

*This work provides a comprehensive and multidisciplinary overview of contemporary diasporas, through both comparative reflections and ethnographically based case-studies from outstanding scholars, academics and humanitarian practitioners. The book is aimed at a wide audience, including academics, researchers and free scholars, but also to students, activists and experts in the field of migration, of intercultural studies and human mobilities by offering an explicit comparative mobilities analysis and a high-quality scientific overview on contemporary diasporas through a wider disciplinary angle.*

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CONTEMPORARY DIASPORAS



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# CONTEMPORARY DIASPORAS

## Mobilities Between Old and New Boundaries

EDITED BY ELISABETTA DI GIOVANNI

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Contesti Antropologici  
Anthropological Contexts



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*Contemporary Diasporas. Mobilities Between Old and New Boundaries*

Edited by Elisabetta Di Giovanni

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# Children in Diaspora: Some Anthropological Reflections on Oppression, Hunger and Malnutrition

ANTONELLA PALAZZO, ELISABETTA DI GIOVANNI

Over the last few years, the link between health and migration has acquired an increasingly clear and precise social and political significance in the context of relations between Italy and the undeveloped areas of the world. Harsh conditions while travelling along migratory routes, coupled with difficulties in integration in the host country generate the spread of diseases which threaten to undermine foreign people's resiliency. Migrants who are forced to flee from their native lands as a result of increasingly difficult living conditions, such as war, which forces them to take refuge far from their home and their cities, suffer from a rapid deterioration of their reservoir of health due to harsh travel conditions (often life-threatening) and a series of risk factors such as poor housing conditions, since migrants often lack legal status, which would permit them to obtain better living conditions, a lack of job opportunities and an income, and/or risky jobs which lack welfare support, a lack of support from family members, a different climate and new food customs. All of the above are exacerbated by a lack of access to health services since migrants are poorly informed about health care possibilities. Foreign minors are also more vulnerable for this very reason.

In Italy, the children of foreign nationals, unfortunately, do not enjoy the same civil rights as their peers; therefore it is necessary to resolve the problem by adopting the principle of *jus sanguinis* instead of *jus soli*, so that foreign children, born in Italy can become citizens. Children at an early stage of development need stability and a safe environment in which to grow and plan for their future; migration policies which keep families in a state of uncertainty and precari-



ousness (adolescent children suffer from uncertainty regarding their schooling) have a negative impact on children's growth and their sense of social belonging since although they are born in Italy, they are not Italian citizens (Unicef 2010, 2014; Save the Children 2013). It occurs to deeply reflect on the principles and provisions which guarantee the best possible living conditions for minors. As recognized by the World Conference on Human Rights (1993) and repeatedly stated by the Committee, children's rights too are indivisible and interrelated. In addition to articles 6 and 24, other provisions and principles of the Convention are crucial in guaranteeing that adolescents fully enjoy their right to health and development. Article 26 further elaborates:

Adolescents have the right to access adequate information essential for their health and development and for their ability to participate meaningfully in society. It is the obligation of States parties to ensure that all adolescent girls and boys, both in and out of school, are provided with accurate and appropriate information on how to protect their health and development and practice healthy behaviours. This should include information on the use and abuse of tobacco, alcohol and other substances, safe and respectful social and sexual behaviours, diet and physical activity (Committee on the Rights of the Child, General Comment 4, 2003).

War, which brings with it death and destruction, is the worst enemy of childhood, especially in recent years, because it brings the care and the protection that children need to an end; children thus, become the first victims of war, even if they are indirectly involved. Since the end of the Second World War, there have been hundreds of armed conflicts mostly in heavily indebted poor countries, which disrupt conditions that were already very precarious, and increase the suffering of the most vulnerable segments of the population (women, the elderly and above all, children). Child mortality, which is a well-defined phenomenon, can be found nearly everywhere: tragedies brought about by mankind such as war and dictatorships, in natural disasters and in a series of situations brought about by social injustice and poverty. O'Connell Davidson, Farrow emphasize that:

In many countries and regions, political instability, corruption, authoritarian government, and various forms of armed conflict have added to the pressure to migrate. Many millions have been displaced (often internally) by recent conflicts and wars in the Balkans, Rwan-

da, East Timor, Afghanistan, Iraq, and Sudan, to name but a few. However, militarization, armed conflict, and corrupt and authoritarian political regimes are not the only factors threatening human security. For women and children in particular, domestic violence and/or the consequences of family breakdown (often linked to economic decline and political and social destabilisation) may represent the most significant menace to well-being, and the desire to escape domestic violence has been identified as one of the factors that can motivate migration (2007:15).

