

eni

foundation

ANNUAL REPORT 2011



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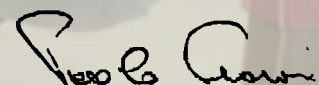



Letter from the Chairman

In line with the Millennium Development Goals set by the United Nations, the commitment of Eni Foundation continues in the protection of childhood, in the fight against transmissible disease and in the prevention of the mother-baby transmission of HIV.

In 2011, the projects underway in the Congo and Angola reached complete executive maturity. Acknowledged in the field as concrete intervention models, working alongside communities and institutions, they have been able to initiate new operative approaches in local health systems, destined to have lasting effect. 300 thousand vaccines administered, 250 thousand paediatric and children's check-ups, 325 thousand laboratory analyses, 17 thousand antenatal consultancies and HIV screening tests, 11 thousand safe births, 61 thousand obstetrician check-ups in addition to thousands of hours of training and sensitisation of local health workers, bear witness to the daily commitment of the men and women involved in the Foundation's work, carried out with constant, silent devotion in the city just as in the most remote, isolated villages. This year, the Foundation has further broadened its horizons of solidarity and development, completing, in collaboration with the local health authorities, the design of a new initiative in Ghana, which by improving health service conditions in the western region of the Country, may help reduce mother-infant mortality.

Paolo Scaroni





Directors' Report

Eni Foundation profile

Established late 2006 with the aim of increasing and improving Eni's capacity to provide coherent, effective responses to expectations of civil society, the Eni Foundation mainly deals with the major problems connected with the protection of fundamental human rights: survival, social development, protection and education in particular, focussing its action on children, society's most fragile and undefended members. In line with the heritage of values that has always characterised the work of Eni, the Eni Foundation mission aims to "promote the protection of the rights of childhood through the development of social solidarity initiatives that can encourage complete well-being and development".

Human Resources

In its operations, the Eni Foundation uses the skills and know-how of Eni, with which it has stipulated a contract for the supply of technical services and seconded staff used in performing the Foundation's work.

Operating modalities

The Eni Foundation is an operative business foundation: in order to achieve the objectives assigned, it takes a proactive approach, hinging its work on initiatives that are planned and carried out independently. All Eni Foundation interventions are inspired by the following principles:

- analysis and understanding of the reference context;
- transparent communication with stakeholders;
- vision and long-term commitment;
- dissemination and sharing of results and knowledge.

The main work of the Foundation takes place through initiatives in favour of childhood and, in its specific nature of being a business foundation, it adopts the criteria of efficiency of its business context:

- clarity of objectives and contents;
- operative control;
- sustainability;
- possibility of measuring the results forecast;
- possibility of replicating interventions.

The Eni Foundation expresses the wealth of experience and know-how developed by Eni's founder, Enrico Mattei, in the various different social and cultural contexts around the world. In the firm belief that complex problems require an integrated approach, the Foundation is open to collaborations and partnerships, both during the design and development stages, with other organisation (non-governmental associations, humanitarian agencies, local administration and institutions) of proven skill and experience.

Organisational structure

The Eni Foundation structure consists of the following bodies:

Board of Directors

Chairman of the Board of Directors Paolo Scaroni
Deputy Chairman Raffaella Leone

Directors: Claudio Descalzi, Domenico Dispenza, Angelo Fanelli, Stefano Lucchini

General secretariat: Vincenzo Boffi

Scientific Committee: Pier Carlo Muzzio, Manuel Castello, Alessandro Lesma

Board of Auditors:

Chairman Luigi Schiavello, Giuseppe Morrone, Pier Paolo Sganga

Summary of activities

In 2011, the initiatives developed directly by the Foundation in favour of the health of children in the Republic of the Congo and in Angola have consolidated important results in terms of strengthening the network of local health services and structures and in enhancing the technical-managerial capacity of healthcare staff.

In the Congo, the Salissa Mwana project ("Let's protect children") aims to improve children's healthcare in the isolated rural areas of the regions of Kouilou, Niari and Cuvette through extensive vaccination programmes against the main pathologies; to strengthen the basic peripheral healthcare structure; to train healthcare staff on various levels; and to sensitise the population in terms of prevention.

Initiated in 2008 in collaboration with the Country's Ministry of Health and the local non-governmental organisation Fondation Congo Assistance, in 2011 Salissa Mwana reached full maturity with the strengthening and extension of primary healthcare services in all districts of the three regions concerned by the project. It was also possible to face up to major challenges in logistical and operative terms to increase the number of healthcare centers involved, thanks to the ever increasing number of activities in support of the development of national programmes and thanks to the extension of these in the more outlying, difficult to reach districts of Cuvette. As from the second half of 2010, and throughout 2011, further commitment came from the support provided to the health authorities to cope with a violent polio virus epidemic imported from Angola, which had extremely serious repercussions, particularly in the regions of Pointe Noire and Brazzaville, Kouilou and Niari. The Kento Mwana ("Mother-Child") project that first started in 2009 in collaboration with the local Ministry of Health, aims to reduce the mother-baby transmission of the virus in HIV-positive pregnant women to 2-3%, offering counselling services and voluntary screening at the network of first level healthcare centers and, in the event of seropositivity, prophylaxis or treatment services at the maternity and children's wards of the reference hospitals. The initiative is run in the three regions of Kouilou, Niari and Cuvette, where the network of healthcare structures is used, as had already been activated under Salissa Mwana. The party clinically and scientifically responsible for the project is the Infectious Disease Clinic of Genoa University.

In Angola, the Kilamba Kiayi project, promoted with the Ministry of Health and the local non-governmental organisation Obra da Divina Providencia, aims to improve health in the mother-child population of the municipality of Kilamba Kiayi, in Luanda. The intervention, which also enjoys the support of major international scientific institutions, aims to reduce the incidence of preventable disease and disease caused by malnutrition by strengthening peripheral healthcare structures, monitoring epidemics and developing vaccination programmes and dietary education.

In Indonesia, collaboration continued with Smile Train Italia to develop a truly excellent specialised center for the treatment of congenital facial malformations in Tarakan, in the region of Eastern Kalimantan.

During the three missions carried out by Smile Train in Takaran hospital (from July 2009 to April 2011), a total of 190 patients underwent surgery.

Childhood health

The United Nations Millennium Development Goals include the reduction of infant mortality (MDG 4 and 5), for which in 1990 it was established that the reduction should total two thirds by 2015. The indicator has recorded overall constant progress, particularly as from 2000, but with significant differences between the different geographic areas. Worldwide, deaths of children aged under 5 dropped by one third from 1990 to 2009, going from 12.4 to 8.1 million. 80% of the total is concentrated in Sub-Saharan Africa, Southern Asia and Oceania and approximately half in just five different Countries: India, Nigeria, the Democratic Republic of the Congo, Pakistan and China. The highest rates are constantly recorded in Sub-Saharan Africa, where 1 in every 8 children die before reaching the age of 5, a value approximately 20 times greater than the average of developed regions (1 in 167).

The main causes of infant death include malaria, diarrhoea and infectious disease, in Sub-Saharan Africa responsible for more than half all deaths.

Despite a decline in new cases, and in the related mortality rate, malaria remains one of the world's most common pathologies: in 2009, 225 million cases were recorded and 780 thousand deaths, for 85% of African children aged under 5 years old. Infectious diseases that can be prevented by vaccine include measles, which was responsible for 164,000 deaths in 2008, despite the major, generalised reduction in mortality levels in recent years, thanks to improved vaccination services and, more generally, access by the infant population to healthcare services.


The rotavirus is, worldwide, the most common cause of severe diarrhoea in childhood and each year kills more than 500 thousand children, of whom half in Africa, particularly in the age range 6-24 months. The wide-scale vaccination against the rotavirus, together with other measures (saline rehydration, zinc administration) aimed at strengthening its efficacy, would enable a major reduction in deaths caused by gastroenteritis from rotavirus also in developing Countries and particularly in areas where access to healthcare is difficult. Finally, we should consider that all childhood pathologies are aggravated by malnutrition, which worldwide is jointly responsible for at least one third of deaths under the age of five years old and a great many other problems, such as vitamin A deficiency, causing delayed growth, lesser resistance to infection and sight problems. Within the phenomenon of infant mortality, the portion of newborn deaths is extremely important: out of approximately 135 million children born worldwide every year, almost 3 die during the first week of life and a million in the next three. The main factors, as for maternal mortality, include a precarious state of health and specific pathologies of the mother not suitably treated during pregnancy, which can cause premature birth and severe permanent disabilities in the child.

The third mission, developed in April 2011, guaranteed the pursuit of the intensive training of Indonesian doctors and nurses and the surgical treatment of a further 66 patients.

In 2011, a new initiative began in Ghana, aimed at developing and strengthening healthcare services in the western region of the

Country, to help reduce maternal and infant mortality. During the year, the preliminary studies were completed of pre-feasibility and in December 2011, Eni Foundation signed a memorandum of understanding with the Ghana Ministry of Health.





Republic of the Congo

Country data

Population (thousands)	4,043
- under 18 years old (thousands)	1,895
- under 5 years old (thousands)	623
Life expectancy at birth (years)	57
Infant mortality rate (out of every 1,000 live births)	
- 0-5 years	93
- 0-12 months	61
- newborn	29
% born underweight (2003-2008)	13
% children aged 0-5 years old underweight	11
(moderate and severe 2006-2010)	
% children aged 0-5 years old with delayed growth	30
(moderate and severe 2006-2010)	
Maternal mortality rate	780
(out of every 100,000 live births 2006-2010)	
Risk of maternal mortality during life (2008)	1 in 39
Gross national income per capita (US \$)	2,310
Comprehensive expenditure on health	
- as % of GDP (2009)	2
- as % of state spending (2000-2009)	4

Source: UNICEF 2010

The “Salissa Mwana” health project in favour of children in rural areas

The “Salissa Mwana” health project in favour of children in rural areas. The Salissa Mwana project aims to help improve healthcare to children resident in the isolated rural areas of the regions of Kouilou, Niari and Cuvette through vaccination programmes against the main pathologies in support of the activity carried out by the Country's health authorities. To achieve the main objective in the three regions, the project pursues the strengthening of the basic peripheral healthcare structures, named Integrated Healthcare Centers, improving their operative and managerial capacities and integration with the reference territory. To this end, the initiative includes the complete structural rehabilitation of 30 Centers, the training of healthcare staff on various levels and the sensitisation of the population to matters of prevention. Through this model, basic healthcare services (therapeutic treatment, immunisation, preventive medicine, antenatal and postnatal consultation) have been progressively strengthened until achieving the forecast coverage of the districts and three regions during the 4 years for which the project runs.

The project is carried out on the basis of a partnership agreement with the Ministry of Health and the Population of the Republic of the Congo and in collaboration with the local NGO, Fondation Congo Assistance. In 2011, Salissa Mwana reached full development, covering the

entire area of intervention, overcoming major challenges in logistical and operative terms due to the increased number of healthcare Centers involved, the increasing number of activities in support of the development of national programmes and the extension of these in the more outlying, difficult to reach districts of Cuvette. As from the second half of 2010, and throughout 2011, further commitment came from the support provided to the health authorities to cope with a violent polio virus epidemic imported from Angola, which had extremely serious repercussions, particularly in the regions of Pointe Noire and Brazzaville, Kouilou and Niari.

Activity

Rehabilitation of peripheral healthcare structures

In 2011, the 3 rehabilitation works envisaged were completed: a vaccination center at the area capital of Cuvette, Owandou, an Integrated Healthcare Center in Makoua, again in Cuvette and an Integrated Healthcare Centers in Mongondou North in Niari. The structures are able to dispense vaccination and basic healthcare services in a rural environment.

To reach the more inaccessible villages for vaccination and the other project activities, in 2011 2 motorcycles were purchased and delivered to the department of Niari and 4 new cars acting as ambulances. The latter were delivered to the three departments as follows: 2 in Kouilou, one in Niari and one in Cuvette.

