



A METHODOLOGY FOR THE IMPLEMENTATION OF THE TERRITORIAL APPROACH: THE 'INNER AREAS' STRATEGY

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Inner Area: what does it mean?

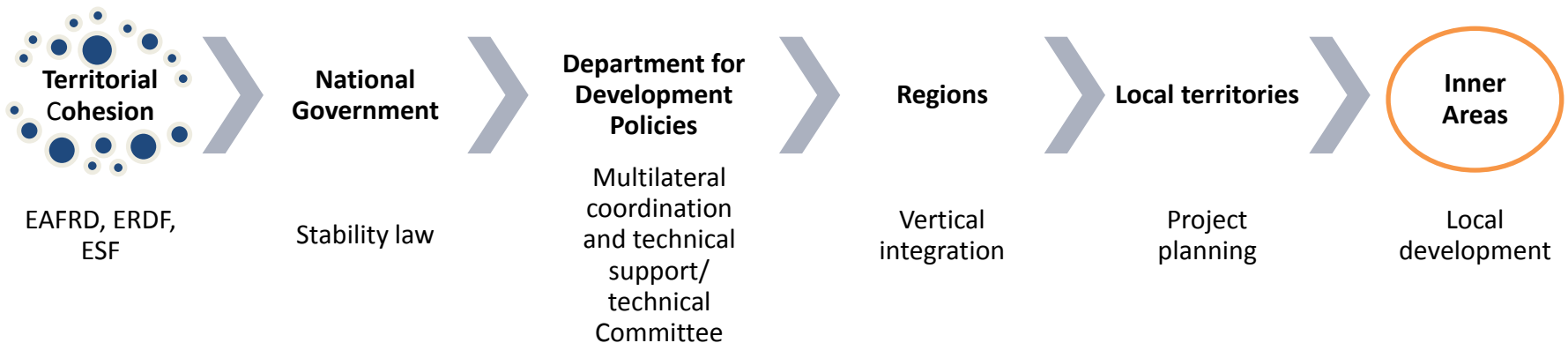
Inner Areas are those territories characterised by

- ❖ a NOT adequate offer of/access to essential services to assure citizen's rights;
- ❖ being rich in natural assets (water resources, agricultural systems, forests, natural landscapes) and cultural resources (archaeological settlements, abbeys, small museums, craft centres);
- ❖ low population density;
- ❖ often: high seismic risk.

In Italy inner areas covers almost the 60% of the whole national territory embracing about the 23% of its total population and more than 4000 municipalities

Why an Inner Areas National Strategy?

- ❖ To reduce demographic decline in Inner Areas;
- ❖ To empower territories and people to restore wellbeing over marginalized areas and making use of their output potential;
- ❖ To overcome the rural-urban dichotomy;
- ❖ To reduce high costs for the country induced by land abandonment.



Methodology to identify Inner Areas

'Service Centers' have been defined as those municipalities that offer

- an exhaustive range of secondary schools;
- at least a 1st level DEA (highly specialized) hospital;
- at least a 'Silver - type' railway station (*RFI*).