In fact, protecting children is broadly recognized as urgent in public policy, but «in dealing with the protection needs of irregular migrant children and children to irregular migrant parents, governments face the challenge of how to comply with their international and humanitarian obligations at a time when their overall concerns have shifted towards tougher immigration policies and stricter border control to curb unauthorized immigration» (Sigona, 2011: 2). Every day, 19.000 children under the age of five die from preventable causes and easily curable diseases such as malaria, the third leading cause of death among children under five years of age worldwide, measles and polio even though, through immunization and powerful public awareness campaigns, malnutrition has become the underlying contributing factor in more than one third of all child deaths (Unicef, 2012). Even today, in 2014, there is nothing worse than knowing that children still die of hunger; although the child mortality rate has dropped significantly from 26.000 children dying each day in 2007 to 19.000 deaths in 2014, we cannot accept the fact that in a wealthy world such as ours, children are still denied their basic needs. The recent financial crisis has furthermore destabilized and reduced the number of local health workers giving rise to low levels of productivity and demotivation. To address the healthcare worker crisis in developing countries, we need to take action at the macroeconomic level and invent incentive packages in order to reduce discouragement. It is necessary to increase the number of health workers who would deal with promoting health and nutrition. Specifically, it is essential to take action by improving family care practices through home visits, distributing essential health and nutrition commodities for families and providing first-line care for sick children (Unicef, 2008). The health worker crisis in Africa must be resolved urgently: the shortage

of human resources for health can become a health risk for the survival, health and nutritional needs of children and their mothers. The exodus of doctors is caused not only by the presence of armed conflicts locally, but also due to the impact of Aids (which has decimated the workforce), low remuneration, inflexible working hours, difficulties in continuing training, harsh working conditions, increasingly demanding patients, and lack of supplies and equipment. These are the principle causes of the “brain drain” phenomena of workers from poor to rich countries. It is important to underline that the presence and role of health workers is intended to complement not substitute that of medical professionals by providing general and specialized services to the more vulnerable segments of the population such as evacuees and the wounded. To address the shortage of workers, it is necessary to recruit workers in rural areas, (where shortages are more severe), to give incentives for practicing health care at home, and to invest in professional training. In this context, use has been made of a tool jointly developed by Unicef, the World Health Organization (Who) and the World Bank ‘Marginal Budgeting for Bottlenecks’ (MBB) which was originally employed to develop strategic models for maternal, neonatal and child health in Sub-Saharan Africa. The MBB tool is used chiefly for setting goals for high-impact interventions and estimating their effects, the cost per life saved and additional funding requirements, as well as calculating projections of the fiscal space required to finance these extra costs (Unicef, 2008: 70). The measures implemented by marginal budgeting include an evaluation of the leading causes of child, maternal and neonatal mortality and access to essential services, identification of supply and demand bottlenecks throughout the system which limit coverage of health care services, namely, the availability of essential drugs and supplies, access to health services, the selection of the quantities and additional costs needed to overcome bottlenecks and extend the coverage of intervention packages, and finally, the realm of probable sources of funding.

Why is it important to invest in the health of young children? There are countless reasons such as alleviating the pain and suffering caused by poverty and disease, putting an end to the tendency of children who are denied basic health care and essential nutrients needed for growth and development, to fail in life, and finally, helping children fully develop their thinking, language, emotional and social skills by providing them with a safe and stimulating en-

