Cittadinanza
Activity Report

cittadinanza

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WHO WE ARE
CITTADINANZA

About **us**

Established in Rimini in 1999, **Cittadinanza** is an organisation that carries out and endorses projects in the fields of international cooperation, education, and awareness-raising to the benefit of people with **mental health disorders** and children with **disabilities** in low- and middle-income countries.

Our **mission**

The Organisation's mission is to protect and advance the rights of children and adults with disabilities or mental health conditions in contexts of poverty. Cittadinanza works so that every child, young or adult can be included in their community, feel welcome, have access to quality care, take the first steps towards a dignified life, leave behind stigma, prejudice and isolation.

Our **vision**

We believe in a world where there are no second-class citizens, but rather a world where every person is entitled to exercise their rights.

Our **principles**

We believe that people with disabilities or mental health disorders are fully entitled to:

- not being discriminated;
- independence and self-determination;
- access to affordable social and healthcare services;
- social, educational, and workplace inclusion.

We are committed to:

- recognising the value of partnerships and local know-how;
- respecting every culture;
- communicating in a way that respects human dignity;
- transparency.

How we work

According to the World Health Organisation, mental health disorders affect one out of eight persons worldwide, whilst 15% of the global population struggles with psychological distress and substance abuse (WHO, 2022).

Mental disorders, although widespread and significantly impactful on quality of life, **are often the lowest of priorities in healthcare systems** in low-income countries. In fact, illnesses entailing a higher mortality risk tend to receive more attention and resources. Yet, mental disorders are among the conditions that limit people's independence and well-being the most, and suicide is still one of the main causes of death in the world.

In many of these settings, little attention is paid to mental health systems in terms of governance, resources, services, IT systems and technologies. Access to adequate medical care is hindered by many obstacles, such as **insufficient healthcare infrastructure, a widespread lack of basic knowledge about mental health and deep-rooted stigma,** which often prevents people from seeking help.

Children with disabilities also find themselves in a particularly critical situation. According to UNICEF, about one out of ten children worldwide has a disability, and most of these children live in low- and middle-income countries, where **access to medical assistance**, rehabilitation and **education is often limited or non-existent**. In many contexts, disability and **mental disorders** are still subject to social stigma, prejudice, and cultural beliefs that suggest that they are the result of people's faults, divine punishment, or the manifestation of evil spirits, thus contributing to reinforcing **social discrimination and exclusion.**
In order to tackle these challenges, we strive to provide access to high-quality healthcare, psychological and social services through a multi-level approach:

- **development of social and healthcare services** in collaboration with local institutions and organisations;
- **capacity building and supervision of local personnel**, which is fundamental to improve healthcare systems and to ensure long-term, sustainable results;
- **involvement of local communities, schools and authorities** to fight social stigma, champion the rights of people with disabilities and promote effective initiatives for social inclusion.

Technical-scientific contributions

We work with **qualified and highly motivated professionals** on our projects – such as psychiatrists, psychologists, psychotherapists, neurologists, child neuropsychiatrists, physiotherapists and other rehabilitation experts – who bring high-level scientific and clinical expertise.

These professionals **cooperate with local professionals** on training and capacity building, overseeing activities, and exchanging good practices through short-term missions in the countries where we operate. Training initiatives are also frequently open to professionals working in various local services, promoting the **enhancement of local know-how** and the development of **collaborative networks** between institutions and organisations.

In recent years, partly due to better access to digital technologies, opportunities for long-distance interaction and supervision have significantly increased through the exchange of clinical material and online meetings and training sessions.

Furthermore, we believe in the importance of **research and the systematization of experiences**, which are both essential for us to keep improving the quality of our operations. Our projects include gathering and analysing data to better understand local settings, keeping records of the practices developed in-field, and contributing to the dissemination of knowledge belonging to relatively unresearched scientific areas. Moreover, this work promotes the development of evidence-based public policies and improves the efficiency of services.

Our activities take inspiration from the UN Convention on the Rights of Persons with Disabilities (CRPD) and the biopsychosocial model for diagnosis and treatment. Our operations fall within the scope of the Movement for Global Mental Health and Community Based Inclusive Development, thus contributing to achieving the Sustainable Development Goals.

