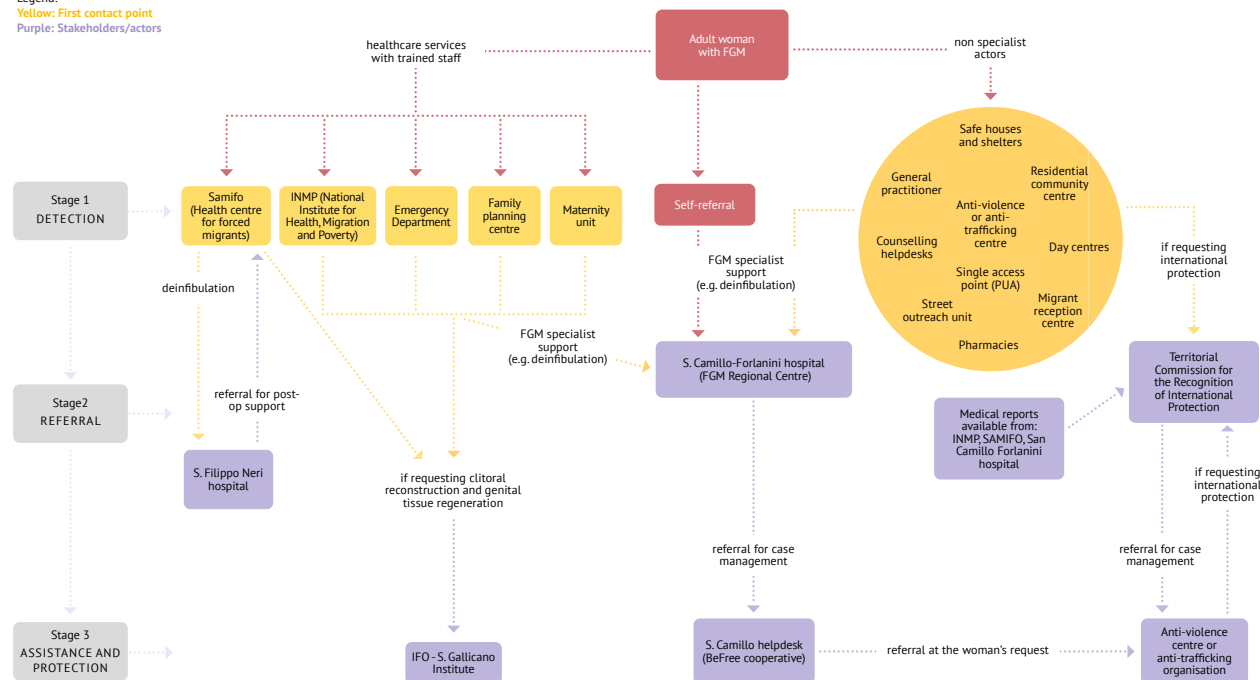
Source: ActionAid, CHAIN. *Mutilazioni Genitali Femminili e Matrimoni Precoci e Forzati. Un modello di intervento multi-agenzia per la città di Milano, 2024*

FIGURE 2.

Intervention chain model for the city of Rome to be activated in cases involving women with FGM

Legend:

Yellow: First contact point
Purple: Stakeholders/actors



Source: ActionAid, JOIN OUR CHAIN. Mutilazioni genitali femminili e matrimoni precoci e forzati. Un modello di intervento multi-agenzia per la città di Roma, 2024.