Training

In 2011, 415 training sessions were held, involving 409 staff units, of which: 118 medical staff of 30 Integrated Healthcare Centers restructured by the EF and 49 of 43 Dispensaries, Integrated Healthcare Centers, hospitals and healthcare structures not restructured by the Eni Foundation (total 167); 57 healthcare executives under the scope of the PEV programme run by the NGO Medici in Africa; 25 trainers and 160 healthcare workers of the maternity sector chosen from the 3 departments formed by the OMS in urgent newborn and obstetric interventions.

In 2011, 218 training supervision sessions were held. From the start of the project until today, 748 training sessions have been held and 696 people trained, of whom: 454 medical staff of 30 Integrated Healthcare Centers restructured by the EF and 43 Dispensaries, Integrated Healthcare Centers, hospitals and healthcare structures not restructured by the Eni Foundation; 57 healthcare executives under the scope of the PEV programme run by the NGO Medici in Africa; 25 trainers and 160 healthcare workers of the maternity sector chosen from the 3 departments formed by the OMS in urgent newborn and obstetric interventions. From the start of the project until today, 566 supervisory sessions have been held.

Table of total training sessions for 2011 per department.

No. of EF Integrated Healthcare Center training sessions	Unit training sessions					
	Department health operations					
	K	N	C	K	N	C
Total sessions according to Dept	62	123	43	45	142	
Total sessions 2011	415					

Health context

Approximately 50% of the Country's population lives below the poverty line. Per capita spending on health was 53 USD in 2008, just over the 45 USD/year estimated by Unicef as the minimum level necessary to guarantee basic healthcare services. The health service suffers structural and quality deficiencies in the services provided, worsened by a major disparity in the distribution of the assistance structures between urban centers and rural areas, which penalises access to treatment, in particular in the northernmost regions.

The Country's health situation has some major critical issues, as shown by the rates, which are amongst the highest of Sub-Saharan Africa, of infant mortality (75 per 1,000 births), newborn mortality (117 per 1,000 births) and maternal mortality (780 per 100,000 births). Newborn mortality is affected by the high percentage of premature births, which causes the death of 1 newborn in 3, whilst infant mortality is mainly due to diarrhoea and respiratory disease or endemic disease such as malaria.

In the capital and in Pointe Noire, malaria is the most significant cause of hospitalisation (approximately half of all paediatric hospitalisations) and of more than 30% of deaths under the age of 5 years old. Anaemia generally associated with the more severe forms of malaria and worsened by the already widespread anaemia in children as a consequence of malnutrition and multiple parasitic diseases.

In terms of nutrition, it is estimated that more than 20% of the population is underfed and, according to Unicef, more than a quarter of infant deaths can be attributed to malnutrition, which also causes delays, at times severe, in the growth of 30% of children under the age of 5 years old.

In recent years, the development of extensive integrated immunisation programmes has enabled us to reduce the incidence of potentially mortal pathologies that can be prevented by vaccination, including measles, which would appear to be basically under control, and poliomyelitis.

As concerns the latter, the Country organises regular mass vaccination campaigns for children with good results (the last case of indigenous polio now dates back to 2000), but were unable to avoid a violent epidemic of polio virus in 2010, imported from nearby Angola.

Maternal mortality is not only caused by obstetric problems, but also, indirectly, by HIV/AIDS, malaria, TB, anaemia and similar. The value, which is fairly high, if we consider that 83% of women have antenatal care and that 86% of births, at least in an urban environment, are assisted by healthcare staff, reveals the unsatisfactory quality of healthcare.

With the aim of halving maternal-infant mortality rates by 2015, a programme has been launched in support of mother-child couples, through the strengthening of all services provided, starting from the basic peripheral healthcare Centers and including the distribution of treated mosquito nets, free anti-malaria treatment for pregnant women and children aged 0 to 15 years old, caesarian births, anti-retrovirals and biological tests for HIV/AIDS.

Project description

Areas of intervention and beneficiary population

The regions concerned are: Niari and Kouilou, to the south-west and Cuvette to the north. The beneficiary population is estimated as approximately 200 thousand children (0-5 years old), equal to one third of the Country's infant population, resident in the rural and outlying areas of the three regions.

Objectives

- To reduce the incidence of the main childhood pathologies through vaccination programmes.
- To strengthen the capacities of the basic peripheral healthcare centers.
- To strengthen the competences of the local healthcare staff in terms of vaccination and prevention.
- To sensitise the population to the prevention of transmittable disease.

Activities

- Rehabilitation of 30 peripheral healthcare centers (Integrated Healthcare Centers) through their complete restructuring and equipping, and fitting with solar panels for electricity and wells for drinking water.
- Vaccination campaigns against the main pathologies, carried out both in the reference healthcare centers and directly in the most remote villages, using mobile vaccination centers.
- Monitoring of epidemics in the infant population.
- Training of local technical-healthcare staff.
- Information and sensitisation campaigns targeting the beneficiary communities.

Structure and organisation

- A coordination center in Pointe Noire for all organisational, administrative and logistic aspects.
- 3 logistical-operative bases for the management of both strictly health related activities and those connected with the conservation and transport of vaccines in Pointe Noire (Kouilou), Dolisie (Niari) and Oyo (Cuvette).
- 30 Integrated Healthcare Centers (16 in Niari, 7 in Cuvette and 7 in Kouilou) as a base for vaccination, training and sensitisation amongst rural communities.
- 24 medical units, mobile vaccination centers and transport means (21 on road and 3 on water) to connect the various operative bases, the public vaccine storage center and the Integrated Healthcare Centers as well as to reach the individual remote villages.

Partners and roles

- Eni Foundation finances the project and is responsible for its general coordination and management.
- The Ministry of Health makes the healthcare structures involved available, along with medical staff, vaccines and essential drugs.
- The Fondation Congo Assistance guarantees operative support, above all in terms of human resources for community education and communication.
- The Paediatrics Department of the "La Sapienza" University of Rome provides the scientific support for staff training, epidemic monitoring and population sensitisation.

Duration and costs

The project runs for 4 years (2007-2011) and has an estimated cost of 8.5 million euros.

Summary table of training and supervision sessions from the start of the project until 2011:

Training	2008	2009	2010	2011	Total
Training sessions	20	112	201	415	748
Supervisions	7	133	208	218	566
Total	27	245	409	633	1,314

Staff trained	2008	2009	2010	2011	Total
Health	63	75	109	118	
Sensitisation	-	-	40	-	
Total	63	75	149	118	405

	Per sector	CSI Eni Foundation 2008/09/10	Dispensaries 2008/09	Sensitisation 2010	2011 Dispensaries	CSI Eni Foundation 2011	Total
Per region	Kouilou	58	17	30	22	52	
	Niari	71	49	10	27	25	
	Cuvette	35	17	0	0	41	
	Total	164	83	40	49	118	454

As concerns action in favour of risk-free maternity, the Salissa project has set the objective of helping by training staff on maternity management. Below are the results obtained in 2011 with regards to the training delivered by Eni Foundation in collaboration with OMS.

Participants in the training delivered by OMS					
	Gynaecologists	Paediatricians	Doctors	Obstetricians	Total
Kouilou	1	3		1	5
Niari	2	4		3	9
Cuvette			7		7
Pointe Noire	3	1			4
Total	6	8	7	4	25

Result obtained in 2011 for the training of trainers on risk-free maternity.

	Kouilou	Niari	Cuvette	Total
Doctors	0	1	2	3
Healthcare assistants	0	7	2	9
Obstetricians	25	36	12	73
Qualified nurses	8	21	4	33
Technical healthcare assistants	0	22	9	31
Paediatric nurses	0	5	0	5
Traditional paediatric nurses (matrons)	3	1	1	5
Service heads	1			
Training/Planning/Evaluation				
Total	37	93	30	160

Result obtained during the 2nd half of 2011 for SONU training of maternity healthcare operators.

With a view to strengthening the healthcare structure on its various different levels, the project was carried out in collaboration with the Italian Onlus Medici in Africa, delivering training to intermediate executives and peripheral managers of the Ministry's Extended Vaccination Programme service. This training aimed to improve the capacity of executive staff to manage and plan the Extended Vaccination Programme. The table below gives the number and position of executive staff of the three departments trained.

Participants in the training delivered by Medici in Africa					
	DDS	Chief physician of the CSS	Extended Vaccination Programme supervisors	Eni Foundation coordination	Total
Pointe Noire	1	4	6		11
Kouilou	1	2	11	2	16
Niari		3	14	1	18
Cuvette	1	3	7	1	12
Total	3	12	38	4	57

Result obtained during the 1st half of 2011 for training strengthening executives and directors of the Extended Vaccination Programme.

The professional categories in the health area concerned by the training are given in the table below:

Total healthcare staff trained from 2008 to 2011 by Eni Foundation according to department			
	Kouilou	Niari	Cuvette
Healthcare assistants (doctors/paramedics)	7	15	12
Obstetricians	16	22	14
Qualified nurses	54	43	22
Healthcare operators	24	21	30
Paediatric nurses	5	4	1
Community health agents	19	15	4
Laboratory technicians	8	7	7
Other	16	14	4
Subtotal	149	171	94
Total	414		

Sensitisation staff trained by Eni Foundation			
	Kouilou	Niari	Cuvette
Social agent	15	0	0
Social workers	9	6	0
Development agent	3	0	0
Mobilisers	3	4	0
Subtotal	30	10	0
Total	40		
TOTAL healthcare staff trained on modules chosen by Eni Foundation	454		

In all districts to which the project relates, staff not belonging to the Eni Foundation operating in the healthcare centers and dispensaries also benefited from the training sessions. Through the inclusion of these healthcare workers, involved in the vaccination in mobile and advanced strategy, the project aims to guarantee a better provision of the vaccination service, not only at the level of the individual health centers, but in the entire district. For the first time, moreover, training sessions were also dedicated to staff, sensitising them to specific matters of vaccination, in order to strengthen the competences and inform the population more effectively (training of trainers).

Since 2009, as part of the project, the development also continued of the Programme Amelioration Qualite (Quality Improvement Programme), to improve the quality of the work carried out by all health centers involved. The Programme seeks to strengthen the role played by the Centers in the entire reference district, not only in vaccinating as part of a mobile/advanced strategy, but also through a growing involvement in activities thus far carried out by the project partners, such as the sensitisation managed by Fondation Congo

Assistance. This scope also includes activities aimed at promoting mother-child health as a whole (distribution of the "clean birth" kit). The final objective of the Quality Improvement Programme is to encourage the transfer of competences and management that is ever more independent of the different project activities, by local healthcare staff. Already during the first half of 2011, the terms envisaged for the Quality Improvement Programme had been made operative, whilst during the second half, the activities of the Quality Improvement Programme had developed a supervision system that meant it became the quarterly routine. Through the use of a check-list, the project was able to prepare a comparative analysis of the results of the supervision carried out in the target Integrated Healthcare Centers from January to December 2011: the weaknesses and strengths of the various Integrated Healthcare Centers were identified and days were organised within the departments during which to share these results according to category by the staff of the various centers and reward the best centers in each region.

Results	2007/10	2011	2007/11
Rehabilitated peripheral health centers	30	-	30
Vaccination campaigns	1,939	1,437	3,376
Total vaccinations performed	176,000	154,899	330,899
Villages covered by vaccinations	1,116	1,116	1,116
Training/supervision sessions	681	633	1,314
Resources trained	287	167	454
Sensitisation sessions	293	257	550

Sensitisation

The project uses the help of the local NGO Fondation Congo Assistance to carry out the information, education and communication (IEC) activities on the population, concerning the methods by which to prevent transmittable infant disease and the importance of vaccinations. On the basis of the pilot experience acquired in Kouilou and partly in Niari, as from 2010, a common sensitisation programme has been introduced in the three project regions, with some variations due to the specific nature of each situation.

By way of principle, sensitisation is initiated in each district with institutional visits to the local authorities. This preliminary stage is followed by a survey amongst the population to verify knowledge and perception of the importance of immunisation and general informative sessions and sessions on vaccinations. The sessions are held once a month and seek to gradually, constantly increase knowledge of the various themes, thanks to the continuous presence on the territory of the staff of the Fondation Congo Assistance.