In particular:

Our **structure**

Cittadinanza is governed by a President and a Board of Directors, both responsible for the strategic direction and governance of the organisation. An independent Supervisory Board is responsible for monitoring the correct management of the organisation and ensuring compliance with laws and regulations.

Our staff in Italy is responsible for the governance and management of the organisation, coordination and management of the projects, as well as communication and fundraising activities.
Our on-site staff in Kenya is tasked with coordinating field operations, overseeing projects, and local management of the organisation.

The organisation is also assisted by thematic committees supporting the Board of Directors: the Scientific Committee, which guides the organisation in determining its methodological approach and ensures the technical quality of operations; the Appointments, Remuneration, Audit, and Risk Management Committees, which support transparency and correct management of the organisation.

Partnerships

Cittadinanza develops its projects in collaboration with partner organisations in the countries in which it operates, as well as with public bodies and institutions in Italy.

Partnerships with local organisations are central to our approach. We work with them to plan and carry out our activities, enhance local know-how and ensure the long-term sustainability of our operations.

Local partners (in countries of intervention)

Koinonia Community, Miti Global Foundation, The Action Foundation (TAF), Neighbours Initiative Alliance (NIA), St. Luke Catholic Hospital, VCBRA, SCARF, Best New Life Shelter.

Local institutions like **EducAid Kenya, the Kenya National Council of People with Disabilities, Nairobi City County Government, County Government of Kajiado and other local institutions.**

At the same time, we collaborate with Italian organisations – including NGOs, third-sector organisations, universities, local administrations, and healthcare facilities – which contribute to the development of our projects by providing their technical, scientific, and educational expertise.

Main Italian partners

ANSvi, Amani for Africa, EducAid, Associazione Comunità Papa Giovanni XXIII, Medici con l'Africa CUAMM, CEFA, Angelo in Africa Association, Fisioterapisti Senza Frontiere, AUSL Romagna, University of Bologna, Municipality of Ravenna, Municipality of Verucchio, Municipality of Rimini.

Some foundations and public institutions also endorse our activities by helping us finance and enhance our programmes.

Institutions and foundations

Italian Agency for Development Cooperation (AICS), Presidency of the Council of Ministers (with the so-called "Otto per Mille" tax), the Emilia-Romagna Region, Tavola Valdese, Campo Lavoro Missionario Association, Fondazione Prosolidar, Fondazione Museke.

Besides institutional collaborations, Cittadinanza also benefits from the contributions of volunteers and technical collaborators, such as photographers, graphic designers and web developers, and communication consultants, who support us in documenting, communicating, and developing our activities.

Timeline

Families at the centre in India 2000-2003

The project encouraged families to take care of people with mental health disorders and disabilities (around 2,000), moving away from institutional care and promoting daily attendance at 10 day centres. (Partners: National Institute of Mental Health and NeuroSciences in Bengaluru, WHO)

A model to follow in Serbia 2002-2006

The day centre in Smederevska Palanka, which provides care for children and adolescents with severe mental illnesses, has become a therapeutic model to be promoted as psychiatric institutions are gradually being phased out. At the end of the project, the management of the centre was handed over to the municipality. (Partners: Save the children, local authorities)

Towards day centres in Albania (Berat) 2003-2010

The project supported and ran a day centre in Berat for children with intellectual and physical disabilities. (Partner: Fondazione Shen Asti)

Mental health for all in India (Gurgaon) 2004-2005

Cittadinanza supported the Richmond Fellowship Society in its "OUTREACH PROGRAM" project. This project ensured that psychiatric services – integrated with primary care – are available on a regular basis across the local area. (Partner: WHO)

2000

Mapping mental health - ATLAS, 2002-2005

In the framework of the "ATLAS" project, a survey was conducted in 192 countries regarding mental health, taking various factors into account, such as the number of psychiatrists per 100,000 inhabitants, specific policies, community services, hospital beds available, and so forth. (Partner: WHO)

Investing in communities in India (Chennai), 2003-2005

The "OUTREACH" project contributed to the development of community-based mental health services aimed at identifying issues and providing initial treatment to patients, as well as organising their transfer to the nearest hospital if necessary. (Partner: SCARF-Schizophrenia Research Foundation)

People beyond disability, 2004 - Ongoing!