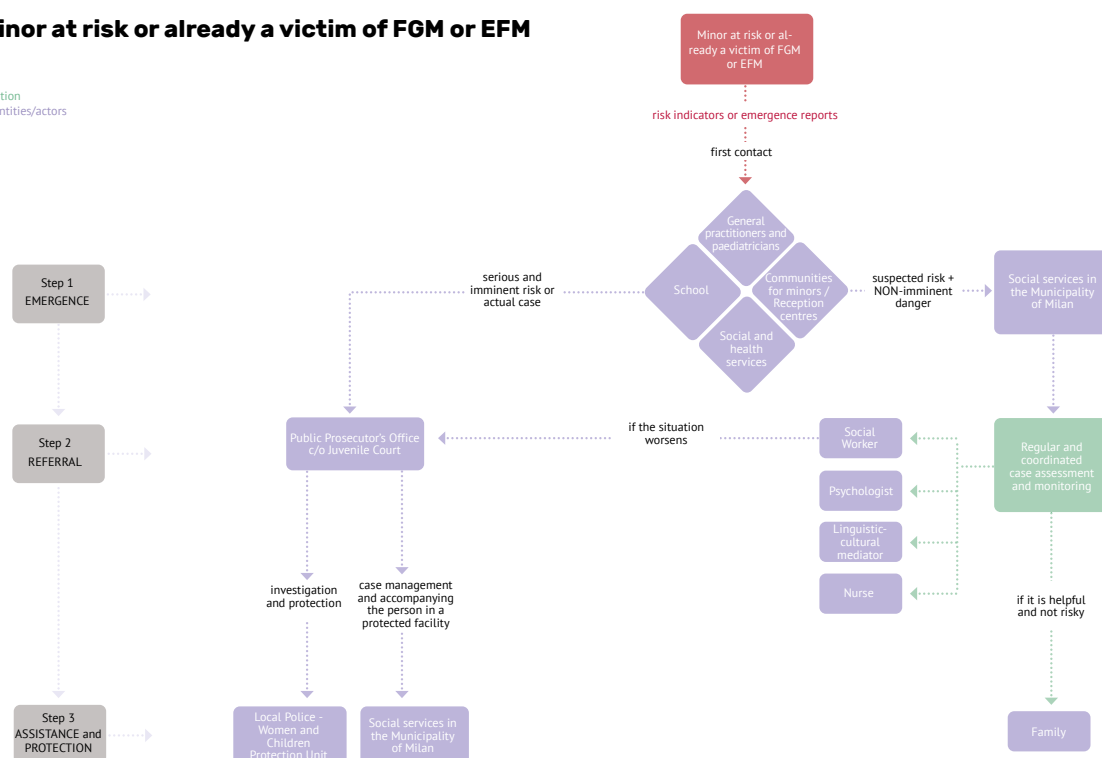
FIGURE 3.

Intervention chain model for the city of Milan to be activated in cases involving a minor at risk of or who has undergone FGM or an early marriage

1. Minor at risk or already a victim of FGM or EFM

Key:

green: action
purple: entities/actors



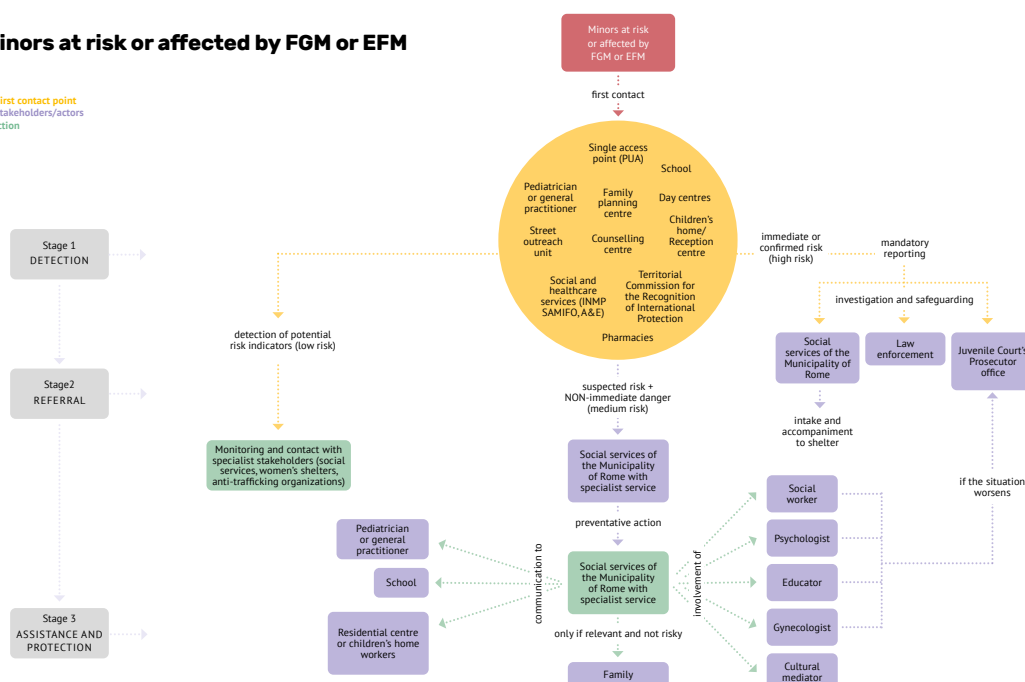
Source: ActionAid, JOIN OUR CHAIN. Mutilazioni genitali femminili e matrimoni precoci e forzati. Un modello di intervento multi-agenzia per la città di Milano, 2024.