NO DEMOGRAPHIC CRITERIA HAVE BEEN APPLIED

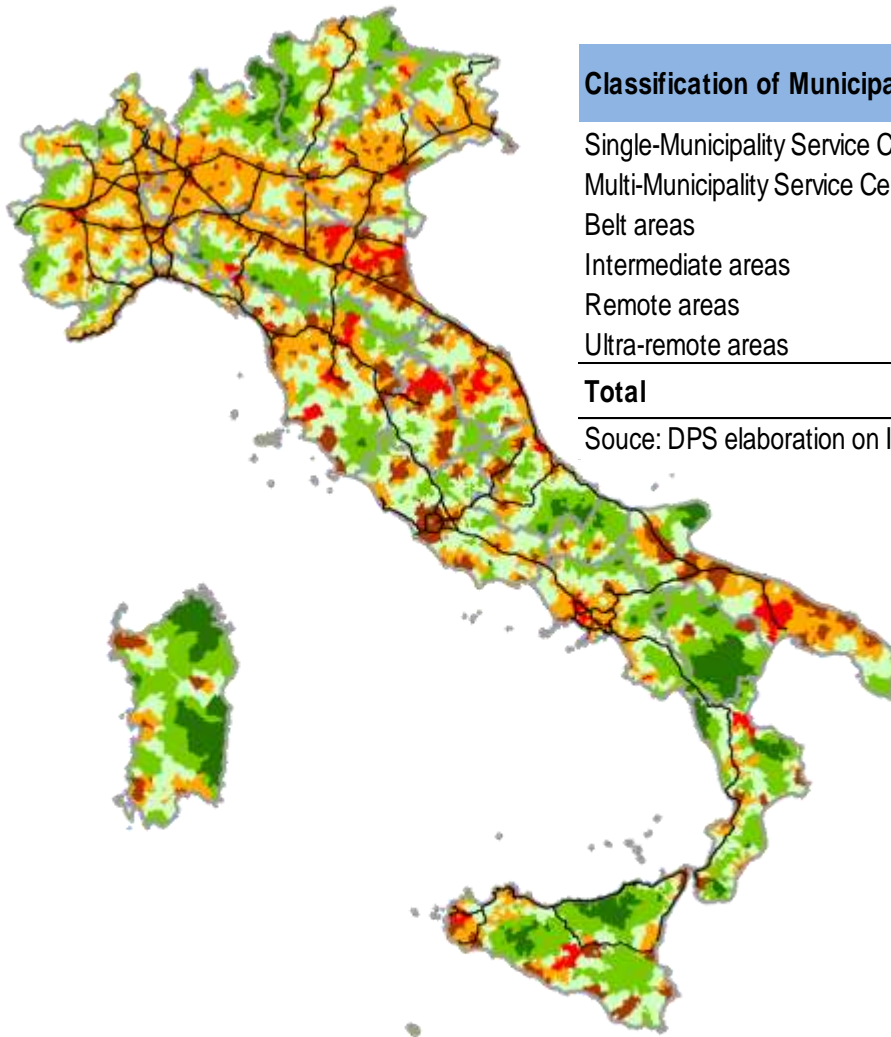
Areas have been mapped according to the distance (travel-time) from these 'Service Centers' as:

- 'Belt' areas – up to 20 minutes far from the centers;
- 'Intermediate' areas – from 20 to 40 minutes;
- 'Remote' areas – from 40 to 75 minutes;
- 'Ultra - remote' areas – over 75 minutes far



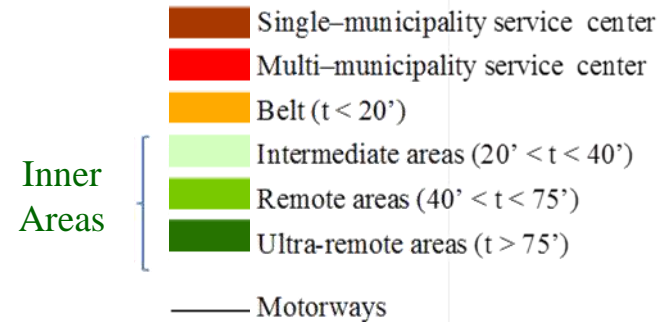
Inner Areas

Italy's Inner Areas



Classification of Municipalities	N.	%	Average elevation	Population	%	KM ²	%
Single-Municipality Service Center	217	2,7	148	20.983.786	35,3	28.948	9,6
Multi-Municipality Service Center	122	1,5	195	2.986.161	5,0	8.606	2,8
Belt areas	3568	44,1	219	22.135.047	37,2	83.982	27,8
Intermediate areas	2360	29,2	399	8.832.422	14,9	88.187	29,2
Remote areas	1522	18,8	601	3.812.271	6,4	72.829	24,1
Ultra-remote areas	303	3,7	666	684.057	1,2	19.521	6,5
Total	8092	100,0	358	59.433.744	100,0	302.073	100,0