Cittadinanza supports the day centre Best New Life Shelter, which provides rehabilitation and education to around 40 children and adolescents with disabilities and cognitive impairments by engaging instructors with disabilities and some of the parents in the activities. (Partner: Best New Life Shelter)

Community mental health in India (Thiroporur) 2004-2011

The project supported community mental health services in the rural area of Thiroporur.
(Partner: SCARF-Schizophrenia Research Foundation)

Networking - International meetings 2008-2011

Cittadinanza has organised three international conferences in Rimini under the title "Rafforzare i Sistemi di Salute Mentale nei Paesi a Basso e Medio Reddito" ("Strengthening Mental Health Systems in Low- and Middle-Income Countries"), facilitating meetings and collaboration between representatives of ministries, international organisations, foundations, potential partners, and NGOs. (Partner: WHO)

Disability in Kenya (Kibera, Nairobi) 2013 - Ongoing!

Paolo's Home provides support to children with disabilities and their parents in Nairobi, in Kibera, as well as in Riruta and Ngong. Its services include physiotherapy, occupational therapy and speech therapy, psychosocial support, day centre services, women's empowerment programmes, support for inclusion in education, healthcare support, and community awareness-raising. (Partner: Koinonia Community)

A new centre for Riruta 2023 - Ongoing!

The new centre, built in 2024 and opened in 2025, offers a comprehensive rehabilitation programme to over 130 children, including physiotherapy, occupational therapy and speech therapy, psychosocial support, day centre services, women's empowerment programmes, support for inclusion in education, healthcare support, and community awareness-raising. (Partner: Koinonia Community)

to date

Towards inclusion - Leonardo Programme 2011-2013

The "NGOS FOR MENTAL HEALTH" project provided an opportunity to share good practices in the field of mental health, with a particular focus on the inclusion of persons with disabilities in the workplace.
(Partner: WHO)

Accessible mental health care in Panama 2011-2013

Cittadinanza supported the implementation of the WHO's "MHGAP" programme, both financially and through the involvement of its staff. The programme's main objective was to integrate mental health into primary care services by training non-specialist health personnel such as GPs and nurses.
(Partner: WHO)

Inside and outside the hospital - Ethiopia (Wolisso) 2018 - Ongoing!

The project aims to strengthen mental health services and rehabilitation support for children with disabilities in the catchment area of St. Luke Catholic Hospital in Wolisso, Oromia region. (Partners: Medici con l'Africa CUAMM, St. Luke Catholic Hospital, Vision Community Based Rehabilitation Association)

Against stigma - (Grundtvig Programme) 2013-2015

The "A Positive Journey" project addressed the issue of stigma faced by disadvantaged groups. Partners exchanged good practices and shared communication and learning tools to combat social exclusion.

KENYA

The **context**

Kenya, with a population of around 56.4 million (UN, 2024), of whom nearly 21 million are aged 0–14 (World Bank, 2023), is a country characterised by **significant socio-economic inequalities**. Around 39.8% of the population lives below the poverty line (KNBS, 2022), and in recent years the country has faced growing **social tensions** linked to the rising cost of living, fiscal policies, and corruption.

In the informal settlements of Nairobi, **access to healthcare, education, and social services is particularly limited.** Against this backdrop, children with disabilities and their families face even greater obstacles. In Kenya, it is estimated that 11.4% of the population aged between 3 and 21 lives with a disability (KISE, 2018), but the lack of up-to-date data makes it difficult to fully understand the situation.

People with disabilities and their families are often exposed to stigma and discrimination, which can lead to social isolation and significant psychological consequences for caregivers, who are mostly women. **In settings of extreme poverty**, many families also face traumatic situations linked to violence, substance abuse, and isolation, which have a profound impact on family well-being and children's development. Psychological and psychosocial support services, however, remain limited and difficult to access.

Alongside challenges relating to disability and mental health, there are also **significant issues** in relation to **nutrition** and **maternal and child health**, particularly in the most vulnerable parts of the country. In various urban and peri-urban areas, as well as in some rural areas bordering Nairobi, including Kajiado County, child malnutrition, together with a lack of adequate early childhood services, represents a significant risk factor for children's development and can contribute to increased vulnerability to health issues and developmental difficulties.

Cittadinanza's **approach**

To address these challenges, Cittadinanza works with partner organisations and local authorities to **improve access to healthcare, rehabilitation, nutritional, and psychosocial services** for children with disabilities and to support their families.