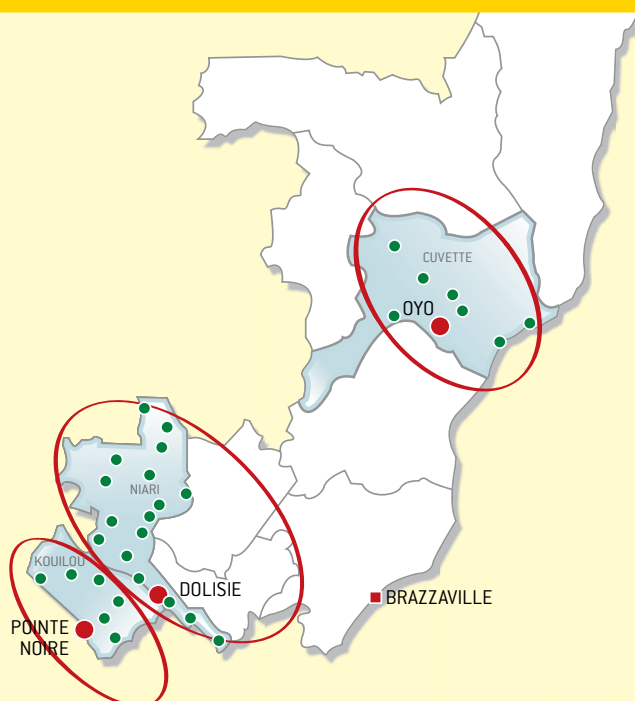
Sensitisation	2008	2009	2010	2011	Total
Institutional meetings	6	5	27	-	38
Sensitisation sessions (general and themed and with questionnaire)	2	44	209	257	512
Total sessions	8	49	236	257	550
Villages reached (total)	44	198	843	15	858
Visits to villages made in the 858 villages reached		4,012		6,975	10,987

The objective established is to cover at least 80% of villages in each district of the three regions with IEC sessions by the end of the project, with a final survey carried out to assess results. At the end of the year, territorial coverage exceeded 74%, with 858 villages reached by IEC activities out of a total of 1,166. The table below states the reference to the individual regions of intervention.

Results at end 2011

	2011	Total 2008-2011
Integrated Healthcare Centers		
Rehabilitated Integrated Healthcare Centers (Kouilou, Niari, Cuvette)	-	30
Vaccination activity		
Vaccination campaigns	1,437	3,376
Vaccinations	154,899	330,899
Villages reached	199	1,166
Territorial coverage	100%	100%
Training and sensitisation		
Training sessions	415	748
Supervision/On-the-job training	218	566
Resources trained	409	696
Sensitisation sessions	257	550

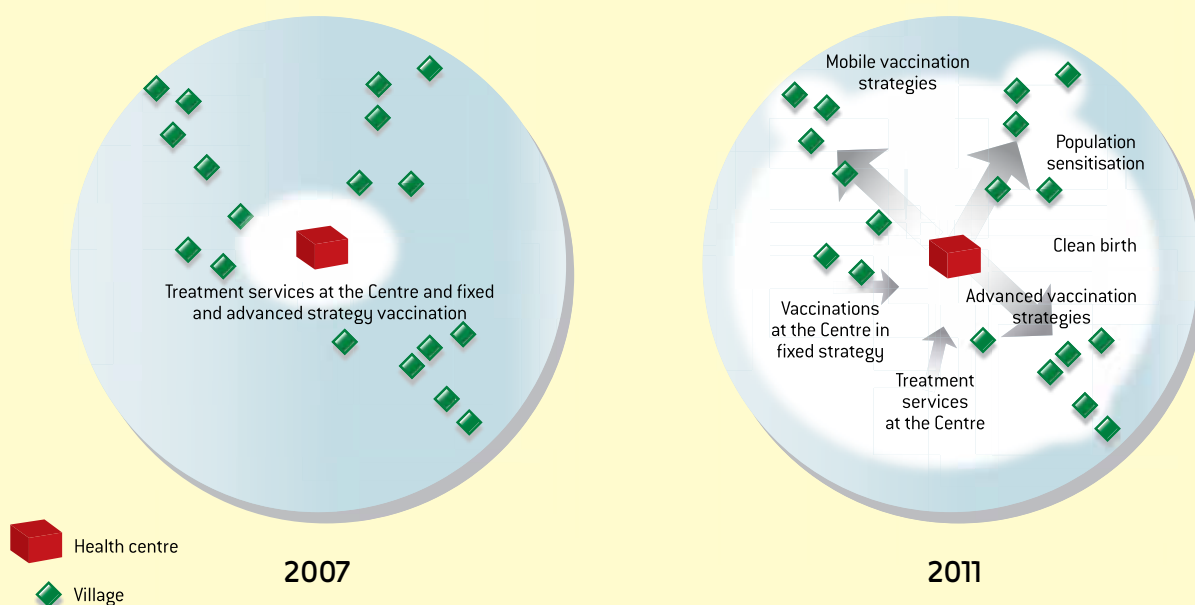
● Operative base ● Health center



Intervention model to strengthen the basic healthcare service

At the start of the project, the capacity of the health centers to provide effective services was often very limited or null. The project enabled us to improve the quality of the service offered by the health centers to the populations through their structural rehabilitation, sensitisation of local institutions, staff training for the centers and surrounding dispensaries, the IEC initiatives carried out with the communities in terms of prevention and support

of vaccination activities, also through the use of mobile units. The plan of action has strengthened the role played by the health centers in the districts, increasing their capacity to reach the populations of the more remote areas, not only in relation to vaccinations. This strengthening was further boosted in 2011 with the start-up of activities aiming to protect maternal-infant health [the "clean birth" kit, distribution of treated mosquito nets].



Territorial coverage with sensitisation activities										
	as at 31/12/2009			as at 31/12/2010			as at 31/12/2011			Tot. as at 31/12/2011
	Kouilou	Niari	Cuvette	Kouilou	Niari	Cuvette	Kouilou	Niari	Cuvette	
Villages reached out of total villages	30%	8.4%	11.5%	75%	75%	68%	75%	75%	72%	74%

Table: territorial coverage 2011 with respect to the districts in the department (No. districts in which there is EF out of total No. of districts in the three departments)

Department	No. districts	No. districts where EF is present	Territorial coverage
Kouilou	6	6	100
Niari	16	16	100
Cuvette	7	7	100
Total	29	29	Territorial coverage out of 100% departments

Table: territorial coverage 2011 with respect to villages present in departments (No. villages reached with respect to No. official villages)

Department	No. official villages per department	Total villages reached during sensitisation visits	Territorial coverage
Kouilou	250	187	75
Niari	505	377	75
Cuvette	411	294	72
Total	1,166	858	74

Vaccination activity

Salissa Mwana carries out vaccination activities in support of the national vaccination plan (Programme Elargi de Vaccination - the Extended Vaccination Programme) prepared by the Ministry of Health. The methods applied by the project are the strategies envisaged by the Extended Vaccination Programme to progressively cover the entire reference territory:

- **fixed strategy:** carried out within each health centers under the guidance of the chief physician according to a monthly calendar prepared in accordance with the Ministry;
- **advanced strategy:** organised by the health centers through the mobilisation of healthcare staff in surrounding villages, to carry out vaccination on pre-established days;
- **mobile strategy:** pertaining to the department, carried out by reaching the more remote areas using means suitable for transporting vaccines.

Both the mobile and advanced strategies, in many cases run simultaneously, involve not only staff of the health centers, but also operators of the local Health Departmental Management.

In 2011, the activities carried out by the project in support of the

vaccination strategies of the Extended Vaccination Programme led to the development of 1,437 vaccination campaigns (of which 914 days as fixed strategy and 523 sessions as mobile/advanced strategy). Overall, with respect to 3,376 vaccination campaigns run in 2008, approximately 330,899 doses of vaccine were administered (of which 154,899 in 2011), with the inclusion of all the main antigens, supplemented by the administration of vitamin A. The vaccinations involved a total of 1,166 villages, equating to 100% of the villages in the three regions concerned by the project. At the end of the year, there were 29 districts to which the project provided support in immunisation.

Territorial coverage with vaccination activities							
Villages reached out of total villages	as at 31/12/2009			as at 31/12/2010			Total at 31/12/2011 for all three departments
	Kouilou	Niari	Cuvette	Kouilou	Niari	Cuvette	
	42%	55%	59%	82%	95%	69%	
							100%

The project has maintained a vaccination coverage trend, with rates that have reached and exceeded 90%. During the first and second quarters of 2011, vaccinations continued in the Congo of the entire population against poliomyelitis, in addition to the vaccination campaign against measles. The Eni Foundation has supported four vaccination campaigns against poliomyelitis and one against measles.

Table of % vaccination coverage in the districts (cumulative year's figure) kept around 80% of which:

Department	Average % coverage reached by the Eni Foundation
Kouilou	75
Niari	82
Cuvette	93
Total	84

The data shows that the Salissa project provides essential support to the national vaccination programme (Extended Vaccination Programme) in the three departments, as shown by the request submitted by the Ministry to continue the project. The contribution has proven to be crucial particularly for the running of the mobile strategies: thanks to the logistical support, access has been facilitated to certain areas of departments, which was limited by the lack of availability of vehicles and their maintenance, by the inconstant guarantee of the cold chain in a rural environment and by the insufficient equipment in the Integrated Healthcare Centers.

Reference demographic data (target calculated on the basis of a population increase of 1.027% per year)	Pop 2008	Pop 2009	Pop 2010	Pop 2011	Tot
Kouilou	94,491	97,042	99,662	102,353	393,549
Niari	237,541	243,955	250,541	257,306	989,343
Cuvette	154,202	158,365	162,641	167,033	642,241
Cumulative 0-5 years (20% of total population)	Pop 2008	Pop 2009	Pop 2010	Pop 2011	Tot
Kouilou	18,898	19,408	19,932	20,470	78,709
Niari	47,509	48,792	50,109	51,462	197,872
Cuvette	30,840	31,673	32,528	33,406	128,447
	97,247	99,873	102,569	105,339	405,028
Cumulative population 0-11 months (and pregnant women 0.4% of the total population)	Pop 2008	Pop 2009	Pop 2010	Pop 2011	2008-2011
Kouilou	3,780	3,882	3,987	4,095	15,743
Niari	9,502	9,759	10,022	10,293	39,575
Cuvette	6,168	6,335	6,506	6,681	25,689
Tot	19,450	19,975	20,514	21,068	81,008

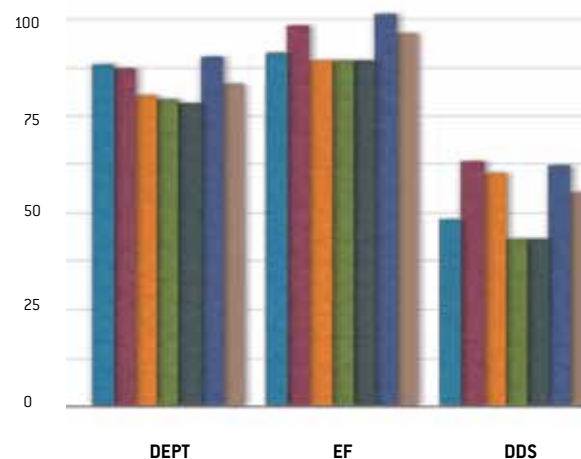
Support of national programmes run by the Ministry of Health and the Population

One of the project's operative strategies is to constantly provide the Integrated Healthcare Centers with support, which is not limited to restructuring alone, but which also includes the supply of health material, medicinal products, solar panels, transport means, drinking water and refrigerators to ensure the vaccine cold chain, and is also extended to include other national health programmes such as Risk-Free Maternity or the fight against malaria and intestinal parasitic disease. In actual fact since 2010, with the Quality Improvement Programme the Salissa Mwana project is extending its scope of action, reaching the various sectors of health.