vironment; in fact, children who are well nourished and cared for are more likely to survive and less likely to get sick. What are the leading causes of infant mortality? Some common causes include poorly resourced, inefficient and culturally incompetent health and nutrition services, food insecurity, inadequate feeding practices, lack of hygiene and access to safe water supplies or adequate sanitation services, female illiteracy; early age pregnancies, discrimination and exclusion of mothers and children from access to essential goods and health and nutrition services due to poverty and geographic, social and political marginalization (Unicef, 2008). To overcome these obstacles, it is essential to deal with these problems at a local, operational, global and community level by developing an appropriate continuum of care from pregnancy through to early infancy (the first 2 years of life are the most critical period of development in a child's life). Unfortunately, the figures speak for themselves: progress on saving children from malnutrition has been terribly slow for the last 20 years, falling at an average rate of only 0.65 percent points per year since 1990 and the highest rates of child mortality are found in Africa. Environmental crises and socio-political instability represent major risk factors for child mortality, especially in the Horn of Africa and in the Sahel region of Africa; half of all child deaths occur in these two areas alone; recently, a severe drought has hit this area causing crop failure and increasing dependency on external food assistance. In these two areas alone, more than 30 million people were found to be severely food insecure: more than 13 million people throughout the Horn and 18 million in the Sahel region of Africa (Unicef, 2012). Soaring food prices have had negative effects on the nutritional needs of large segments of the population who have been forced by poverty to switch to cheaper, lower quality foods, poor in micro-nutrients: vitamins and minerals which are essential for healthy, well-balanced growth (Save the Children, 2012a, 2012b).

## 1. Separated children in the world

The Convention on the Rights of the Child (CRC) defines "children" as persons below the age of 18: «the term "child" thus spans what is a condition of complete and absolute dependence on older

carers through to what may be a state of partial or complete independence from such carers, or a state in which the person has acquired responsibility towards older or younger dependants» (O'Connell Davidson, Farrow, 2007: 23). More specifically:

“Separated children” are children under 18 years of age who are outside their country of origin and separated from both parents, and their previous legal/customary primary caregiver. Some children are totally alone while others, who are also the concern of the SCEP (Separated Children in Europe Programme), may be living with extended family members. All such children are separated children and entitled to international protection under a broad range of international and regional instruments. Separated children may be seeking asylum because of fear of persecution or the lack of protection due to human rights violations, armed conflict or disturbances in their own country. They may be the victims of trafficking for sexual or other exploitation, or they may have travelled to Europe to escape conditions of serious deprivation (SCEP, 2004).

Many Separated Children obliged to forced migration usually suffer oppression, hunger and malnutrition. It means that forced diasporas compel them to live as children in transit. Children who suffer from some form of malnutrition fall into the age bracket of 0 to 5 years; roughly 200 million children in developing countries suffer from this severe disease. Some possible physical consequences of malnutrition are delayed growth (for roughly one-fourth of all children), and forms of underweight (18% in total, 10% in a severe form). Malnutrition can be considered, therefore, the leading childhood mortality risk factor. Children most at risk are those living in rural areas as opposed to urban zones and in particular, children who come from poor families. Globally, malnutrition represents one of the world's most urgent problems with heavy costs which take their toll on the poorest of families, women and children. What is malnutrition? Malnutrition can be described as an insufficient intake of nutrients caused by food insecurity, lack of health services and assistance and often by weak or non-existent social protection systems which are unable to cope with emergency situations such as armed conflict, drought, migrations and flooding. Children are malnourished if their diet does not provide them with adequate calories, proteins and micro-nutrients for growth or if they are unable to fully absorb nutrients from

food due to illness (Unicef, 2012). Malnutrition can be of the acute or chronic type: the first form of malnutrition, acute malnutrition, (also known as wasting), occurs when an individual loses weight or is unable to put on weight and is usually determined by measuring a person's mid-upper arm circumference; the second type of malnutrition, chronic malnutrition, (also known as stunting), is a form of delayed growth characterized by low height for age value which reduces the body's resistance to disease and has a negative impact on the child's physical and intellectual development. Underweight malnutrition refers to low weight for age value. Halving malnutrition is one of the indicators used to assess progress towards achieving the first Millennium Development Goal of reducing the proportion of people who die of hunger by 2015. To treat acute malnutrition, recent studies have experimented with home-based therapy utilizing therapeutic foods; the results have been positive but this is not enough; it is essential to employ a team of locally trained community health workers who can quickly and simply identify children affected by severe acute malnutrition, by using a plastic strip to measure a child's mid-upper arm circumference. A valid system of early diagnosis and screening could improve this intervention thus, saving the lives of thousands of children. Good hospitals are needed, but unfortunately, these are often located far from urban centres and the long distances, high transportation costs and difficulties in leaving their children at home, tend to discourage visits to these specialized structures. Improving the health of women and of future mothers helps improve the health of their children. In order to reduce child mortality, particular attention must be paid to maternal health and it is therefore, vitally important during pregnancy to administer micro-nutrients, tetanus immunizations, tests for sexually transmitted infections, preventive treatment of malaria, hygienic practices during delivery, communication messages regarding the benefits of early initiation of breastfeeding (within the first hour after birth for six months and up to two years of age with continuous breastfeeding stimulation), information on preventing malaria and the importance of vitamin A supplementation for children. For healthy growth and development, it is essential to promote breast feeding, especially during the first six weeks of an infant's life and exclusively, since mother's breast milk provides protective antibodies and enzymes which are quickly