The projects are mainly based in the counties of Nairobi and Kajiado and cover several complementary areas, including rehabilitation for children with disabilities, support for families' mental health and well-being, maternal and child health and nutrition programmes, enhancement of local early childhood services, as well as research and systematisation of experiences to improve the quality of interventions.

Activities are divided into different areas of intervention:

1. Rehabilitation of children with disabilities

Cittadinanza promotes access to rehabilitation and socio-educational services for children with disabilities living in Nairobi's informal settlements.

Since 2013, the organisation has been supporting the work of Paolo's Home in Kibera, providing **rehabilitation services for children with disabilities**. In 2019, operations were expanded to the Riruta area, where a new rehabilitation and day care centre was opened in 2025.

Through these services, children with disabilities can access **multidisciplinary assessment and rehabilitation programmes**, including physiotherapy, occupational therapy, speech therapy, and cognitive stimulation activities, as well as **day-care services and educational support.**

At the same time, the organisation works with families and schools to promote the educational and social inclusion of children with disabilities, raising awareness within the community and strengthening collaboration with local services.

2. Mental health and psychosocial support for families

A key focus of the initiative is the provision of psychological and psychosocial support to caregivers of children with disabilities, particularly mothers.

Cittadinanza endorses individual and group counselling sessions for caregivers, with the aim of **promoting the emotional well-being of families** and **supporting children's development**. Psychosocial work is aimed in particular at families facing complex and interrelated issues who live in conditions of severe social and economic vulnerability, and includes general guidance, parenting support, and the strengthening of community support networks.

These programmes give specific consideration to **women** who have survived **gender-based violence**, offering them psychological support and helping them access available services.
Alongside psychological support, Cittadinanza also promotes **economic empowerment activities** aimed at strengthening caregivers' autonomy and improving the living conditions of the most vulnerable households.

Particular attention is also paid to the **psychological well-being of staff** who work daily with children with disabilities and their families. Through supervision sessions, professional dialogue and peer support, Cittadinanza promotes spaces for reflection and assistance to prevent burnout, strengthen social skills, and guarantee more efficient and sustainable support for families.

3. Services strengthening and operators' capacity building

Alongside direct services, Cittadinanza strives to **strengthen the skills of local operators** that work in healthcare, rehabilitation, and educational services targeted at children with disabilities and their families.

Through training **programmes, supervision, and skills exchanges**, the organisation promotes the development of rehabilitation and psychoeducational approaches that are up-to-date and culturally relevant, contributing to the professional growth of physiotherapists, occupational therapists, rehabilitation professionals, teachers, community health promoters, and health workers.

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Collaboration with Italian professionals and institutions plays an important role in this context. These actors contribute to the development of training programmes and the exchange of tools and working methods. Activities include moments of joint training, clinical supervision, introduction to assessment tools, as well as rehabilitation and psychosocial approaches oriented to the comprehensive care of the child and the family.

This process contributes to improving the quality of local services and strengthening the sustainability of interventions in the long term.

4. Early childhood development and parenting support

Cittadinanza is also active in strengthening early childhood development services and **parenting support.** Through the **"Nurturing the Future"** project, implemented in collaboration with both Italian and Kenyan institutions, the organisation contributes to improving quality and access to services for children aged 0 to 5, by promoting the Nurturing Care approach, which combines good health, adequate nutrition, safety and security, responsive caregiving, and opportunities for early learning.

Activities include training for healthcare workers, community health promoters, and rehabilitation professionals, as well as strengthening public services regarding competences in support of maternal and child health.

Special attention is paid to mothers' mental health, to the promotion of responsive parenting, and to the prevention of early childhood disabilities and neurodevelopment disorders.

5. Research and systematization of experiences

Cittadinanza promotes **research, documentation, and systematization of experiences** with the aim of improving the quality of interventions and contributing to the dissemination of good practices in the context of childhood disability, mental health, and maternal and child health.

By collecting and analysing data, producing reports and studies, and collaborating with universities and research institutions, the organisation contributes to generating useful knowledge to better understand local needs and strengthen services.

These activities also include academic collaborations and service-learning programmes that involve students and researchers in the analysis and documentation of the experiences acquired in the field. The systematization of data and approaches also helps guide local public policy and contribute to promoting rights for people with disabilities, children, and their families.