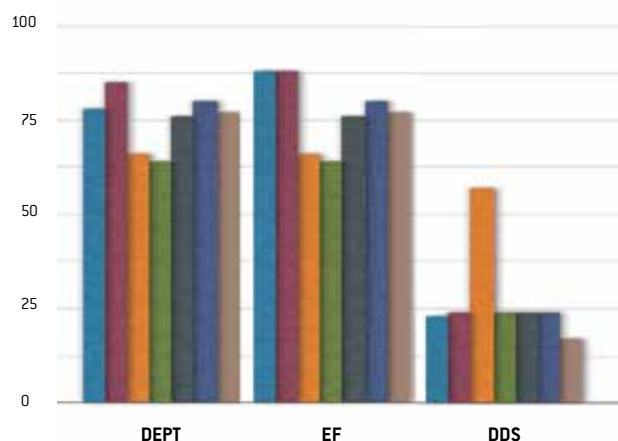
The graphs below summarise the activity of the Eni Foundation during the Salissa Mwana project, highlighting in terms of vaccination coverage, the support given to the national health programmes, with a view to developing the capacity of the Integrated Healthcare Centers to dispense a complete, integrated service in the sector of health, in order to ensure primary health care that is truly "comprehensive".



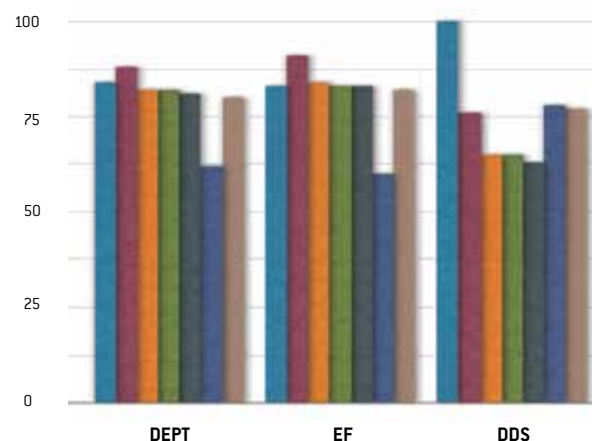
Cuvette



Kouilou



Niari



Estimates population benefiting from vaccinations	Kouilou		Niari		Cuvette		Tot
Total Target Population/Year (2008)	94,491		97,042,3		99,662		291,196
0-5 years (20%)	18,898		19,408		19,932		58,239
0-11 months (4%)	3,780		3,882		3,986		11,648
Total Target Population/Year (2008-2011)	393,549		989,343		642,241		2,025,133
Total 0-5 years (20%)	78,709		197,872		128,447		405,028
Total 0-11 months (4%)	15,743		39,575		19,008		74,327
TARGET/POP REACHED IN THE PROJECT OPERATIVE DISTRICTS	Kouilou		Niari		Cuvette		Tot
Total target 0-11 months in the 6 districts operative at end 2008	1,288		294		825		2,407
Total target 0-11 months in the 15 districts operative at end 2009	2,478		2,712		4,047		9,237
Total target 0-11 months in the 26 districts operative at end 2010	3,561		5,739		5,640		14,940
Total target 0-11 months in the 26 districts operative at end 2011	2,704		6,564		6,705		15,973
Tot 2008-2011	10,031		15,309		17,217		42,557
Population % vaccination coverage	Kouilou		Niari		Cuvette		Tot
	Audience	% CV	Audience	% CV	Audience	% CV	
BCG in target districts 2008	637	49	275	94	895	108	1,807
BCG in target districts 2009	1,979	80	2,404	89	3,953	98	8,336
BCG in target districts 2010	2,499	70	3,869	67	5,260	93	11,628
BCG in target districts 2011	3,115	115	6,643	101	6,209	93	15,967
Tot BCG in target districts 2008-2011	8,230	82	13,191	86	16,317	95	37,738
DTC1 in target districts 2008	883	69	276	94	859	104	2,018
DTC1 in target districts 2009	2,209	89	2,619	97	4,119	102	8,947
DTC1 in target districts 2010	2,876	81	4,076	71	5,534	98	12,486
DTC1 in target districts 2011	3,692	137	6,852	104	7,218	108	17,762
Tot DTC1 in target districts 2008-2011	9,660	96	13,823	90	17,730	103	41,213
DTC3 in target districts 2008	604	47	343	117	951	115	1,898
DTC3 in target districts 2009	2,201	89	2,211	82	4,070	101	8,482
DTC3 in target districts 2010	2,594	73	4,230	74	5,256	93	12,080
DTC3 in target districts 2011	3,448	128	6,988	106	6,667	99	17,103
Tot DTC3 in target districts 2008-2011	8,847	88	13,772	90	16,944	98	39,563

With the introduction of the "clean birth" activity, the Integrated Healthcare Center becomes able to deliver a service supporting the national Risk-Free Maternity programme for quality in the rural environment.

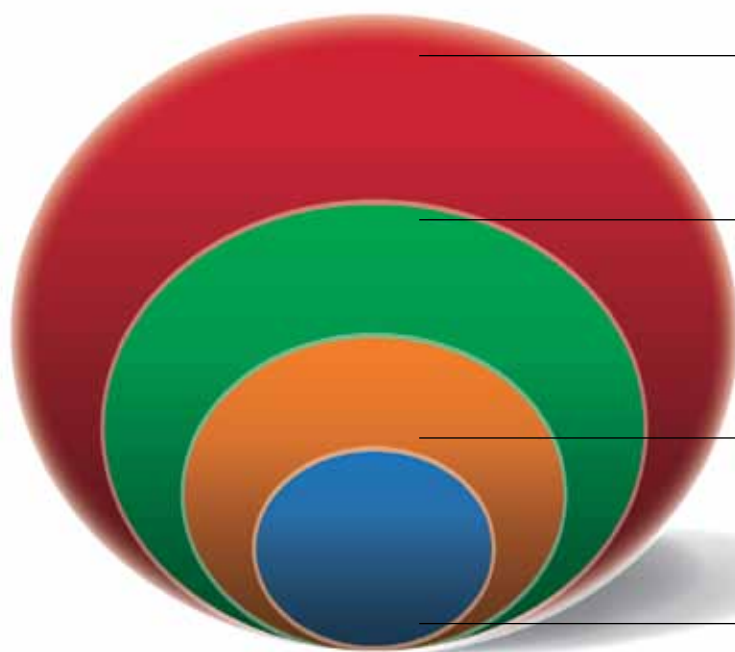
The training of trainers, the training of obstetricians, the sensitisation of the population, the creation of the mobile CPN, the equipping of the Integrated Healthcare Centers with birth grams, obstetrics kits and the "clean birth" kit, makes the Integrated Healthcare Centers able to provide obstetric and preventive care for pregnant women and newborns.

With the Quality Improvement Programme, the Integrated Healthcare Center delivers a healthcare service in a rural environment that is high quality (hygiene and drinking water).

With an increasing number of mobile units and the introduction of the motorcycle, the support to the Extended Vaccination Programme in the rural environment increases.

With the installation of the closed telephone network, the Integrated Healthcare Center frees itself from isolation and can easily communicate with the CSS, increasing the efficacy in intervening for both partners and the Ministry of Health.

The rehabilitated Integrated Healthcare Center and which has been equipped to guarantee the cold chain and minimum medical care in rural environments (delivery room, beds for hospitalisation, basic medical kit, medicines, electricity and drinking water).



Support to the national “Risk-Free Maternity” programme

Since the start of 2011, the Salissa project has included the collaboration aimed at achieving the objective referred to as “clean birth” under the scope of the national programme of Risk-Free Maternity. The reduction in maternal and infant mortality is one of the greatest challenges that the Congo is currently facing to achieve the Millennium goals Nos. 4, 5 and 6, scheduled by end 2015.

The analysis of the situation of reproductive health carried out in 2005 showed a poor antenatal consultation routine (CPN); insufficient and low quality obstetric care; an inequality in the division of structures able to provide emergency newborn and obstetric care (SONU), as urban areas were favoured over rural areas; a high cost of care and services for maternity for newborns and children; and, finally, insufficient quality of preparation of the human resources. The situation described involved the whole Country and even more so in the departments concerned by the project: Kouilou, Niari and Cuvette. The data collected in the three departments in 2010 represent the situation: CPN coverage rates are far lower than the national average with respectively 26.3% in Kouilou, 53.8% in Niari and 57.7% in Cuvette. During that same year, just 36.8% of births were attended by qualified staff in Niari and 10% with the help of the birth gram in Kouilou. The services available are limited by these low coverage rates, whilst the needs in terms of reproductive health remain rife. By way of example, in Cuvette, infections were found in 8.8% of pregnant women and 4% of children were underweight at birth.

In this situation, EF has proposed realising an intervention in the three departments in order to help reduce maternal and infant mortality. More specifically, the intervention aims to strengthen the operative capacity of the 30 Integrated Healthcare Centers in terms of reducing the birth risk: the aim is to offer better quality obstetric care to approximately 9,000 women and newborns, to improve access to CPN and obstetric care for pregnant women in the three departments and finally to develop a reference and counter-reference operative network of pregnant women amongst the Integrated Healthcare Centers and

reference hospitals. In coherence with the lines of the national health development plan and in compliance with the provisions, guidelines, instructions and technical directives established by the Ministry of Health, the action is hinged on four main strategies:

- 1 to improve access to care and quality services supplied by the Integrated Healthcare Centers in the three departments;
- 2 to strengthen the technical skills of the staff in charge of providing maternity care (making the Integrated Healthcare Centers able and independent in providing antenatal consultation (CPN), urgent newborn obstetric care (SONU), prevention of mother/baby HIV transmission (PTME), family planning, postnatal consultations and essential baby care);
- 3 to improve the suitability of use of medicinal products and reproductive health products;
- 4 to strengthen the operative capacity of the Integrated Healthcare Centers, making consumable materials available.

The action is fulfilled through:

- the purchase and distribution of obstetric and “clean birth” kits (supplied by UNFPA), intended respectively for the obstetricians of the Integrated Healthcare Centers and pregnant women in their third trimester;
- training of trainers in the three departments and obstetricians of the 30 Integrated Healthcare Centers of the project;
- sensitisation of the rural communities to the problems connected with maternity and babies;
- monitoring of obstetric complications and maternal and baby deaths;
- data collection on the health of the mother-baby couple and its transmission to the departments;
- the professional skills of the healthcare staff in charge, developed with regards to CPN, SONU, PTME and family planning;
- the organisation of a reference and counter-reference network of obstetric cases at risk;
- the training supervision of obstetricians of the Integrated Healthcare Centers included in the project.

Results obtained in 2011 for “clean birth” activities:

“Clean birth” activity indicators	Cuvette		Niari		Kouilou		Project total
	1 st half	2 nd half	1 st half	2 nd half	1 st half	2 nd half	
No. of UNFPA “clean birth” kits made available to the 3 different departments	200	1,000	400	2,500	400	1,000	5,500
No. of women in third month of pregnancy who had received the “clean birth” kit		89	30	167	0	84	370
No. obstetric kits to run the mobile CPN	15		30		55		100
No. CPN carried out in the Integrated Healthcare Centers		389	37	667	312	144	1,549
No. births in the Integrated Healthcare Centers			30		190	94	314
% eutocic births			90				90
No. mobile CPN		668		744	170	366	1,948
No. CPN sheets distributed		318	140	370	99	317	1,244
No. births grams distributed in the three different departments	15		25		13	14	67

Additionally in 2011

In Niari, the Eni Foundation supported:

- research on the finalisation of the cartography of the Schistosomiasis and Geo-elminthiasis in the schools of CSS of Dolisie and Kibangou;
- the HIV elimination campaign and vaccination campaign in Mossendjo;
- the supervision of tuberculosis and malaria treatment in Divenie and Mossendjo.

In Cuvette, the Eni Foundation has made the following available to the Departmental Management of Health:

- the human resources, materials and medicines needed to treat cholera cases in the areas of Mossaka and Loukolela;
- the ambulance for the vaccination against polio and the distribution of iron and Mebendazole during the week of health for the mother-baby couple;
- the boat to carry out pre-school consultations along the Mossaka and Loukolela;
- the ambulance to travel to Boundji during the week of health for the mother-baby couple.