digested without the need for external tools, protecting babies from acute respiratory infections, strengthening their immune systems and stimulating neurological development. It is therefore, essential to provide women with reliable information about breastfeeding because even though it is a completely natural act, it is also a learned behaviour. Nursing women also need support, not only from their families but also from their communities and the health care system to help them improve breastfeeding techniques and resolve possible problems. It is also important to assist working women so that they do not have to give up breastfeeding by providing them with paid maternity leave, part-time work arrangements, on-site day nurseries and suitable facilities for storing breast milk. To reduce the number of child deaths, it is important to improve the precarious conditions in which many women who live primarily in South Asia and Sub-Saharan Africa find themselves; many of these do not enjoy decision making powers inside their families regarding health matters, even their own or that of their children giving rise to negative consequences. Additional difficulties which women must face are health-related socio-cultural barriers; the situation is at its worst in urban slums where women are often illiterate and must overcome specific barriers such as asking permission before leaving their homes or interacting with strangers. In some countries, such as Afghanistan, women are prohibited from receiving health care from male doctors and are also denied access to advanced medical training. Some community health programs have worked on enhancing women's empowerment by offering them home based health services, creating a team of specialists and promoting community based local campaigns to prevent disease which helps reduce child mortality (Unicef, 2008).

Possible interventions to prevent malnutrition are: to prevent malnutrition, providing constant monitoring of growth as well as nutritional status surveillance is essential, since malnutrition, an invisible killer, often goes unnoticed. Administering iron and folate based micro-nutrients to reduce anaemia in children is also necessary since micro-nutrient deficiencies such as these play a major role in causing not only acute malnutrition but also specific diseases (pellagra, rickets, scurvy); children with a reduced vitamin and mineral intake become, in fact, more vulnerable to diseases such as these. It is also important to take action during the first 1.000 days of a child's life in order to re-

duce the risk of malnutrition during the entire lifetime of an individual because nutritional deficiencies such as iodine iron and vitamin A can have very negative consequences in the long run. It is also important to assist pregnant women (the health of a mother is inextricably linked to that of her child) by encouraging preventive measures such as breastfeeding during the first six months of life which are decisive for child survival. Creating community interventions which promote correct feeding practices are also essential since some food taboos can have a negative impact on correct breastfeeding and weaning practices, not to mention the damages caused by unsafe water and the lack of animal proteins (due to dietary restrictions and food taboos) which can ruin the quality of breast milk (Unicef, 2012). Finally, we suggest to point out that the most efficient lifesaving foods which help gain weight rapidly and do not need to be mixed with the water (which is often unclean) are therapeutic milk (a highly digestible and very nutritional milk), administered only in health centres for use under medical supervision, and ready-to-use, therapeutic foods, such as Plumpy'nut, which is composed mainly of peanut paste, sugar, vegetable oils, milk powder, vitamins and minerals. Iodine deficiency is a principle cause of mental and impaired physical growth which can affect the foetus and children during their early years. It can be easily addressed by administering a teaspoon of iodised salt, thus reducing the risk of prenatal and infant mortality. Nearly 25% of the world's preschool age children and women suffer from iron deficiency: pregnant women may give birth to premature and/or underweight babies with reduced immunity to disease and impaired physical growth. Anaemia is caused by an insufficient intake of iron, also during pregnancy. Vitamin A deficiency is a widespread nutritional problem; in its most severe forms it can cause blindness and weaken a child's resistance to infectious diseases such as measles, diarrhoea and respiratory infections, thus increasing the likelihood of childhood mortality. The accounts narrated by community health workers who try to save the lives of malnourished children every day are not exclusively a collection of sad stories. Sometime a different kind of story is possible:

Little Abhilasha, age two, barely weighed four kilograms when she was brought to Lalitpur District's Nutrition Rehabilitation Centre,



in the Indian state of Uttar Pradesh. Had her parents waited even a few more hours, Abhilasha would have become just another statistic of child mortality in India, a country which has earned the sad distinction of topping the global list in child mortality. Instead, after less than a month of medical treatment, the child regained her strength and sufficient weight for her age and returned home in good health [...]. Abhilasha's life was saved thanks to a tiny structure financed by UNICEF and the local community which offers free lodging for children suffering from severe malnutrition. The centre treats an average of twenty cases a month, but it is part of a much larger network of structures that reaches out to 70 percent of the district's child population. Here, in the centre, health workers teach mothers to correctly breastfeed their new-borns, to prepare nutritious meals using low-cost foods, to cure diarrhoea, dehydration and common disorders which can be particularly insidious in children during childhood. As result, in twenty months, the lives of more than 135.000 underprivileged children in Lalitpur with stories similar to those of Abhilasha have been transformed (Unicef, 2010: 6).

We live in a wealthy world, yet many women still suffer from hunger, millions of people do not have access to safe drinking water and sanitation services and not all children enjoy the same political and economic advantages; war, which destroys everything even dreams and splits up families (children run the risk of being orphaned or forced into a child marriage at the age of ten), is a continual problem in many countries. Will it ever be possible to change all this? Will there ever be serious political assistance to appeal to? The first step is mutual commitment, not only between governments, but also between social communities to guarantee a better life for children who try to survive in the very first months of their lives. What are some real goals that can be met? What interventions are really needed to improve the lives of women and children? First of all, in order to provide an adequate level of health care, a safe environment which guarantees the survival and well-being of women and children must be created: the main point is to be able to live in a safe environment without war, so that health programs can be carried out effectively at the community level. In those areas in which is it difficult to intervene because of armed conflicts, it is fundamentally important to reach children and their families, victims of war, to protect them and offer them psychological support (e.g. the Syrian War). Unfortunately, some minors are

forced to live in difficult circumstances without a family, surrounded by violence and crime: these are extremely vulnerable children, powerless to defend themselves; the explosion of a land-mine or abuse by a relative, can be devastating because of the degrading circumstances in which they live. It is therefore, essential to recognize the rights of children to live in a safe, secure and protected environment. Secondly, it is also important to develop and strengthen health care; first of all, because minors are most vulnerable during infancy, and also because health care is essential from pregnancy to puerperium and for the entire duration of early childhood. The key point is to create a solid continuum of care between families and communities where practices and behaviours regarding health care during pregnancy and childhood are usually learned; it is necessary to provide health education and information about available health services and to inform women about potential risks during pregnancy so that they can plan a safe pregnancy. Hospitals must offer basic health care packages for women and children and be equipped with qualified personnel and essential medical equipment in the event of complications during delivery, such as providing emergency obstetric care for new-borns. All of these elements can strengthen the health care service system across time and space. All of the interventions above can help strengthen basic health services which are often lacking in skilled health personnel, equipment, supplies and financing; implementing health care services in order to reach rural areas may also be an efficient intervention, at the community level; and communicating key messages about health can bring about important changes. Within this framework, local administrations must work with the Ministry of Women Development and Family Affairs and the national leaders in order to mobilise the community, putting emphasis on biotechnological advancements which are creating innovative medical solutions, such as vaccines which do not require refrigeration and can be administered in the form of nasal sprays or adhesive skin patches, achievements that can benefit larger segments of the population. Another problem which must be addressed, involves monitoring efficient birth registration systems in order to plan and set priorities to protect the rights of children. An accurate diffusion of statistical data would not only allow access to updated information on the health and nutritional status of children, but would also help evaluate and plan resour-

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es which need to be employed to guarantee continual and efficient health care (Unicef, 2011).

The challenge today is to reduce maternal and child mortality rates globally, in order to guarantee the individual's rights to healthcare. These goals must be at the heart of the global agenda in order to honour the promises of social justice and to respect the inviolability of life. The year 2015 is just around the corner, the Millennium Development Goals have yet to be met, much progress has been made and the results are evident, we are definitely on the right track, but we must continue to act in order to save the lives of the world's children. There is perhaps no greater or nobler undertaking than this in the world.