FIGURE 4.

Intervention chain model for the city of Rome to be activated in cases involving a minor at risk of or who has undergone FGM or an early marriage

1. Minors at risk or affected by FGM or EFM

Legend:
Yellow: First contact point
Purple: Stakeholders/actors
Green: Action



Source: ActionAid, JOIN OUR CHAIN. Mutilazioni genitali femminili e matrimoni precoci e forzati. Un modello di intervento multi-agenzia per la città di Roma, 2024.

The value of the participatory process

"In day-to-day work, one is often absorbed by operational demands, but the process of building the intervention chain opened up essential spaces for reflection, exchange, and shared training. This is how synergy among services is built and gains value, especially where it cannot be taken for granted."

Carola Battistelli, psychologist, Arci solidarietà, Rome.

The interviews consistently highlight that one of the most valuable elements of the intervention chain was the **process of its construction itself**, described by several participants as **demanding** and **challenging**, yet at the same time **highly generative**. The co-participatory work brought together professionals from different organisations and sectors on multiple occasions, through both **collective meetings** and numerous **bilateral exchanges**. These meetings made it possible to explore in a targeted way the functioning, mandates, and operational procedures of

the individual organisations involved. This dual level of work — collective and bilateral — not only enabled the **definition of shared operational procedures**, but also created **structured spaces for dialogue and mutual learning**, fostering a deeper understanding of the skills and capacities available at local level. The process thus allowed the **pooling of knowledge** on the phenomenon of FGM, practical know-how regarding the services operating in the cities and their respective **modes of intervention**, as well as **operational contacts** that in many cases had not previously existed or had not been activated in a systematic way. A recurring theme in the interviews is the awareness that, prior to the launch of the intervention chain, many services operated in a fragmented manner, addressing only a specific dimension of case management without having a full understanding of the other actors able to provide complementary responses. The development of the intervention chain therefore enabled the elaboration of a **more integrated way of working**, overcoming sector-based approaches and **strengthening the overall response capacity of the territory**, also thanks to greater shared clarity on the roles, responsibilities, and limits of each service.

“When the roles, rights, and duties of the different bodies are clear and the objective is shared, work functions better. The intervention chain model therefore makes it possible to respond more coherently and concretely to the needs of women, who must remain at the centre.”

Giancarlo Santone, *Head of SaMifo, ASL RM1, Rome.*

From mapping to operational practice

Among the most highly valued outcomes of the process was, first and foremost, the **mapping of services operating in Milan and Rome**, which made it possible to systematically **clarify the roles, competencies, and response times of the various actors involved**. This work represented a fundamental step in building a shared knowledge base and in beginning to overcome existing fragmentation, both essential actions to enhance the effectiveness of identification and case management. The mapping was also instrumental in the development of the **operational flowcharts** (Figures 1-4), which make visible and immediately understandable the steps to be activated among the different actors across the various phases of intervention. Another significant outcome was the **shared definition of risk and identification indicators for FGM**, differentiated by sector of intervention. Schools, social services, healthcare services, migration services, and other bodies thus have specific reference points to identify situations of risk before the practice occurs or to recognise cases that have already taken place, enabling the timely referral to specialised services or a comprehensive case management response. This has contributed to making approaches to case assessment more consistent and to reducing operational uncertainty at key decision-making moments.

“The process of building the intervention chain was valuable because it brought order to roles, timelines, and procedures through a concrete, collective, and horizontal process involving different professional profiles, making field-level intervention clearer and more effective.”