In Kouilou and in Pointe Noire, the operations aiming to eliminate HIV continued, organised by CNLS, and the initiatives during the world day against AIDS; finally, logistical support was provided to KERSIVAC (Kermesse Sida Vacance), an event instituted for the sensitisation towards the disease VIH amongst the young.

Results at end 2011 in the three regions

Kouilou

Indicators

Vaccination campaigns	349
Total vaccinations performed	30,534
Villages covered by vaccinations	250
Training sessions	107
Resources trained	74
Supervision sessions	36
Sensitisation sessions	66

Cuvette

Indicators

Vaccination campaigns	571
Total vaccinations performed	63,800
Villages covered by vaccinations	411
Training sessions	43
Resources trained	41
Supervision sessions	34
Sensitisation sessions	35

Niari

Indicators

Vaccination campaigns	517
Total vaccinations performed	80,565
Villages covered by vaccinations	505
Training sessions	265
Resources trained	52
Supervision sessions	148
Sensitisation sessions	156



"Kento Mwana"

Project for the prevention of the transmission of HIV-AIDS from mother to child

The Kento Mwana aims to reduce mother-child HIV transmission in seropositive pregnant women to 2-3%; this transmission level, if suitable preventive measures are not taken, may exceed 30%. To this end, the project intends to provide pregnant women with counselling services and access to voluntary screening free of charge, with immediate testing locally at the first level health center.

The vertical transmission of HIV prevention project (Prevention de la Transmission Mere-Enfant - PTME) is developed in the regions of Kouilou, Niari and Cuvette, already involved by the Salissa Mwana project, using the same logistical and infrastructural network developed by the Eni Foundation under the scope of this initiative. Related structures are part of this network, namely the first level health centers offering pregnant women the free services to test for HIV and reference structures, namely the reference hospitals with maternity and paediatrics services, where the acceptance of the mother-child couple continues.

An advanced diagnostics laboratory of the HIV infection is essential to this initiative, previously established and equipped during the pilot stage of the Genoa University project with the support of Eni according to the highest international standards at the Hôpital Régional des Armées (HRA) of Pointe Noire. The laboratory is the center of PTME activities, both for the follow-up of pregnant women and for the early diagnosis of HIV infection in the newborn baby. The scientific partner of the project is the Infectious Disease Clinic of Genoa University, responsible for coordinating and implementing activities through the presence of its own specialised staff, consisting of infectologists, biologists and those specialising in infectious disease and tropical medicine.

The operative system activated by the Eni Foundation under Kento Mwana acts in coordination with the Congo Ministry of Health with the National Board for the Fight against AIDS (CNLS) and with the other health partners of the Country involved in the same prevention activities.

During the first two years of activities, 2009-2010, the project has achieved extremely important results in terms of access to counselling and acceptance of screening for the diagnosis of HIV infection. Additionally, out of 164 children born of seropositive mothers on whom the prevention protocol was completed through to end 2011, only one is positive to the virus.

Activity

Extension of coverage

In 2011, the project integrated a new Center: the Integrated Healthcare Centers of Edou in Cuvette, taking the total to 18 relevant centers. A new reference structure was integrated: the obstetrics ward of the General Hospital of Dolisie in Niari.

AIDS and maternity

AIDS is one of the world's primary causes of death amongst women of reproductive age and of maternal mortality, as confirmation of the now ascertained "femininity" of the pandemic in a great many regions, with a prevalence of the virus that is significantly higher amongst women of fertile age than their male counterparts.

The high incidence of the infection amongst the female population has the natural consequence of a high risk of transmission of HIV to the foetus. Approximately one third of children born of seropositive mothers in fact risk being infected before or during birth or through the mother's milk if no suitable prevention measures are taken.

According to UNICEF, in 2009, there were 2.5 million HIV positive children under the age of 15 years old, of which 90% resident in Sub-Saharan Africa.

To cope with this emergency, which strikes the poorest Countries, and to achieve, by end 2015, the virtual elimination of the vertical transmission of HIV (i.e. a maternal-foetus transmission rate of less than 5%), the international organisations have been busy for years in ensuring the capillary diffusion of prevention programmes against the maternal-foetus transmission of HIV.

Interventions include counselling services and voluntary screening free of charge and, if the mother is positive, treatment with anti-retroviral (ARV) drugs, which can reduce maternal mortality by 92% amongst sero-positive mothers and the transfer of infectious agents from mother to child during birth or with breastfeeding by 88%.

In low and medium income Countries, the proportion of pregnant women undergoing screening has risen from 7% in 2005 to 26% in 2009. Additionally, during the two-year period 2008-2009, HIV positive pregnant women treated to prevent the transmission of the virus to their children increased from 45 to 53%.

The diffusion of effective prevention programmes in the poorest Countries is partly hindered by the cost of antenatal medicine services and by the difficulty in accessing healthcare structures, particularly in rural areas, but also by cultural factors (lack of partner support, stigma and discrimination linked to AIDS). The efforts made by the international organisations therefore also include the development of sensitisation initiatives on a community level to increase knowledge and awareness of the disease and fight the connected discrimination.

Project description

Area of intervention

The project is extended to the entire region of Kouilou and, in a parallel fashion, to Niari and Cuvette. The centers to be integrated in the intervention are chosen in coordination with the National Board for the Fight Against AIDS (CNLS) of the Republic of the Congo.

Beneficiary population

On the basis of the experience of the pilot project and the epidemiological data supplied by the local health authorities, it is estimated that 1,025 mother-child couples will be accepted (from January 2009 to June 2011).

Objectives

- Development of the coverage of pilot project activities
- strengthening of specialised diagnostic capacity of reference laboratory;
- strengthening of the capacity of the staff of the peripheral healthcare structures;
- gradual transfer of competences on the prevention of maternal-infant transmission to Congo healthcare staff.

Activities

In addition to the activities already carried out during the pilot stage, the plan of intervention includes:

- integration of the new health structures to carry out HIV screening and radiological and instrumental examinations;
- equipment of new instruments for the Pointe Noire laboratory;
- extension of prevention to include other maternal-foetus transmission pathologies, in particular infection from HBV (hepatitis B virus) and the early vaccination protocol of the baby if the mother is positive;
- local staff training (local training sessions, perfection traineeships in Pointe Noire for staff from other departments and perfection traineeships in Italy). The local training of approximately 320 doctors, center managers, counselling staff, obstetricians, nurses and delivery room staff and laboratory workers is envisaged locally;
- verification of competences acquired by the Congo healthcare staff on the prevention of the maternal-infant transmission of HIV.

Partners and roles

- Eni Foundation finances the project and is responsible for its management;
- the Ministry of Health and the Population of the Republic of the Congo makes available the structures, healthcare staff, anti-retroviral drugs and all support necessary;
- the National Board for the Fight Against AIDS (CNLS) of the Republic of the Congo guarantees the coordination with the other activities aimed at fighting the infection;
- the Infectious Disease Clinic of Genoa University is the clinical and scientific manager of the project.

Duration and costs

The project runs for 4 years (2009-2012) and has an estimated cost of 1.8 million euros.

During the year, 8,671 women who contacted the various health centers for antenatal consulting (a great many only go to the project centers to have the HIV test) received pre HIV test counselling. Of these, almost all (8,547) agreed to undergo screening for HIV and 278, accounting for 3.25%, came back with positive results. The total number of seropositive cases monitored by the project in 2011 was 357.

All women monitored by the project received the necessary anti-retroviral drugs, for preventive or therapeutic purposes, and benefited from iron and vitamin supplements. Acceptance also included the performance of instrumental radiological examinations and blood chemical tests and, if necessary, hospitalisation for pathologies that could not be treated at home or for anaemia requiring transfusion.

During the year, 274 births took place. Of the 141 children who had completed the protocol by December, none were HIV positive. As of today, of the 308 children who completed the protocol, only one is HIV positive, making for a virus transmission rate of 0.32 %.

Main results	2009	2010	2011	Total
Women who received HIV counselling	5,697	7,227	8,671	21,595
Women tested for HIV	5,652	7,195	8,547	21,394
HIV positive women	231	261	278	770
<i>of whom, accepted the protocol</i>	<i>136</i>	<i>160</i>	<i>187</i>	483
Women accepted by the project	235	321	357	913
Births	144	213	274	631
Children who completed the protocol	35	132	141	308
Negative children at end of protocol	34	132	141	307

Development of capacities of the reference laboratory

The advanced diagnostic laboratory of Pointe Noire, which in 2009 was fitted out with equipment to measure viral load, in 2010 began this type of analysis, which is extremely important in assessing the efficacy of the anti-retroviral therapy: as of end 2011, 2,404 determination of viral load had been performed to meet the clinical needs for diagnosis and monitoring of HIV infection in the patients accepted.

During the year, Genoa University staff responsible for the laboratory work held 2 local training sessions on viral load techniques of HIV.

Training

In 2011, 66 training sessions were delivered, attended by 751 healthcare staff units (doctors appointed to monitor pregnancies, advisers, obstetricians, gynaecologists, paediatricians, delivery room staff, paediatric nurses, laboratory staff) on the following matters:

- 1 counselling pre-post test;
 - I. acceptance
 - II. lost at follow-up
- 2 acceptance of HIV positive woman during pregnancy;
- 3 acceptance of HIV positive woman during birth;
- 4 paediatric acceptance of children born from HIV positive mothers;

- 5 breastfeeding methods;
- 6 safety of collections;
- 7 performance and use of the Immunocomb Bispot test;
- 8 role of the ELISA test as confirmation of the rapid test;
- 9 possible toxicity of treatment with ARVs.

Parallel to the sessions, 8 perfection traineeships were held in Pointe Noire for staff from other departments and 5 on-field training sessions, sending staff already trained in Pointe Noire to flank other departments as trainers.

Training	2009	2010	2011	Total
Local training sessions	62	97	66	225
<i>Pointe Noire and Kouilou</i>	42	61	50	153
<i>Niari</i>	14	17	9	40
<i>Cuvette</i>	6	19	7	32
Perfection traineeships in Pointe Noire	16	31	8	55
Healthcare staff who attended at least 1 training event	538	578	751	1,867

Finally, during the year 3 Congo doctors benefited in Italy, at Genoa University, from a perfection traineeship of one month on clinical and laboratory management of HIV infection.

AIDS in the Republic of the Congo

In the Republic of the Congo, the main rate of HIV/AIDS in the adult population has been in constant decline since the mid-1990s. In 2009, it stood at 3.4%, with significantly higher values in the more densely populated urban areas such as Brazzaville and Pointe Noire, where more than 70% of the population lives. The women are the worst struck, regardless of social-economic level: of the approximately 77 thousand people living with HIV, in fact, 40 thousand were women aged over 15 years old. The risk of seropositivity for them was practically double that of men: 4.1% as compared with 2.1%. In the same way, in the 15-24 year old age range, the prevalence was estimated as 2.6% amongst women and 1.2% amongst their male counterparts. Again in 2009, 7,900 children aged between 0 and 14 years old were infected by HIV, almost exclusively by transmission of the virus from their mothers. the number of HIV positive pregnant women was estimated at 3,800 and only 12% were treated with anti-retroviral drugs.

Since 2007, some health centers of the Country have been offering antenatal consulting services and the test for HIV infection diagnosis. In a parallel fashion, doctors and obstetricians are trained to accept seropositive pregnant women.

The percentage of pregnant women agreeing to undergo training remains unsatisfactory. In addition to cultural reasons, adhesion is greatly hindered by economic factors: in actual fact, despite the fact that AIDS treatments have been supplied free of charge, some of the examinations included in the vertical transmission prevention programme of HIV require payment and are therefore not accessible to most women.