Results achieved in **Kenya**

Access to rehabilitation and healthcare and educational services

Every year around 300 children with disabilities have access to multidisciplinary rehabilitation services, including physiotherapy, speech therapy, and cognitive stimulation activities. Since 2013 there have been 1,800 beneficiaries.

Around 200 children receive specialist medical support and rehabilitation aids, while 100 of them take part in comprehensive nutritional programmes that include nutritional screening, ongoing health monitoring, and nutritional assistance.

Every year, day-care services provide an intensive rehabilitation programme for **40 children**, promoting independence and social inclusion. By working with the families and the schools of the area, around 40 kids per year are supported in the school enrolment process.

Support for families and mental health

Every year around **300 caregivers**, mainly mothers, take part in counselling programmes and training sessions on disability, nutrition, and childcare.

Through psychosocial support programmes and social assistance, around **300 families** are supported. Many of these families live in conditions of severe social and economic vulnerability.

Economic empowerment for families

Annually, around **250 caregivers,** mainly mothers, are involved in economic empowerment programmes, which include participation in community savings and credit groups and support for launching and consolidating income-generating activities.

Strengthening of local services

Every year around **100 operators** – among them physiotherapists, health workers, teachers, and community health promoters – take part in training and supervision programmes.

Research and systematization

Over the years, Cittadinanza has promoted several research and experience systematization activities, including an epidemiological study on developmental disability in the sub-counties of Kibra and Dagoretti South (Nairobi, Kenya); two systematizations of the intervention approach for children with disability, focused on rehabilitation and nutrition programmes; a scientific article on the research done on mother-child attachment; and the development of a service guidance document for families to facilitate access to the available resources in the Kajiado North area.

All of our publications are available here:

ETHIOPIA

The **context**

With around 123 million inhabitants, Ethiopia is the second most populated African country. Of its population, 75% is under 25 and around 84% lives in rural areas. Although over the last years the country has registered significant economic growth, Ethiopia is still a low-income country and **strong inequalities** regarding accessing healthcare between urban and rural areas continue to exist: health coverage in rural areas is estimated at around 30%, against around 80% in urban areas (UNDP, 2019).

According to UNICEF (2018), around **9.3% of the Ethiopian population lives with some kind of disability,** corresponding to roughly 7.8 million people, and almost 30% of these people are children and youngsters under 25. Most of them reside in rural contexts where access to diagnostic, rehabilitation, scholastic, and social services is very limited.

In Ethiopia, mental disorders represent a significant health challenge with an estimated prevalence of 18% in adults and of 15% in children. **Epilepsy is the most widespread neurological disorder**, with a prevalence of 5.2 cases every 1,000 inhabitants. However, in rural areas only 1.6% of patients receive adequate pharmacological treatment (Worku, 2013) due to the shortage of specialized services, the limited availability of medications, and inadequate inclusion of mental health services in basic healthcare.

In rural areas, access to healthcare services often occurs only in cases of emergencies or acute events, while the management of chronic conditions, such as mental disorders or epilepsy, is hindered by economic, logistical, and geographical barriers. The distance from health centres, transportation costs and the limited availability of local services make it difficult to guarantee continuity for treatments and ongoing therapeutic monitoring.

Both in the Wolisso area and in the Gurage zone, where Cittadinanza operates, **scarce knowledge** on disability, mental disorders, epilepsy, together with the **social stigma** that still surrounds these conditions, contributes to limited access to diagnoses and adequate treatments for both adult and child patients.

To conclude, the local context is characterized by a **growing number of cases of gender-based violence**, which also affects girls and adolescents. The system of care for survivors is still lacking in terms of support services, and it does not always ensure an adequate integration of healthcare, social, and institutional services. Cultural barriers continue to exist and they continue to hinder the acknowledgment of the issue.

Cittadinanza's **approach**

In Ethiopia, Cittadinanza is working to **improve access to mental health services** for people with mental health issues and neurological disorders like epilepsy, as well as access to **rehabilitation services and support for children with disabilities**, while also **strengthening** the **skills** of health and social workers and promoting interventions to **support families and communities**.