Marta Mearini, *Anti-violence shelter manager, Coop. soc. BeFree, Rome.*

The interviewees also emphasised the **concrete and continuous use of the tools produced**, starting with the publication of the intervention chain, which is used

as a genuine **operational guide**. In several cases, the flowcharts were printed and displayed in offices to facilitate staff orientation when a case emerges. Alongside these tools, **complementary support materials** are also used, such as **brochures** and **service directories** that facilitate referral, as well as **multilingual awareness-raising videos** targeting communities, which are considered particularly useful for prevention and information activities carried out by Community Trainers.

Overall, the process has fostered the **activation and consolidation of operational relationships among different services**, which have gradually evolved from non-existent or sporadic interactions into more structured and functional forms of collaboration. The combination of clear tools, shared language, and established communication channels has made it possible to begin translating the mapping and defined procedures into **everyday working practices**, strengthening the capacity of services to respond to FGM cases in a coordinated and timely manner.

The key role of Community Trainers

“Community Trainers are the glue between services and communities: without their cultural perspective and outreach work, it is not possible either to prevent FGM or to truly accompany women along care pathways.”

Barbara Grijuela, *Head of the Health and Listening Centre for Migrant Women – San Paolo Hospital, Milan.*

An element unanimously recognised as central is the role of **Community Trainers**, namely **individuals belonging to the communities in which female genital mutilation is practised, who are familiar with the language, cultural codes, and social contexts of reference**. In many cases — but not always — they are linguistic and cultural mediators; in others, they are figures who do not formally perform this role. In all cases, their involvement has been considered essential both during the process of developing the intervention chain and in the subsequent training and implementation activities, as it made it possible to integrate the technical and institutional expertise of services with **situated knowledge** of the phenomenon of FGM. Community Trainers provide a specific perspective that enables the correct interpretation of risk signals, the understanding of expressed — and often unspoken — needs of women and girls, and a more effective orientation of service responses throughout the entire case management chain. The interviews highlight how these figures play an **active and ongoing mediation** role between services and communities, facilitating

communication, building relationships of trust, and helping to make interventions more accessible, appropriate, and respectful. In this sense, their role functions as **a true bridge between services and communities**, strengthening both the preventive dimension — through information, awareness-raising, and accompaniment activities — and the protection and support dimension in cases that have already emerged.

It was also emphasised that, in order to further strengthen the effectiveness of the model, it is **necessary to increase the number of Community Trainers currently active** in Milan and Rome, so as to expand the capacity for continuous work with communities and for supporting the services involved in the intervention chain. It is also necessary to involve these figures at every stage of dialogue with communities, starting from first contact and reception, in order to enable the timely identification of risks and cases of harmful practices or gender-based violence, while at the same time providing effective initial guidance on locally available services. Community Trainers also highlighted the value of **exchange and dialogue with Community Trainers from other countries**, experienced within the framework of European projects, as an essential element of mutual learning, ongoing updating, and the strengthening of practices. This transnational exchange makes it possible to capture the evolution of the phenomenon of FGM — also linked to changes in migration flows — and to adapt prevention and case management interventions more effectively. For these reasons, the structural strengthening and recognition of the role of Community Trainers emerges as one of the strategic pillars for the sustainability, effectiveness, and future development of the intervention chain.

Strengthening and institutionalising the model

“To further strengthen the model, it is important to provide continuous support to communities and professionals, deepen understanding of cultural dynamics and operational procedures, and ensure regular coordination meetings among services, so as to make responses faster, more integrated, and more effective.”

Edna Moallin, *Community Leader, ActionAid Italy, Milan.*

The interviews also provide clear indications for the future. First, they highlight the **need for the intervention chain to become fully operational and stable**, potentially including **additional actors** (e.g. maternity units, public and private family planning centres), and to be recognised as one of the key reference tools for ensuring rapid, integrated, effective, and comprehensive responses. Many interviewees expressed the hope that the model could be **replicated in other cities**, with appropriate territorial adaptations, and even **scaled up at national level**. The importance of **institutionalising the model** was also emphasised, as this would facilitate its functioning, provided that the institutions involved strengthen their awareness of the phenomenon of FGM and invest adequate resources. In parallel, the activation of **continuous, training** pathways was identified as a priority, to be integrated into the curricula of the different professional profiles involved. Training should also include modules of **self-directed learning** and **horizontal peer learning**, building on the approach already tested during the development of the intervention chain, including through the definition of **shared training formats**.