Source: DPS elaboration on Istat - Census 2011

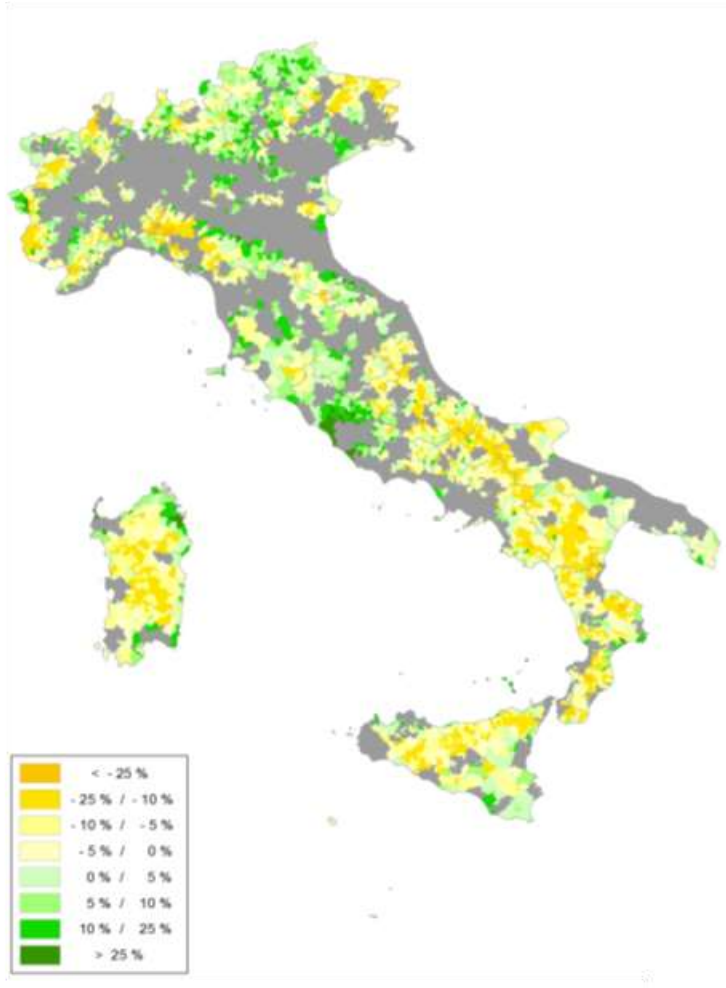


Demographic Decline in Inner Areas

Percentage change in population 2001-2011

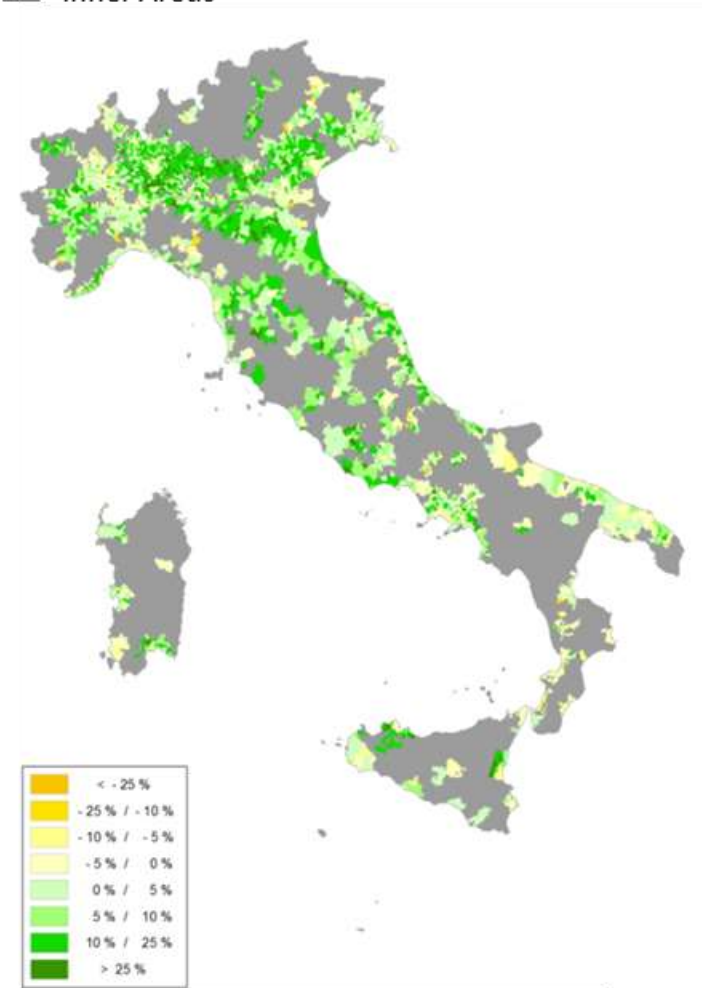
INNER AREAS

■ Service centers and belt areas



SERVICE CENTERS AND BELT AREAS

■ Inner Areas



Source: DPS elaboration on Istat data – Population Censuses 2001 - 2011

The conceptual framework: a place-based approach

1) Citizens, vision and heated debate

- ❖ The identification of boundaries of project-areas (“places”) is neither top-down nor bottom-up but top-down-bottom.
- ❖ The top contribution is the preliminary identification of the citizens’ obstacles to live the life they would like to live (substantial freedom) in education, health and care, mobility.
- ❖ Both at this stage and later in the process, “rights” and “growth” are addressed simultaneously.
- ❖ The process does not start from projects but from “**persons**”/citizens: they are asked to conceive a vision of the place for the future and a “way out” from the present state;
- ❖ Throughout the process, a participatory approach is implemented based on a heated, open, informed and reasonable **debate**.