The activities are implemented mainly in the Wolisso district, in the South West Shewa zone of the Oromia region, through collaboration between two key local partners: St. Luke Catholic Hospital, one of the leading healthcare facilities in the area, and Vision Community Based Rehabilitation Association (VCBRA), an organisation dedicated to community-based rehabilitation programmes in rural areas.

Since 2023, Cittadinanza has also started a collaboration with the Ethiopian Catholic Eparchy of Emdibir and with the Angelo in Africa Association, capitalising on the skills and resources developed in the Wolisso area with the aim of strengthening the support network for children with disabilities in the Gurage zone as well.

Activities are divided into different areas of intervention:

1. Mental health and epilepsy

Cittadinanza supports the activities of the **Mental Health clinic at St. Luke Catholic Hospital**, one of the few services available in the area for the diagnosis and treatment of mental and neurological disorders.

The clinic carries out about 5,000 visits a year, with over 2,000 patients, including many children and adolescents. A considerable portion of patients have been diagnosed with epilepsy, a condition often associated with social stigma and difficulty accessing care.

Activities include **clinical management** of patients, the free availability of psychiatric and **anti-epileptic drugs**, **counselling** for patients and families, and **outreach initiatives** to improve knowledge of mental disorders and reduce stigma in communities.

At the same time, **training and clinical supervision activities** are carried out **for the health personnel of the hospital and local services**, involving Ethiopian and Italian professionals, with the aim of improving the quality of healthcare services and strengthening collaboration between the hospital and local health centres.

2. Decentralization of local services and training of operators

Cittadinanza promotes the **skill building for community health workers and health personnel** working in local services in the context of mental health, epilepsy, and disability.

The training activities are inspired by the guidelines of the World Health Organisation's mhGAP (Mental Health Gap Action Programme), which promotes the **integration of mental health into basic healthcare services.** Through this approach, non-specialist health workers are trained for an early recognition of the most common disorders, as well as to ensure basic clinical management and refer the more complex cases to hospital services.

This work contributes to **strengthening the connection between hospitals and local services**, improving referral and ongoing monitoring mechanisms of patients, especially for chronic diseases like epilepsy, thus reducing the risk of discontinuation of treatments by patients who live far from health centres.

3. Rehabilitation of children with disabilities

Cittadinanza supports the **Physiotherapy department at St. Luke Catholic Hospital**, one of the few rehabilitation services available in the Southwest Shewa zone.

Each year the department welcomes hundreds of patients, including many children with different types of disabilities who are referred by the paediatric ward and neonatal intensive care unit.
Activities include **assessment and motor rehabilitation,** paediatric physiotherapy and **family support.** Through the hospital's carpentry, **custom-made assistive devices** are also created, helping to improve children's autonomy, and the quality of their daily life.

Particular attention is paid to supporting families, especially mothers of children with disabilities. Caregivers are supported in the care pathway, also through training activities and psychological counselling.

4. Community-Based Rehabilitation

Alongside hospital services, Cittadinanza supports the **Community-Based Rehabilitation (CBR)** programme carried out by the VCBRA association, which represents one of the few services available for children with disabilities in the rural zones of the Wolisso area.

The programme operates in several districts of Wolisso and reaches over one hundred children with disabilities, offering rehabilitation interventions directly in communities and family homes.
Activities include **home rehabilitation, early stimulation, medical support**, **distribution of aids, speech therapy and psychosocial support** for mothers, as well as training families on care practices and the education of children with disabilities.

At the same time, initiatives are **promoted to encourage school inclusion**, through the distribution of educational material, **training** activities aimed at **teachers**, and the creation of outreach groups in schools. Through art, poetry, and theatre, these groups help promote greater awareness on the rights of people with disabilities and the importance of school inclusion.

The programme also includes **nutritional support** interventions, which combine food distribution with training activities aimed at families. It also involves **economic empowerment initiatives** for the most vulnerable groups, through start-up support of income-generating activities and training courses on business management.

5. Community outreach activities

Cittadinanza's projects promote community outreach activities aimed at early identification of cases at risk of developmental disabilities or neurological problems and encourage referral to available healthcare services.

At the same time, other **information and outreach activities** are carried out in communities with a focus on early childhood development (ECD), disability prevention, childhood protection, mental health, and epilepsy. In many communities, these activities are also carried out through well-attended collective moments, such as traditional **coffee ceremonies**, which become opportunities to promote **greater awareness on the rights of people with disabilities** and the importance of access to healthcare services.