Other proposals that emerged include **integrating the intervention chain into other existing protocols and standard operating procedures** on gender-based violence or migration; **strengthening periodic coordination** among actors through regular exchange meetings; and promoting **wider dissemination** of the tool, both in printed and online formats, including through the institutional websites of services. The opportunity to promote **peer support spaces among women living with FGM** was also highlighted, along with the need to address in a structural manner the critical issues related to **administrative codes and healthcare coverage**, in order to ensure truly comprehensive assistance.

Finally, the importance of **investing more strongly in prevention** was reiterated, by increasingly **working with men and younger generations** through appropriate languages and communication channels, including social media, and by **expanding the settings for intervention**, such as schools, markets, and places of worship. In this context, several interviewees emphasised the need to continue **engaging** actors that have so far been difficult to reach, such as **consulates and embassies**, and to accompany operational work with **broader political change**, without which it is difficult to create a favourable environment for the systemic implementation of the model.

CONCLUSIONS

“The main objective today must be to make the intervention chain model known and operational everywhere: in schools, institutions, hospitals, and language education centres. Training professionals is not enough; it is essential that they know in concrete terms how to act and how to activate the model, so that it becomes an integral part of everyday practice.”

Riham Ibrahim, Community Expert, ActionAid Italy, Milan.

The overall analysis of the **implementation of Law No. 7/2006** shows that, nearly twenty years after its entry into force, the **institutional response** to female genital mutilation in Italy remains **weak, fragmented, and discontinuous**. Despite the assignment of specific responsibilities to multiple administrations and the provision of dedicated resources, **FGM** continues to receive only **sporadic attention** and is **not embedded within a structured and continuous strategy for prevention, identification, and case management**. Based on the information available, institutional coordination — entrusted to the Department for Equal Opportunities — appears limited at the operational level. Beyond the commitments set out in planning documents, including national anti-violence plans, there is **no evidence of a stable coordination framework among the competent administrations**, nor of effective mechanisms for steering, monitoring, and evaluating the actions envisaged by the legislation. This is compounded by a **serious lack of transparency regarding the use of funds** allocated over time, making it difficult to understand how resources have been spent, with what results, and for the benefit of which territories and groups. A further critical issue concerns the quantification of the **resources actually allocated** to the various competent ministries **in the annual budget laws**, which is **systematically lower than the allocations envisaged by the legislation**, thereby affecting the full implementation of measures for the prevention of and response to FGM. The **initiatives** actually carried out are **limited** in number and, when present, focus **mainly on training and information activities**, without translating into an integrated system of protection. In particular, there is a **lack of structural integration of FGM within the national anti-violence system**, despite FGM constituting a form of gender-based violence in all respects. This separation contributes to making early identification of cases, timely referral, and multidisciplinary case

management for affected women and girls more difficult.

In this context, the **intervention chain** experience developed by ActionAid in Milan and Rome demonstrates that it is possible **to overcome these limitations through territorial, multi-agency models based on structured cooperation, shared procedures, clear operational tools, and the active involvement of Community Trainers**. However, in the absence of effective institutional recognition, dedicated resources, and a clear linkage with national policies, even these good practices risk remaining isolated experiences. **Ensuring effective prevention of and response to FGM therefore requires a shift in approach: clear governance, full transparency in the use of public funds, the integration of FGM into the national anti-violence system, and sustained investment in operational models capable of guaranteeing timely, coordinated, and consistent responses across the national territory**. Without these elements, the gap between law and practice will continue to undermine the protection of the rights and health of girls and women living with or at risk of FGM.