2) Local ownership and Central Paternalism

- ❖ Responsibility is entrusted to coalitions of Municipalities’ majors (of the project-area), each of them choosing a leader
- ❖ The national team is highly pro-active, taking part on the field in all stages of Strategy-building, putting on the ground information, promoting working methods, and often acting as a “destabilising force” vis-à-vis the local conservative elite;
- ❖ Interventions are finally approved in an Agreement signed by the project-area’s leader, the Region and the National team.

3) Territorialising and integrating sectoral policies

- ❖ Education, health-welfare and mobility policies – to address “rights” - are designed simultaneously with policies to promote growth and employment (agriculture, tourism, culture) Inner Areas with consistent elderly characteristics;
- ❖ Financial resources for “rights” (about 4 mln euros for each area) come from the national budget and are targeted to experimental actions which will be made permanent if proved successful;
- ❖ Financial resources for “growth” (on average three times as much) come from all four Regional EU structural funds for 2014-2020;
- ❖ The National team is made of functionaries of all sectoral administrations (“embedded territorial units”) and external project experts (in different fields) selected for this task.

4) Expected results

- ❖ **Outcome indicators** are produced by the national team to orient the vision and the action;
- ❖ The final strategy must point to expected **results measurable by indicators** and resources are destined to measurement and evaluation.

5) Democratic experimentalism

- ❖ The “rules of the game” are written as steering principles which can be adjusted while more knowledge comes on board (avoiding procedural traps);
- ❖ The whole Strategy is conceived by its actors as a **learning process**.

Methodology to select Inner Areas

The selection process is composed of two interrelated steps:

- ❖ Desk analysis (Inner Areas' Open Kit)

Each pre-selected area is thoroughly analysed with respect to a series of demographic and socio-economic parameters (*UAA trends, deforestation, hydrological risk, population losses, entrepreneurship, tourism and cultural heritage, quality of education, and health services are some examples*)

- ❖ Field analysis (Technical Committee's visits to pre-selected areas)

A number of focus groups are organised on local development subjects meeting territories and local authorities

Open Inner Areas method in practice

The case of Molise Region

– demographic data analysis –

	A. General indicators	ALTO MEDIO SANNIO	FORTORE	MAINARDE	MATESE	MOLISE Inner Areas	ITALY Inner Areas	MOLISE	ITALY
a.1	Municipalities	33	12	13	14	109	4185	136	8092
a.4	Resident population at 2011	35.803	21.347	13.367	20.572	191.689	13.328.750	313.660	59.433.744
a.7	% of population inner areas	97,9	93,2	62,1	100,0	100,0	100,0	61,1	22,4
b.3	% population aged 65 and over at 2011	27,7	26,8	25,0	21,0	23,5	21,2	22,1	20,8
b.5	Change in total population between 1971 and 2011	-35,9	-27,2	-18,6	-9,5	-13,3	4,6	-1,9	9,8
b.6	Change in total population between 2001 and 2011	-10,4	-9,2	-4,8	-3,1	-3,7	2,3	-2,2	4,3

Open Inner Areas method in practice/2

The case of Molise Region

– Analysis of the data on primary education –

	H. Primary education (2012)	ALTO MEDIO SANNIO	FORTORE	MAINARDE	MATESE	MOLISE Inner Areas	ITALY Inner Areas	MOLISE	ITALY
h.4	Average number of students per school	43,5	58,9	39,5	58,9	74,0	112,0	91,1	162,3
h.8	Turnover rate of teachers	4,1	10,9	0,0	4,3	4,4	5,1	4,3	4,9
h.9	% of classes with the number of pupils of up to 15	75,3	65,6	76,3	69,7	55,0	34,5	46,1	19,2
h.14	Test Invalsi: average result(dev. standard) in mathematics - last class of primary education	48,8 (18,4)	51,6 (17,2)	58,4 (14,2)	60,4 (16,7)	-	53,6 (17,6)	53,6 (17,6)	54,9 (17,8)

	F. Health (2012)	ALTO MEDIO SANNIO	FORTORE	MAINARDE	MATESE	MOLISE Inner Areas	ITALY Inner Areas	MOLISE	ITALY
f.4	Rate of avoidable hospitalization (LEA=570,0)	561,0	649,5	472,0	651,7	492,7	583,9	543,6	544,0
f.7	Time (in minutes) between the start of the telephone call to the monitoring station and the arrival of the first rescue vehicle on the spot. (Intervallo Allarme - Target).	32	24	23	25	25	21	22	16

Inner Areas focus group

Focus group is organized by the Italian Committee on Inner Areas in collaboration with Regions and local territories. On average it lasts 3 hours organized as follow:

4 sessions: local development, healthcare services, education, transport services;

16 speakers: 3 local actors + 1 expert from relevant Ministry each session.