6. Strengthening the response to gender-based violence (GBV)

Cittadinanza contributes to the strengthening of gender-based violence response services at St. Luke Catholic Hospital, supporting the development of **counselling and integrated care** of women and girls who have survived violence.

The intervention focuses on strengthening the skills of health and psychosocial personnel involved in case management through **training, supervision, and methodological support activities**, with the aim of improving the quality of care offered to women and girls.

At the same time, Cittadinanza promotes the improvement of **coordination between the different services** involved in the response to gender-based violence — health, social and institutional levels — promoting the development of collaborative mechanisms. The activities also include the monitoring of survivors' needs and the analysis of the services available in the area, in order to identify critical issues in managing cases and promote continuous improvement to services.

7. Research and systematization of experiences

Over the years, Cittadinanza has also promoted **research and systematization of experiences activities**, with the aim of improving the quality of interventions and contributing to the development of knowledge in the context of mental health, gender-based violence and disability.

These activities include **two studies carried out on the subject of suicide**, one dedicated to the analysis of the suicidal behaviour of patients in the emergency room and the Mental Health clinic at St. Luke Catholic Hospital, and **one on the relationship between gender-based violence and suicide**, carried out in collaboration with three hospitals in the area.

Results achieved in **Ethiopia**

Through collaboration with St. Luke Catholic Hospital in Wolisso, the Vision Community Based Rehabilitation Association (VCBRA) and other local partners, Cittadinanza contributes to the strengthening of mental health services, rehabilitation and support for people with mental health issues and children with disabilities in the rural zones of the Oromia region.

Mental health and epilepsy

Every year the Mental Health clinic carries out over **5,000 visits**, with an average of about 250 new patients every quarter. About 30% of the patients followed are diagnosed with epilepsy.

Moreover, **150 patients** per quarter benefit from the free distribution of psychiatric and anti-epileptic drugs, and 30% of these patients are under the age of 18.

Rehabilitation and support for children with disabilities

About 600 patients each year are followed by the Physiotherapy clinic at St. Luke Catholic Hospital, and about 25% of these patients are children with disabilities.

Thanks to the Community-Based Rehabilitation programme, **150 boys and girls** with disabilities benefit annually from its support, and about 85% of them are under the age of 15.

A total of **150 children** followed by Community-Based Rehabilitation programmes benefit from support regarding medical visits, pharmacological treatments and assistive devices, school and hygienic-sanitary supplies, and a targeted nutritional programme with distribution of food packages.

Support for families

Every year, **150 caregivers** take part in training sessions on disability, care, and child protection, as well as receiving psychosocial support and counselling designed to strengthen parenting skills and support the emotional wellbeing of families.

At the same time, **20 families** receive support in setting up income-generating activities, with the aim of strengthening the financial independence of these households.

Support is also provided to five community savings and credit groups, which enable families to access small loans and develop local economic initiatives.

Community awareness and engagement

Five awareness-raising groups are active within schools, involving over **500 students** each year in the communities of Dilella, Tulu Bolo, Goro, Chitu, and Wolisso.

At the same time, **250 people** — including parents, teachers, and local authorities — take part in training courses on disability and inclusion.

In total, over **4,000 people** from rural communities around Wolisso take part each year in awareness-raising and information initiatives organised by the programme.

Training and strengthening of local know-how

Every year, **around 100** health and community workers take part in training, supervision and skills-sharing programmes on disability, mental health, and epilepsy.

INDIA

The **context**

With a population of over 1.4 billion people, India is now the most populous country in the world. **Despite significant economic growth** in recent decades, the distribution of wealth remains highly unequal, and it is estimated that **over 350 million people** still live **below the poverty threshold.**

Among the groups that are most vulnerable to **inequality and discrimination are people with disabilities and those with mental health issues**, who often face difficulties in accessing health, education, and social services. Although India was one of the first countries to sign the United Nations Convention on the Rights of Persons with Disabilities (2007), the practical implementation of inclusion policies remains limited in many parts of the country.