RECOMMENDATIONS

In light of the framework outlined above, it is **necessary to strengthen the action of the competent institutions in a structured, transparent, and coordinated manner, in full compliance with Law No. 7/2006 and EU Directive 1385/2024**, in order to prevent and combat female genital mutilation and ensure effective protection for the women and girls concerned. To this end, ActionAid puts forward a set of recommendations, some of which reiterate and reinforce proposals already formulated in the *policy brief published in February 2025*¹⁴, in light of the fact that many of the identified critical issues remain largely unresolved.

ActionAid recommends:

» to the **Italian Parliament**, to:

- » **amend Law No. 7/2006** by introducing the obligation to **integrate** the annual report on the implementation of the National Plan against Male Violence against Women **with a specific section dedicated to the implementation of the measures provided for by the same law, including data on the activities carried out by the Department for Equal Opportunities, the Ministry of Health, and the Ministry of Foreign Affairs and International Cooperation, as well as on the use of the allocated financial resources**. This should also include an obligation for the Regions to transmit data on interventions implemented using the funds provided for under Article 4. To this end, it is recommended to amend Article 5 of Decree-Law No. 3/2013, reintroducing the obligation — repealed by Law No. 234/2021 — for the Department for Equal Opportunities to submit an annual report to Parliament on the implementation of the National Plan;
- » **amend Law No. 7/2006 so that reports and requests for information on female genital mutilation (Article 5) are handled through the 1522 national helpline**, established under Article 12 of Decree-Law 11/09, and so that the resources provided for under Article 5(2) of Law No. 7/2006 are channelled into the funding allocated to that service;

» to the **Department for Equal Opportunities** to:

- » **make its coordination role under Article 2 of Law No. 7/2006 structural and continuous**, exercising it through the steering committee and the Observatory on Violence against Women and Domestic Violence, and ensuring the **full integration of FGM into policies for the prevention of and response to gender-based violence**;
- » **publish an annual report on FGM** documenting the implementation of the measures provided for by Law No. 7/2006, including the activities carried out, the territories involved, the beneficiaries reached, and the use of financial resources, with a clear indication of amounts allocated, committed, and spent, and **ensuring its integration into the annual report on the National Plan against Male Violence against Women**;
- » **urge the consolidation of the FGM toll-free helpline 800.300558**, currently managed by the Central Anti-Crime Directorate of the Department of Public Security of the Ministry of the Interior, **into the 1522 helpline**, in order to guarantee 24/7 multilingual access, including via app or through the website www.1522.eu, and the support of specialised operators able to provide assistance and support to victims of violence;
- » **promote and fund community-based prevention interventions within the framework of the National Anti-Violence Plan, with particular attention to younger generations, through actions that use diversified languages, tools, and communication channels**, including social media and **informal gathering places**, in order to strengthen information, awareness, and the abandonment of the practice;
- » **launch a pilot implementation of the intervention chain**, promoting its application in selected territorial contexts, in order **to test and assess the effectiveness of an integrated model for the prevention, identification, case management, and support** of girls and women living with or at risk of FGM. The pilot should include **shared criteria, outcome monitoring, and impact evaluation**, with a view to informing a possible structural adoption of the model at national level;

» To the **Ministry of Health** to:

- » **update the *Guidelines addressed to healthcare professionals and other professional figures working with migrant communities from countries where female genital mutilation is practised* (2007), as provided for under Article 4 of Law No. 7/2006, and ensure their uniform implementation** across the national territory through the structural integration of **training and refresher modules on FGM** into the curricula of healthcare and socio-healthcare personnel;
- » **strengthen the monitoring of funds allocated to the Regions** for the implementation of Law No. 7/2006, by providing for the **annual collection of homogeneous and comparable data** on the activities carried out, services activated, beneficiaries reached, results achieved, and use of resources, ensuring **their transmission to the Department for Equal Opportunities and their publication** in an annual report accessible on the Ministry's website, in order to guarantee transparency and accountability;

» To the **Ministry of the Interior** to:

- » **ensure full transparency regarding the operation of the FGM toll-free helpline**, by providing for the **annual publication on its website of a dedicated report** presenting **disaggregated data** on the **number and type of calls**, the **outcomes and follow-up of reports**, as well as the **costs incurred** in delivering the service, in order to enable a public assessment of its effectiveness and of the use of resources;
- » **introduce mandatory training modules on harmful practices, including female genital mutilation**, within the training pathways for police forces and public security administration personnel delivered through the Central Schools and Training Institutes of the Ministry of the Interior, with the aim of **strengthening early identification of cases, ensuring timely assistance, and activating appropriate referral to the competent actors**. Such training pathways should **involve linguistic and cultural mediators**, be **aligned with the international human rights framework**, and be based on a **transcultural and non-judgemental approach**;

» to the **Ministry of Foreign Affairs and International Cooperation** to:

- » **make explicit**, within the development cooperation programmes provided for under Article 7 of Law No. 7/2006, the **interventions aimed at preventing and combating FGM**, distinguishing them from more general initiatives on gender-based violence, and **ensure the annual collection and transmission to the Department for Equal Opportunities of homogeneous data on allocated resources, activities carried out, and results achieved**, including through the publication of a dedicated annual report on the Ministry's website;
- » **strengthen coordination with national policies**, ensuring coherence between international cooperation interventions and the prevention and protection strategies implemented in Italy, through structured coordination with the Observatory on Violence against Women and Domestic Violence;

» to the **Regions and the Autonomous Provinces of Trento and Bolzano** to:

- » **ensure the annual transmission to the Ministry of Health of homogeneous and comparable data** on the interventions implemented in the framework of Article 4 of Law No. 7/2006, with particular reference to **activities carried out, services activated, territories involved, beneficiaries reached, results achieved, and use of the allocated financial resources**, in order to contribute to national monitoring and public reporting on policies for the prevention of and response to FGM;
- » **establish specialised multidisciplinary units on FGM ("FGM Units") within regional hospitals** identified as reference centres for FGM, led by public socio-healthcare bodies, **to coordinate prevention, assistance, and protection interventions at territorial level**, as proposed by SICPRE (Italian Society of Plastic, Reconstructive–Regenerative and Aesthetic Surgery) and inspired by the intervention chain model developed by ActionAid. The FGM Units should include adequately trained and regularly updated staff, including gynaecologists, plastic surgery specialists, psychologists, linguistic and cultural mediators, and health advocates¹⁵;

- » to **Municipalities** to:
 - » **promote and support territorial intervention chain models**, ensuring their **institutional recognition, adaptation to local contexts, and the regular provision of training on FGM for the municipal staff involved**, in order to ensure shared procedures for identification, referral, and case management of FGM and a coordinated, continuous, and effective response at local level;
- » to the **managing bodies of Anti-Violence Centres, Safe Houses, Extraordinary Reception Centres (CAS), Reception and Integration System Centres (SAI), and other types of centres and communities for migrants**, to:
 - » **ensure** that staff in direct contact with girls and women living with or at risk of FGM participate in **specific training pathways on identification, referral, and case management**, in order to guarantee timely and appropriate interventions. Such training should be structured **in collaboration with Community Trainers**, as key figures for community-based outreach and for accompanying women along assistance and protection pathways, in coordination with local socio-health services and anti-violence networks.

ACTIONAID'S WORK

ActionAid's international federation has long been engaged in the prevention of FGM and in supporting girls and women affected by the practice in the main countries where it operates, including Somaliland, Ethiopia, Gambia, Kenya, Liberia, Nigeria, Senegal, Sierra Leone, Indonesia, Uganda, Sweden, and Italy, where communities with a tradition of FGM are present. In Italy, since 2016 ActionAid has carried out **awareness-raising and empowerment initiatives** targeting women, girls, men, and community leaders on the consequences and risks of FGM; **research; mapping of services, policies, and practices; networking** among organisations working on FGM; **training** courses for healthcare, education, and third-sector professionals; **lobbying and advocacy; communication campaigns**; and the production of **outreach and information materials**. The development of these initiatives has been made possible primarily through projects co-funded by the European Union: *After* (2016-2018), *Chain* (2020-2022), *Join our CHAIN* (2022-2024), *Safe* (2025-2028), as well as through ActionAid's participation in the European network **End FGM-EU**.