Health structures involved in the project

- Relevant structures
(First level health centers)
- Reference structures
(reference hospitals with maternity and paediatric services)

Hopital Regional des Armees Pointe Noire (2008)
Ndaka Susu (2008)
Mbota (2008)
Ngoyo (2008)
Mouissou Madeleine (2009)
Tchiniambi 2 (2010)
Tchimbamba (2010)
Hopital Regional des Armees Pointe Noire (2009)
Hopital de base Tie Tie (2009)
Hopital General Loandjili (2010)

Madingo Kayes (2009)
KOUILOU
Djeno (2010)
Nzassi (2010)

Health centre 1 Owando (2009)
Health centre 2 Owando (2009)
Hopital de reference Owando (2009)

Hopital de base de Oyo (2010)
Health centre Oyo (2010)
Hopital de base de Oyo (2010)

Hopital Regional des Armees Dolisie (2009)
Health centre 1 Dolisie (2009)
Hopital du Salut Dolisie (2009)
Hopital Regional des Armees Dolisie (2009)
Hopital de reference Dolisie (2009)

POINTE NOIRE

DOLISIE

BRAZZAVILLE

CUVETTE
OWANDO
OYO

Angola

Country data

Population (thousands)	19,082
- under 18 years old (thousands)	10,167
- under 5 years old (thousands)	3,378
Life expectancy at birth (years)	51
Infant mortality rate (out of every 1,000 live births)	
- 0-5 years	161
- 0-12 months	98
- newborn	41
% born underweight (2005-2009)	12
% children aged 0-5 years old underweight (moderate and severe 2003-2009)	16
% children aged 0-5 years old with delayed growth (moderate and severe 2003-2009)	29
Maternal mortality rate (out of every 100,000 live births - 2008)	610
Risk of maternal mortality during life (2008)	1 in 29
Gross national income per capita (US \$)	3,490
Comprehensive expenditure on health	
- as % of GDP (2009)	4.6
- as % of state spending (1998-2008)	6

Source: UNICEF 2010

"Kilamba Kiaxi" health-nutrition project in favour of the mother-infant population of Luanda

The project seeks to help improve the health conditions amongst the maternal and infant population in the municipality of Kilamba Kiaxi, one of the 9 into which the metropolitan area of Luanda is divided. In Kilamba Kiaxi, a population lives that according to the latest government estimates, reaches 2 million inhabitants, of whom approximately 240 thousand children aged between 0 and 5 years old. The specific objective of the Eni Foundation project is to reduce the incidence of preventable disease and disease caused by malnutrition through the strengthening of the network of healthcare services implemented by means of structural, training and technical assistance interventions. The interventions have enabled an improved access to assistance services for mothers (pregnancy, birth and post-birth) and children (paediatric care, vaccination programmes and food education). The initiative intended to support the action of the Ministry of Health in achieving the Millennium Development Goals 4 and 5, respectively aimed at reducing infant mortality and protecting maternal health, and comes as part of the social-economic development and infant protection strategy agreed by the Angola Government with Unicef.

In order to develop the plan of interventions, the Eni Foundation has signed a partnership agreement with the Angola Ministry of Health and a collaboration agreement with the local non-governmental organisation Obra da Divina Providencia, whose Paediatric Hospital is the primary point of reference for the population of the municipality. The network of clinical and scientific collaboration activated in terms of mother-child, also includes two highly prestigious institutions, the Instituto de Medicina Integral Prof. Fernando Figueira (IMIP) of Recife, in Brazil, and the Instituto di Ricovero e Cura a Carattere Pediatrico Burlo Garofolo of Trieste University. This collaboration has helped ensure the creation of operative synergies with the Faculty of Medicine of Luanda University, which uses the Divina Providencia hospital (assisted by the project) as a reference point for the theoretical-practical traineeship of undergraduates. According to representatives of the Angola Ministry of Health (MINSa), the project is a valid reference model for similar future interventions on the other health districts of the capital.

2011 activities

In infrastructural terms:

- the directly managed health center has been completed and the related supply of furnishings and biomedical instruments;
- the center awarded to the Divina Providencia is being completed;
- all structural works have been completed, enabling us to improve the basic healthcare services provided to the reference population.

More specifically, the center developed under direct management and that being completed by the Obra da Divina Providencia (ODP) will enable the dispensing of healthcare services in densely populated areas, thereby significantly improving access to those relating to mothers and infants. The development of the two new buildings, which within the Hospital de Divina Providencia have been allocated as a therapeutic nutritional center and accompanying nutritional center, including the furnishings and all necessary technical equipment, will provide reference nutritional services for the entire municipality. The emergency transport service continues at a time that is very difficult for the Repartifao de Saude della KK (given the evacuation of the new General Municipality Hospital for structural reasons); this has been made possible following the supply of ambulances. Thanks to the network of ambulances, patients with urgent medical-surgical needs can be taken to reference hospitals outside the municipality.

Improvement in the technical and managerial skills of healthcare staff on various levels

The training and specialisation path of clinical and nursing staff on the various levels of the system has been developed under the scope of the collaboration activated by the project with the Hospital da Divina Providencia and with the consulting and supervision of the Instituto de Medicina Integral Prof. Fernando Figueira (IMIP) of Recife. In 2011 too, training included:

- training and update courses in gynaecology and obstetrics, paediatrics, nutrition and biology/laboratory;
- training meetings on specific aspects of mother-infant health;
- experimental training with theoretical lessons and practical experience;
- participation in international congresses.

Project description

Area of intervention

The project is developed in the municipality of Kilamba Kiaxi, which has a health service consisting of 11 health centers (first level structures) of which 7 public and 4 managed by the NGO Obra da Divina Providencia and 2 hospitals (second level structures), complete with paediatrics wards, one of which is the Municipal Hospital with surgical ward.

Aims and activities

The project pursues 4 main results through the development of an articulated plan of interventions:

- strengthening of the first and second level healthcare services network with activities involving the health centers and hospitals to which they refer to meet the territorial coverage demands;
- construction and equipping of 2 new health centers and functional support to the existing health centers through the supply of instruments and furnishings;
- constitution of a Therapeutic Nutrition Center and an Accompanying Nutrition Center at the Hospital da Divina Providencia and strengthening of those present at the 2 health center managed by the same hospital;
- creation of a system for the urgent transport of patients in the 6 localities of the municipality through the supply of ambulances;
- improvement of the technical-managerial skills of the healthcare staff on various levels of the service network by training doctors and paramedics of the Municipal Health Division and supply of material for training;
- strengthening of the epidemic surveillance system through the specific training of healthcare workers of the municipality (data collection, analysis and interpretation) and the supply of materials and equipment;
- strengthening and extension of the mother-infant medicine services: paediatric and antenatal check-ups, vaccination, diagnostics, sensitisation of families, in particular of the mothers, to matters of prevention and nutritional education. Activities envisaged also include active searching for at risk pregnancies, malnutrition and lack of vaccination coverage.

Partners and roles

- the Eni Foundation manages, coordinates and finances the project;
- the Angola Ministry of Health, the institutional partner, makes available the healthcare structures involved, the technical-healthcare staff, the drugs and all support necessary;
- the NGO Obra da Divina Providencia helps execute some components of the project and is the main point of reference on an operative level to implement the initiative;
- for training, the project also uses the scientific support of the Instituto de Medicina Integral Prof. Fernando Figueira (IMIP) of Recife and the Istituto di Ricovero e Cura a Carattere Pediatrico Burlo Garofolo (IRCCS BG) of Trieste as well as the collaboration of the University Paediatric Hospital David Bernardino in Luanda.

Duration and costs

The project runs for 2 and a half years (2009-2011) and has a cost of approximately 6.2 million euros.

Thanks to the scientific cooperation with the Instituto de Medicina Integral Prof. Fernando Figueira (IMIP), directly at the Brazilian institute, two-year specialised paediatric courses have been initiated for doctors of the municipality. In a parallel fashion, short, two-month courses have been held in Recife for doctors and paramedics, with the attending of theoretical lessons and inclusion in the various wards of the institute for on-the-job training.

This action has, amongst others stressed by the Repartifao de Saude manager, been proven as highly effective by the service supervisors. In this respect, the human Resource director of MINSA (Dr. Da Costa) has confirmed that the municipality Kilamba Kiaxi, thanks to the Eni Foundation project, has yielded the best performance, and should therefore be considered as a reference model for the province of Luanda.

It should, in fact, be pointed out that Divina Providencia is now an important reference training center not only on a municipal level, but by the capital itself, thanks to the scientific collaboration with the University Paediatric Hospital David Bernardino in Luanda, the reference structure for the province of Luanda and main university for the specialisation in paediatrics, through the exchange of medical staff and trainee students.

Strengthening the epidemic surveillance system

During the year, the operator training system aimed at standardising data collection and analysis systems throughout the municipality was further developed and subsequently concluded in collaboration with the Ministry of Health.

Under this scope, all health center have been equipped with computer tools to enable the creation of a flow of information between the peripheral healthcare structures and the project coordination center, in the future also to be extended to second level hospitals.

Strengthening of maternal-infant medicine services

Strengthening of services in favour of the maternal-infant population

In order to improve the services provided in favour of the maternal-infant population on a peripheral level, during the year, activity was carried out flanking and supervising the health centers, which, supplementing the theoretical training path, enabled an improvement in check-up protocols.

Following this intervention, paediatric assistance services and antenatal consulting services were increased and the preventive immunisation programme was enhanced, also involving pregnant women and women of fertile age, through the tetanus vaccination. The data relating to the maternal-infant services supplied in 2011 by the 7 health centers of the municipality managed directly by the Ministry of Health show a progressive increase in services offered with respect to previous years (the project was started up in July 2009).

Health context

More than three quarters of the population of Angola lives in a precarious manner in the slums of the capital Luanda and other urban areas, 60% with less than 2 USD per day, whilst access to basic social services, and healthcare in particular, is very scarce. Despite the per capita spending on health of approximately 70 USD, far higher than the average of African Countries, the quality of the health service is often inferior. Life expectancy is 48 years and infant mortality, although it has been reducing gradually over recent years, is amongst the highest of the continent. Approximately 170 children out of every 1,000 die in the first 5 years of life for preventable diseases such as measles, tetanus and cholera, the diffusion of which is favoured by a very low vaccination coverage (it is estimated that only 1 in 3 children receives all routine vaccinations).

The main health problems include malaria, gastroenteric and infectious disease, including poliomyelitis. With reference to the latter, as from 2005 and after 3 consecutive years with absolutely no cases, Angola recorded a re-introduction of the virus with the epicenter of Luanda and subsequent extension to other provinces and surrounding Countries, including the Republic of the Congo.

The health context is worsened by malnutrition, which, although gradually, slowly declining, strikes almost 1 in every 2 children to a greater or lesser degree and is the main cause associated with infant death. As is often the case in developing Countries, the prospects of well-being and development in children depend to a great extent on the health and schooling levels of the mothers, which in Angola is a highly critical issue. The high fertility level goes hand-in-hand with a fairly early age for the first pregnancy, in 70% of cases during adolescence, which increases the risk of complications, infection and even death when delivering. Maternal mortality rate, which in 2001 was 1,400 out of every 100,000 births, today stands at 660 out of every 100,000 births, but progress is slow, also because births assisted by specialised staff do not account for more than 47% of the total, with levels even lower in rural areas. The lack of specialised and generalised structures, starting from the capital, and the scarcity of basic antenatal medicine services able to provide consulting and assistance on AIDS, nutrition, hygiene and malaria prevention, is a cause of severe anaemia in prevention and amongst the main factors responsible for maternal and infant mortality.

In 2010, the Government of Luanda launched a project to strengthen the healthcare services, which assigned priorities to the health of children and the fight against transmissible disease. The construction of new healthcare structures, including large hospitals in the capital and in various provinces, has not yet improved the quality of service. A great many of the new structures are not actually operative due to lack of electricity, water, access roads and staff. The dramatic lack of qualified staff is another particularly critical aspect and only recently has the university programme strengthening begun with the creation of new training schools for health, also through the support of the United Nations.

Results	2011	2009-2011
Paediatric check-ups	149,600	322,400
Obstetric check-ups	61,670	169,070
Paediatric nurse check-ups	100,220	245,620
Family planning meetings	15,000	26,800
Births (in structure and at home)	11,330	26,830
Gynaecological check-ups	6,670	11,070
Routine vaccinations	151,440	452,840
Laboratory analyses	325,660	643,460

The municipality health centers (public and of the Divina Providencia) have seen just under 600 children every day, making for a total of approximately 144,000 during the year and have performed more than 800 vaccination, for a total of more than 225,000.