In Tamil Nadu, according to government estimates, over 100,000 people live with an intellectual disability, often caused by malnutrition, complications during pregnancy or inadequate medical care in early childhood. Families caring for children and young people with disabilities often receive **little support from public services** and have **limited access to rehabilitation** and training programmes.

In many contexts, children and young people with disabilities are also exposed to severe forms of **social stigma**, isolation, and discrimination, which limit their participation in community life and their access to education and employment.

In this context, the lack of specialised services, the scarcity of information, and the persistence of social and cultural barriers make it particularly difficult for people with disabilities and their families to access opportunities for care, rehabilitation, and social inclusion.

Cittadinanza's **approach**

In India, Cittadinanza supports the work of **Best New Life Shelter (BNLS)**, a day centre for children and young adults with disabilities located in the rural area of Arcot, in the district of Ranipet, in the state of Tamil Nadu.

The centre was founded in 2003 by Catherine Inbarajan, the mother of a child with severe spastic tetraparesis resulting from meningitis, with the aim of **offering support and development opportunities** to children with disabilities living in contexts of severe social and economic vulnerability.

Over the years, Cittadinanza has supported the centre's operation and development, helping to **strengthen rehabilitation, care, and social inclusion services** for children and young people with disabilities.

For many children and young people with disabilities, the Best New Life Shelter represents one of the few spaces for care, rehabilitation, and socialisation available in the community, offering educational, rehabilitative, and independence-building activities, as well as support for families.

Activities are divided into different areas of intervention:

1. Rehabilitation and development of independence

The centre offers personalised rehabilitation programmes and support to help children and young people with various disabilities – including intellectual disabilities, cerebral palsy, autism, Down syndrome and multiple disabilities – develop their independence.

Activities include: physiotherapy and motor skills activities to improve mobility and coordination; occupational therapy and manual activities to develop functional skills; yoga and wellness activities to promote physical and mental wellbeing; and personalised educational programmes based on each child's abilities and needs.

2. Education and social inclusion

The centre promotes educational and social inclusion activities with the aim of fostering the development of cognitive, interpersonal, and social skills in children and young people with disabilities.

Key activities include: tailored educational programmes; academic support for children within the education system; and activities aimed at socialisation and the development of interpersonal skills. For young adults, vocational training programmes are also provided with the aim of helping them develop the skills needed to enter the workforce.

3. Support for families

The centre encourages families to play an active role in their children's rehabilitation process. Through regular meetings and training sessions, parents are kept informed about the centre's activities and given support in helping their children develop independence and manage their daily routines. At the same time, the centre offers support to families with the administrative procedures involved in obtaining disability recognition and accessing government benefits, thereby helping to ensure that the rights of people with disabilities are upheld.

4. Health and nutrition

The centre provides the children and young people present with a nutritious meal every day, which is essential for supporting their growth and wellbeing.

Medical camps are also organised to monitor the children's health and to offer healthcare services to other members of the community who are not yet registered with the centre.

Results achieved in **India**

Rehabilitation and inclusion of children with disabilities

Since 2003, the centre has welcomed and supported **over 300 children** and young adults with disabilities, offering programmes focused on rehabilitation, education, and the development of independence.

Job placement

More than **40 young adults** have been able to access employment opportunities thanks to the vocational training activities run by the centre.

Support for families and the community

Over the years, **182 families** of children supported by the centre have received the government disability allowance, thanks to the assistance provided by the BNLS regarding the completion of administrative procedures necessary for recognition of a disability by the state.

At the same time, the centre has worked with other local organisations to help around **15,000 people** with disabilities apply for the necessary documents to have their disability recognised and to access public services.

Stay tuned!

www.cittadinanza.org
On our website, you'll find all the information about our projects, and in the news section you can learn more about the latest updates and mission reports.

YouTube: CittadinanzaEts
Discover our projects in Kenya, Ethiopia and India through the videos on our YouTube channel.

Facebook - Cittadinanza_ets
Like our Facebook page to receive more frequent updates, stories from our projects, announcements of events in Italy, and in-depth articles on disability and mental health.

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Follow us on Instagram and get a glimpse of our projects in Kenya, India and Ethiopia, as well as the initiatives we organise locally.

You can support our projects with a contribution at:
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Agenzia Rimini Marecchiese
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IBAN: IT 11 Z0899524204000000220463
Account holder: Cittadinanza Ets

Or through our website:
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