Therefore, the mainstream public policy must promote the protection, wellbeing and education of world's children. Today's reality of a global, multicultural, plural world does not offer a guarantee for the respect of basic needs for survival (food, defences, health services to the person, free education, freedom of religion, etc. ) nor offers , therefore , protection from the disruptive elements and factors leading to exclusion. West is now living some relevant regressive processes in social and productive system of welcoming communities, that are colliding with the principle of interculturality and new humanism.

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## References

- O' Connel Davidson J., Farrow C. (2007). *Child migration and the construction of vulnerability*, Stockholm: Save the Children Sweden, [http://www.childtrafficking.com/Docs/savechild\\_07\\_cmcv\\_0108.pdf](http://www.childtrafficking.com/Docs/savechild_07_cmcv_0108.pdf).
- Save the Children (2012a). *Nutrition in the first 1.000 days*. [http://images.savethechildren.it/IT/f/img\\_pubblicazioni/img171\\_b.pdf?\\_ga=1.34020641.1658087833.1406106583](http://images.savethechildren.it/IT/f/img_pubblicazioni/img171_b.pdf?_ga=1.34020641.1658087833.1406106583)
- Save the Children (2012b). *WithOut. Fame e sprechi: il paradosso della scarsità nell'abbondanza*. [http://images.savethechildren.it/IT/f/img\\_pubblicazioni/img193\\_b.pdf?\\_ga=1.259290634.1658087833.1406106583](http://images.savethechildren.it/IT/f/img_pubblicazioni/img193_b.pdf?_ga=1.259290634.1658087833.1406106583)
- Save the Children (2013). *Mondi dispari. Ridurre le disuguaglianze per combattere la mortalità infantile*. [http://images.savethechildren.it/IT/f/img\\_pubblicazioni/img212\\_b.pdf?\\_ga=1.259537674.1658087833.1406106583](http://images.savethechildren.it/IT/f/img_pubblicazioni/img212_b.pdf?_ga=1.259537674.1658087833.1406106583)
- Separated Children in Europe Program (2004). *Statement of Good Practice, 3th Revised Edition*. Separated Children in Europe Programme, from <http://www.unhcr.org/4d9474399.pdf>
- Sigona, N. (2011). *Policy Primer: Irregular Migrant Children and Public Policy*, *The Migration Observatory at the University of Oxford*. <http://www.migrationobservatory.ox.ac.uk/policy-primers?page=1>
- UN Committee on the Rights of the Child (CRC) (2003). *Adolescent Health and development in the context of the Convention on the Rights of the child*, 4. [http://www.unhchr.ch/tbs/doc.nsf/\(symbol\)/CRC.GC.2003.4.En?OpenDocument](http://www.unhchr.ch/tbs/doc.nsf/(symbol)/CRC.GC.2003.4.En?OpenDocument)
- Unicef (2010) *Dalla parte dei bambini from* [http://www.Unicef.it/Allegati/DPB\\_2-2010.pdf](http://www.Unicef.it/Allegati/DPB_2-2010.pdf)
- Unicef (2010). *Il mondo domani, la salute è vita*. [http://www.Unicef.it/Allegati/mondodomani\\_02.pdf](http://www.Unicef.it/Allegati/mondodomani_02.pdf)

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Unicef (2011) *La mortalità dei bambini ieri e oggi: l'Italia post-unitaria a confronto con i Paesi in via di Sviluppo*. [http://www.Unicef.it/Allegati/Rapporto%20UNICEF\\_ISTAT.pdf](http://www.Unicef.it/Allegati/Rapporto%20UNICEF_ISTAT.pdf)

Unicef (2012). *La malnutrizione dei bambini*. [http://www.Unicef.it/Allegati/RAPPORTO\\_UNICEF\\_MALNUTRIZIONE.pdf](http://www.Unicef.it/Allegati/RAPPORTO_UNICEF_MALNUTRIZIONE.pdf)

Unicef (2014). *La condizione dell'infanzia nel mondo 2014*. <http://www.Unicef.it/doc/5294/pubblicazioni/rapporto-condizione-infanzia-nel-mondo-2014.htm>