END NOTES

- ¹ World Health Organization, *Female Genital Mutilation* [last access: 31.01.2026].
- ² World Health Organization, *The economic cost of female genital mutilation*, 2020.
- ³ Unicef, *Female Genital Mutilation: A Global Concern*, 2024 [last access: 15.01.2026].
- ⁴ End FGM-EU et al., *The Time is Now: End Female Genital Mutilation/Cutting (FGM/C). An Urgent Need for Global Response Five Year Update – 2025*.
- ⁵ European Commission, *Myth-Busting Female Genital Mutilation*, 2024.
- ⁶ Unhcr, *Too Much Pain - Female genital mutilation and asylum in the European Union*, 2018.
- ⁷ Università Milano-Bicocca, *Mutilazioni genitali femminili: in Italia oltre 88.500 donne. Nel mondo, cala la pratica tra le giovani*, 2025.
- ⁸ Responses to the requests for general civic access were provided by the Ministry of the Interior on 11 November 2025 and 22 January 2026, by the Department for Equal Opportunities on 4 December 2025, by the Ministry of Foreign Affairs and International Cooperation on 19 December 2025, and by the Ministry of Health on 23 December 2025.
- ⁹ For further details, see *GU Serie Generale n. 111 - 13.05.2022*.
- ¹⁰ The amounts allocated for the years 2009–2024 are drawn from the State Budget Accounts – Final Accounts of the Ministry of the Interior. The source for 2025 is the State Budget – Budget Estimate of the Ministry of the Interior.
- ¹¹ State Budget Accounts – Final Accounts of the Ministry of the Interior by budget chapters (2009–2024).
- ¹² It should be noted that the interviewed Community Trainers held this role within the European projects CHAIN and Join Our CHAIN, while at present two of them serve as Community Experts and one as a Community Leader within the framework of the European project SAFE.
- ¹³ The interviewees were: Francesca Paltenghi, Protection Associate, UNHCR; Barbara Grijuela, gynaecologist and Head of *Centro di salute e ascolto per le donne straniere e i loro figli* (tr. Health and Listening Centre for Foreign Women and their Children), IRCCS San Paolo and Carlo Hospital, Milan; Amina Al Zeer, President, Progetto AISHA, Milan; Massimiliano Brambilla, plastic surgeon, Multimedica, Milan; Edna Moallin Abdirahman, Community Leader, ActionAid Italy; Riham Ibrahim, Community Expert, ActionAid Italy; Stella Okungbowa, Community Expert, ActionAid Italy; Giancarlo Santone, Head of the SaMiFo Centre, ASL Roma 1, Rome; Francesca Minici, gynaecologist, San Camillo–Forlanini Hospital, Rome; Carola Battistelli, psychologist, ARCI Solidarietà, SAI Centre for Women and Minors, Rome; Marta Mearini, Coordinator of the reception and safe house, Be Free Social Cooperative, Rome; Stefania Wyss, social worker, Roma Capitale. ActionAid warmly thanks all the individuals listed above for their availability and for sharing reflections and experiences on the intervention chains in Milan and Rome.
- ¹⁴ ActionAid, *For a Future Free from FGM. Policies and Strategies for the Prevention and Elimination of Female Genital Mutilation*, 2025.
- ¹⁵ In the United Kingdom, the role of the Health Advocate, integrated within hospital staff, provides support to women and girls accessing health and social care services also on issues that are not strictly clinical but that affect care pathways, such as residence status, housing conditions, and other relevant social needs. This support facilitates access to rights and the understanding of information and procedures, including from a linguistic and cultural perspective.

Author: Isabella Orfano

Research collaboration: Benedetta Balmaverde, Francesco Bucci, Rossella Silvestre e Deborah Sciocco

Supervision: Rossana Scaricabarozzi

Lay-out: Tadzio Malvezzi

Publication: February 2026



act:onaïd

— REALIZZA IL CAMBIAMENTO —

Via Carlo Tenca, 14
20124 - Milano

Tel. +39 02 742001

Fax +39 02 29533683

Via Ludovico di Savoia, 2B
00185 - Roma

Tel. +39 06 45200510

Fax 06 5780485

Via San Carlo, 32
80133 - Napoli

Tel. +39 081 9766758

Codice Fiscale
09686720153



informazioni@actonaïd.org

www.actonaïd.it