With the consulting of the experts of the Istituto di Ricovero e Cura a Carattere Pediatrico Burlo Garofolo of Trieste University, assistance has also been strengthened for paediatrics of the Hospital da Divina Providencia, which has been able to increase the number of specialised check-ups and ward admittances.

Strengthening of diagnostic capacity

The project has supported the central laboratory of the Hospital da Divina Providencia thanks to a structural expansion and the strengthening of the workforce with the inclusion of a biologist. In a parallel fashion, in order to meet the growing needs of the population, also through a greater decentralisation of the service, strengthening of the peripheral diagnostic network has also begun, with the provision of equipment to existing

laboratories at the health centers and the activation of new laboratories. Thanks to these interventions, in 2010-2011, the municipality diagnostic network had considerably increased its operative capacity, every day performing more than 1,100 clinical analyses, for a total of more than 280,000.

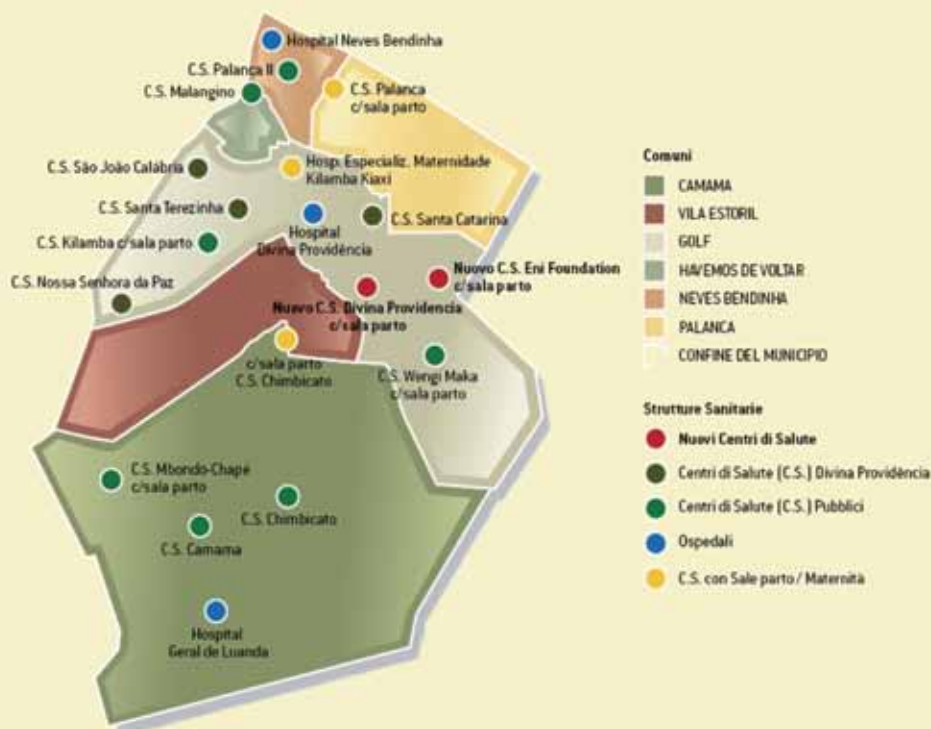
Strengthening of the nutritional support system

The municipality nutritional assistance system consists of the Therapeutic Nutritional Center of the Hospital da Divina Providencia, appointed to manage cases referred to it of severe malnutrition and the Accompanying Nutritional Centers present in some health centers, where children suffering from moderate malnutrition can receive dietary support food.

The peripheral health centers also participate in the nutritional assistance support action, with the early identification of cases of malnutrition and at risk situations as part of the monitoring of the growth of the children visiting the structures. During the year, approximately 4,600 children were identified as suffering from malnutrition and of these, 1,250 were hospitalised at the nutrition centers. During the year, the sensitisation work for health center users was further consolidated, in particular for mothers, aimed at creating an integrated family preventive nutritional and hygiene-health education system. Training on preventive medicine, basic hygiene rules, correct conduct during pregnancy and dietary education have involved almost 200 thousand people since the project first began, for the most part women.

Finally, as for 2009-2010, in 2011 the Eni Foundation gave its support with means and staff to the 5 vaccination campaigns promoted by the health authorities to help fight the epidemic of poliomyelitis that exploded in the Country during the year.

Municipality of Kilamba Kiaxi – Local health network



Collaboration with Smile Train Italia Project for the treatment of labiopalatoschisis in Indonesia

Since 2009, Eni Foundation has been collaborating with Smile Train Italia Onlus to promote the complete independence of the Country in treating labiopalatoschisis, through the development of a project aimed at creating a center of excellence for surgical solution and functional therapy of one of the most widespread congenital pathologies in Indonesia.

Activities

In 2011, the third surgical mission took place at the Regional Indonesian Hospital of Tarakan. The mission run in April involved 16 volunteer healthcare workers: plastic and maxillofacial surgeons, anaesthetists, paediatricians, nurses and logistics experts. During the mission, 66 patients underwent surgery, 79 patients were submitted for specialised controls and numerous patients were reviewed, who had undergone surgery during previous missions. During the three missions carried out by Smile Train Italia Onlus in Takaran Hospital (July 2009, January 2010, April 2011), a total of 190 patients underwent surgery. The project has become particularly important to the local population, given that the Indonesian health service does not guarantee patients suffering from facial malformations, such as labiopalatoschisis, the possibility of undergoing surgery free of charge. This makes it definitively impossible for most of the population, who are forced to survive on very low incomes.

During the 2011 mission, intensive training continued for the hospital doctors. Dr. Janta, Guaranteed Director of the department of surgery of Tarakan Hospital and his team were involved in all stages of the mission, from screening to post-operative controls, participating actively in all surgery. This aspect is an integral part of the project, in order to make the healthcare structures involved independent, updating and training local doctors, and thereby treat patients suffering from congenital facial deformities with new skill. The project benefited from the support and appreciation of the local health authorities: in particular Dr. Khairull, regional representative of the Ministry of Health, expressed his great recognition for the work performed by the project in favour of Indonesian doctors and children.

Project description

Area of intervention

The local reference structure for the project is the Provincial Hospital of Tarakan in Eastern Kalimantan, the second largest province of Indonesia in terms of its extension, situated on the island of Borneo. In the region, the diffusion of congenital malformations involving labiopalatoschisis is worsened by the scarcity of structures and doctors: in Tarakan Hospital in particular, there is a great lack of plastic surgeons. The new labiopalatoschisis center will be housed at the new city hospital, which is currently at an advanced stage of development.

Aims and activities

In order to achieve the final objective, the creation of a center of excellence dedicated to the treatment of labiopalatoschisis, the project includes:

- surgical missions, with the transfer to Italy of particularly severe cases that cannot be treated locally;
- supply of medical and surgical equipment and instruments;
- intensive specialised training programmes for local medical staff according to internationally-credited surgical standards.

Partners and roles

Eni Foundation finances the project.

Smile Train Italia is the executor of all activities and for their development has stipulated a series of agreements with the administrative and health authorities of Tarakan.

Duration and costs

The project runs for 3 years (2009-2011) and has a total cost of 0.5 million euros.

Ghana

Health project aimed at strengthening maternal-infant medicine services in two districts of the Western Region

Areas of intervention

The project, in line with the strategies of the local Ministry of Health, aims to support the action of the health authorities in achieving the Millennium Development Goals, and in particular 4 and 5, respectively to reduce infant mortality and improve maternal health.

The area of intervention involves the coastal districts of Jomoro and Ellembele with a population of about 250,000, mostly spread across isolated rural areas, of which more than 80,000 are children aged 0 to 10 and about 70,000 are women in their childbearing years.

Despite the encouraging health indicators seen nationally, the Country has some critical issues in terms of epidemics: a high incidence of endemic disease (malaria, gastroenteritis, respiratory disease, HIV/AIDS, TBC, measles) for the most part curable/preventable, and complications during birth and other perinatal pathological conditions with the consequent worsening of maternal and newborn mortality.

Envisaged activity

The project envisaged developing the following activities:

- extension of basic healthcare services in the least served areas, in line with the planning strategy and healthcare services on a

- community level, promoted by the Ministry of Health;
- strengthening of maternal-infant medicine services, obstetricians and newborn services on an intermediate level (community clinics and health centers);
- strengthening of in-patient and emergency services in relation to obstetric and newborn assistance in district hospitals;
- strengthening of the capacity to plan, monitor and assess and training of regional and district healthcare staff.

Partners and roles

Eni Foundation finances the project and is responsible for its management. The Ghana Ministry of Health plays a key role in the project as it makes available, through the public Ghana Health Service, the structures involved, the technical healthcare staff, the drugs and all other support necessary. The Christian Health Association of Ghana (CHAG) will be involved as a key player for obstetric and newborn emergencies in the district of Ellembele.

Costs

The overall cost of the project is 6.2 million euro.



Summary of expenses 2011

The balance as of 31 December 2011 closed with total spending of € 6,974,500 (inclusive of income from bank deposits of € 26,530), of which:

- € 6,033,237 for costs relating to the core business of the Foundation;
- € 899,860 for operating costs;
- € 64,535 thousand for tax.

Below is a classification of the expense according to allocation. The expenses relating to the pursuit of health projects in the Republic of the Congo, Angola and Indonesia total € 6,013,937 and concern:

- the **Salissa Mwana** project in the Congo for € 2,054,626, of which:
 - € 309,929 for the rehabilitation and equipment of the health centers and the construction of plants for drinking water, electricity and incinerators;
 - € 252,039 for training and supervising healthcare staff and technical staff of the health centers;
 - € 40,656 for community sensitisation activities;
 - € 188,113 for support of vaccination activities;
 - € 1,245,377 for structural, operative and staff costs.
- the **Kento Mwana** project, again in the Congo for € 602,353, of which:
 - € 209,138 for the extension of counselling and screening service coverage;
 - € 70,158 for the development of diagnostic and specialised capacities;
 - € 94,144 for the strengthening of the capacity of the healthcare staff of the healthcare structures;
 - € 113,246 for the transfer of competences in the vertical prevention of HIV to local healthcare staff;
 - € 115,668 for structural, operative and staff costs.

- the **Kilamba Kiaxi** project in Angola for € 3,251,158, of which:
 - € 2,370,850 to strengthen the health network through the construction of health centers and the equipping of existing centers;
 - € 94,047 to improve the technical managerial skills of healthcare staff;
 - € 173,783 for the surveillance of maternal-infant epidemics;
 - € 40,797 for maternal-infant services;
 - € 571,681 for structural, operative and staff costs.
- the project for the treatment of labiopalatoschisis in Indonesia for € 105,800.

The donations made to third parties not for profit total € 19,300.

Operating costs amount to € 899,781 and mainly concern:

- seconded staff costs (€ 578,541);
- provisions by Eni SpA under the scope of the service contract (€ 96,267);
- administrative services provided by Eni Adfin SpA (€ 86,982);
- services provided by the statutory bodies (€ 137,567).


Tax totals € 64,535 and is IRAP.

Allocation of expenses 2007-2011

Since it first became operative in 2007, the Eni Foundation has spent a total of € 21,712. Of this amount, € 17,081 are expenses incurred for the typical work of the Foundation, such as project initiatives promoted in the Countries in which it works and, to a lesser extent, donations.

The rest of the spending, € 4,627, are expenses of general support incurred to enable the Foundation to actually operate (mainly costs relating to seconded staff, provisions by Eni SpA and Eni Adfin SpA with regards to the Eni Foundation and provisions by the statutory bodies).