A typical session focused on local healthcare system

- ❖ 1 speaker from the Ministry of Healthcare _ Directorate General health services
- ❖ 1 Chief medical officer representing local healthcare system
- ❖ 1 Social Care Supply Worker
- ❖ 1 NGO or ONLUS member or chief

..... *Discussing and analysing the OPEN KIT data on healthcare local services*

Sharing Indicators with Local Communities

The case of Fortore in Molise Region – Healthcare session

During the focus group, data have been discussed by the local stakeholders arguing:

- ❖ People not used to discuss daily problems through “data” / indicators
- ❖ The high value of the *emergency preparedness* is influenced by the topography of each territory and should be considered
- ❖ The IHC does not account of the diffused system of informal assistance

Generally, during the focus group, 4 main remarks are made:

- ❖ Ability of indicators to represent the real local context
- ❖ The need to analyse data considering local specificities
- ❖ Skepticism over possible solutions advanced to reorganize the healthcare or formative system
- ❖ Understanding of the importance to share the long-run development objectives between local and central actors

Selected project-areas

At present, selected areas within the Strategy:

- are 66; total resident population of 1.896.000;
- concern 3% of the total national population, 55% of which live in remote and very remote areas; cover 16% of the national territory. This population has been decreasing by 4,6% between 2001 and 2011;
- are composed by an average of 15 municipalities, with around 29.000 habitants each.



* Geographic distribution of the project areas, September 2016. The following areas are at the final stage of the selection process: 3 areas in Puglia- Gargano, Alta Murgia and Sud Salento- and 3 areas in Lombardia- Oltrepo Pavese, Alto Lago di Como and Pre Alpi Bresciane.

Operational phase: the stages

- I. 1 pilot project-area is selected for each Region (to concentrate scarce human resources and learn gradually);
- II. For each pilot a “Strategy draft” with a vision for the future is elaborated through close interaction Area-Region-National team;
- III. Once the Draft is approved, work starts to draw a “Preliminary Strategy” which identifies expected results and actions: scouting of innovative actors (often resisted by conservative local forces) is central in this stage;
- IV. A “Strategy” is prepared with projects, targets (in terms of outcome indicators) and financial allocation which is the base for the Formal Tripartite Agreement;
- V. The Formal Agreement is signed and implementation starts;
- VI. Monitoring of the process and of outcome indicators and evaluation are carried on;
- VII. Horizontal learning takes place through these different stages, via Open Government, Social media and Forums.

How we do communicate?

Our first way to communicate with territories are focus group.

At the end of the selection process, we share all relevant process documents through a dedicated website :

<http://www.agenziacoesione.gov.it/it/arint/index.html>

In here we report:

- ❖ Each meeting report and the field mission programme
- ❖ An in depth analysis of each essential service considered (healthcare, education and transport) produced by the competent Ministry
- ❖ The “ final Investigation report” produced by the Technical Committee on the analysed regional inner areas
- ❖ The OpenData Kit, made by a comma-separated values (CSV) file and a general guide to all the 100 indicators used in the selection process

Communication and sharing



With project areas

- Land meetings and focus group



With Italian inner areas

- Annual Forum of Inner Areas
- Seminars, events and conferences



With stakeholders

- Dedicated web page
<http://www.agenziacoesione.gov.it/it/arint/index.html>
- OpenKit
- In-depht dossier and report of the process
- Facebook page: like 1162; post's views between 1500 - 8000; post shared between 10-60

Critical Issues

- 1) Hard balancing between two opposite risks: not destabilising (or even legitimising) the existing conservative elites; disrupting the local order with no way out to rebuild it;
- 2) Local administrative capacity (especially in designing projects) and scarcity of truly high level technical assistance;
- 3) The pressure for quick-fix, even at national level, puts such Long-term Strategy at risk of being hurried or discontinued;
- 4) Difficulty in using "Result indicators" as guiding tools for policy design and implementation.