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Tables

Statement of Financial Position

ASSETS		(euro)	Notes	31.12.2010	31.12.2011
A	AMOUNTS RECEIVABLE FROM ASSOCIATES FOR THE PAYMENT OF FEES				
B	FIXED ASSETS				
I	Intangible fixed assets				
II	Tangible fixed assets				
			1	0	0
III	Financial fixed assets				
C	CURRENT ASSETS				
I	Inventories				
II	Receivables				
	Amounts receivable from the founding member				
	Amounts receivable from others				17,191
				17,191	
III	Financial assets (not held as fixed assets)				
IV	Liquid funds				
	Bank and post office deposits				
			2	6,224,192	4,969,182
				6,224,192	4,969,182
D	ACCRUALS AND DEFERRALS				
	TOTAL ASSETS				
				6,241,383	4,969,182
LIABILITIES AND NET EQUITY		(euro)	Notes	31.12.2010	31.12.2011
A	NET EQUITY				
I	Free equity				
	Management fund (Art. 6 of the articles of association)				
			3	20,000,000	23,000,000
	Previous years' operating result				(10,955,942)
	This year's operating result				(3,563,729)
					(6,974,500)
II	Business equipment provision				
			4	110,000	110,000
				5,590,329	1,615,829
B	PROVISIONS FOR RISKS AND CHARGES				
C	SEVERANCE INDEMNITY FOR EMPLOYEES (TFR)				
D	PAYABLES				
	Amounts payable to suppliers				
			5	251,928	2,873,945
	Amounts payable to the founding member				
			6	377,001	448,438
	Tax payables				
			7	167	5,512
	Amounts payable to social security and welfare institutes				
			8	1,488	1,488
	Other payables				
			9	20,470	23,970
	Amounts payable to the Ministry of Economy and Finance				
				651,054	3,353,353
E	ACCRUALS AND DEFERRALS				
	TOTAL LIABILITIES AND NET EQUITY				
				6,241,383	4,969,182
F	INTERIM ACCOUNTS				
	Goods held by third parties				

Operative statement

INCOME	(euro)	Notes	31.12.2010	31.12.2011
Income from core business				
Income from accessory business				
Sundry operating income				
Financial and equity income				
Financial income from bank deposits		10	22,567	26,530
TOTAL INCOME			22,567	26,530
EXPENSE	(euro)	Notes	31.12.2010	31.12.2011
Expense from core business				
Purchases		11	209,525	253,357
Services		12	2,162,923	5,493,528
Use of third party assets		13	267,671	267,051
Sundry operating expenses		14	14,900	19,300
			2,655,019	6,033,237
Financial and equity expenses				
Financial expense from bank deposits		15	4,801	3,399
General supporting expenses				
Services		16	863,533	899,781
Use of third party assets				
Amortisation/Depreciation				
Other charges		17	2,784	79
			866,317	899,860
TOTAL EXPENSE			3,526,137	6,936,495
BEFORE TAX PROFIT			(3,503,570)	(6,909,965)
PERIOD TAX				
Previous years' tax				
Current tax		18	(60,159)	(64,535)
TOTAL PERIOD TAX			(60,159)	(64,535)
OPERATING RESULT			(3,563,729)	(6,974,500)

Explanatory notes to the financial statements as at 31 December 2011

Basis of preparation

The financial statements for the Foundation closed as at 31 December 2011 comply with the provisions of Art. 20 of Italian Presidential Decree No. 600/73, which establishes the obligation, including for non-commercial entities, to monitor all managerial operations with a general and systematic accounting that enables the annual preparation of the entity's financial statements, where the Board of Directors is called by the articles of association to approve the financial statements of each financial year.

The layout adopted, given the lack of specific legislative restrictions, reflects the structure indicated by Arts. 2423 et seq. of the Italian Civil Code, adapted to the specific characteristics of non-profit businesses. To this end, the choice has been made to refer to the layout proposed by the Consiglio Nazionale dei Dottori Commercialisti in Recommendation No. 1 (July 2002).

The layout of the Balance Sheet adopted is that suggested for non-profit businesses that do not carry out any business accessory to the institutional business. In actual fact, the work of the Foundation falls, within its direct aims, as being established by the articles of association.

The Report on operations has a layout based on the classification of expenses according to nature. Thus the management of core business has been differentiated from that of financial and of general support.

On the basis of these considerations, the financial statements consist of the Statement of financial position, the Report on operations and the Explanatory notes, which are an integral part of the document.

Auditing of the financial statements

In accordance with that established by the articles of association of the Foundation, the Board of Auditors numbering three members, verified during the year that the accounts were kept correctly and all statutory, tax, social security and legal matters fulfilled.

Assessment criteria

The items of the financial statements have been measured prudently, on the assumption of the business as a going concern and on an accruals basis, whereby the effect of the operations and other events is noted in the accounts and assigned to the period to which the operations refer and not that in which the relevant cash movements actually take place (receipts and payments).

Statement of Financial Position

The measurement criteria for the items of the statement of financial position are as follows:

- Tangible fixed assets: are recorded at normal value;
- Payables: are recorded at nominal value insofar as they all related to Eni SpA.

Operative statement

The measurement criteria for the items of the operative statement are as follows:

- Income and expense: are allocated to the income statement on an accruals basis and prudently.

Tax aspects

The Foundation is subject to the specific tax legislation established for non-commercial entities.

The main aspect concerns the fact of not being subject to income tax for the institutional business carried out during the Foundation's life, insofar as it is connected with the achievement of social and humanitarian solidarity purposes. Consequently, the tax withholdings applied to interest income on bank deposits are not requested for reimbursement.

As concerns IRAP, the Foundation is charged the rate of 4.97%. The tax basis for the calculation of the tax consists of the amount of the fees paid to coordinated, continuous collaborators and seconded staff.

There are no VAT benefits as the Foundation pays VAT as an end consumer.

Information on employment

The Foundation has no permanent employees.

Notes to the items of the financial statements and other information

Statement of Financial Position

Fixed assets

1) TANGIBLE FIXED ASSETS

These consist of 3 computers received in 2009 from Eni SpA free of charge.

They are recorded at normal value of € 60 and fully depreciated.

Current assets

2) LIQUID FUNDS

Liquid funds totalling € 4,969,182 consist of amounts held with the following banks:

- BNL Gruppo BNP Paribas c/c 167491 - branch Eni € 4,919,829
- Banca Commerciale Internazionale BCI a/c 37107061474 Pointe Noire (the Republic of the Congo) € 49,353.

Net equity

3) FREE EQUITY

The free equity consists of the following:

- the management provision established by Art. 6 of the Foundation's articles of association, currently amounting to € 23,000,000, following the replenishment by the Founding Member Eni for € 3,000,000 on 30/11/2011;
- the negative operating result of previous years of € 14,519,671;
- the negative operating result of this year of € 6,974,500.

4) EQUIPMENT PROVISION

The equipment provision is € 110,000 paid in by the Founding Member Eni SpA.

Payables

5) AMOUNTS PAYABLE TO SUPPLIERS

Amounts payable to suppliers total € 2,873,945 of which:

- € 1,850,563 Eni Angola Production;
- € 928,282 Eni Congo SA;
- € 87,990 Genoa University;
- € 7,110 Eni Adfin.

They relate to services provided as part of service contracts.

6) AMOUNTS PAYABLE TO THE FOUNDING MEMBER

Amounts payable to Eni totalling € 448,438 are debits received in relation to the cost of seconded staff and service contracts.

7) TAX PAYABLES

Tax payables of € 5,512 consist of payables for IRAP totalling € 3,930, payables for withholdings on independent work for € 1,415 and the payable due to the tax authority for withholdings applied to the fees of collaborators for € 167.

8) AMOUNTS PAYABLE TO SOCIAL SECURITY AND WELFARE INSTITUTES

Amounts payable to institutes of € 1,488 consist of amounts payable to INPS for withholdings applied to the fees of collaborators.

9) OTHER PAYABLES

Other payables amount to € 23,970 and mainly concern the allocation for the emoluments of the members of the corporate bodies.

Economic report on operations

Financial and equity income

10) FINANCIAL INCOME FROM BANK DEPOSITS

Financial income of € 26,530 consists of interest income accrued on the bank deposits held with BNL Gruppo BNP Paribas.

Expense from core business

These expenses refer to the costs incurred by the Foundation specifically in order to go about its institutional business.

11) PURCHASES

These total € 253,357 and concern the purchases of materials and equipment for health centers and the operative bases under the scope of the projects run by the Eni Foundation in the Republic of the Congo and in Angola, mainly made by Eni Congo SA and Eni Angola under service contracts stipulated with the Foundation.

- € 58,194 for the Salissa Mwana project in the Congo;
- € 158,139 for the Kento Mwana project in the Congo;
- € 37,024 for the Kilamba Kiayi project in Angola.

12) SERVICES

These total € 5,493,528 and concern expenses incurred as part of projects as per the note above for the restructuring and equipping of the health centers; medical provisions and technical provisions of specialised staff and staff seconded from the Eni associates; research and support of health activities, training and teaching and sensitisation, including:

- € 1,898,705 for the Salissa Mwana project;
- € 444,214 for the Kento Mwana project;
- € 3,044,809 for the Kilamba Kiayi project in Angola;
- € 105,800 for the Labiopalatoschisis project in Indonesia.

13) USE OF THIRD PARTY ASSETS

These total € 267,051 and consist of the lease of offices in the operative bases and vehicles including:

- € 97,727 for the Salissa Mwana project;
- € 169,324 for the Kilamba Kiayi project.

14) SUNDRY OPERATING EXPENSES

These total € 19,300 and consists of donations made to non-profit businesses.

Financial and equity expenses

15) FINANCIAL EXPENSE FROM BANK DEPOSITS

These total € 3,399 and consist of interest expense on the bank deposit held with BNL Gruppo BNP Paribas.

General supporting expenses

These expenses refer to the costs incurred to carry out the management and coordination of the Foundation.

16) SERVICES

These total € 899,781 and consist of the following:

- provisions by seconded staff for € 578,541;
- provisions by Eni SpA under the scope of the service contract for € 96,267;
- provisions by the members of the statutory bodies for € 137,567;
- administrative provisions by Eni Group companies for € 86,982;
- bank services for € 424.

17) OTHER EXPENSES

These total € 79 and mainly consist of tax expenses.

Taxes

18) CURRENT TAXI

These total € 64,535 and mainly consist of the allocation for Regional Production Tax for FY 2011.

The operating result as of 31 December 2011 is negative for € 6,974,500.

Report by the Board of Auditors on the accounts of 19.04.2012

Dear Shareholders, During the financial year ended on 31 December 2011, we carried out our auditing duties in compliance with current legislation, considering the standards of conduct of the Board of Auditors recommended by the Consiglio Nazionale dei Dottori Commercialisti e degli Esperti Contabili, monitoring compliance with the law and the articles of association.

With regards to the work carried out in FY 2011, we would report the following:

- we have monitored compliance with the law and articles of association;
- we have obtained the relevant information from the directors on the work carried out and the most significant operations in terms of economic, financial and equity issues, resolved and implemented during the financial year, which are explained in full in the Report on Operations, to which we would refer you. On the basis of the information made available to us, we can reasonably assure you that the operations implemented by the company comply with the law and the articles of association and are not clearly imprudent, hazardous or in contrast with the resolutions passed by the Board or such as to risk the integrity of the company's equity;
- we have gained awareness of and monitored, as far as we are competent to do so, with meetings held at least once a quarter, the suitability of the company's organisational structure, the internal audit system, the administrative-accounting system and its reliability in terms of providing a correct representation of management events;
- we have been informed by the Supervisory Body pursuant to Italian Legislative Decree No. 231/2001, verifying the suitability of the control model approved by the BoD.

During the course of our supervision, as described above, we verified that no declarations had been made in accordance with Art. 2408 of the Italian Civil Code, just as no non-typical and/or unusual operations have been seen with related parties and/or third parties, nor any claims, omissions or censurable facts worthy of note or mention in this report.

The Board of Auditors acknowledges that the negative period result is mainly determined by expenses for costs and services relating to core business equal to € 6,033,237, mainly incurred to the benefit of the health projects in the Republic of the Congo (€ 2,656,979) and in Angola (€ 3,251,158). The costs for services and general support expenses came to € 899,860.

With reference to the financial statements closed as at 31 December 2011, we have monitored the layout and general conformity with the law in terms of preparation and structure for aspects and formalities not connected with the legal auditing of the accounts; more specifically, we were able to see that the financial statements have been prepared in accordance with the provisions of the law in application of international accounting standards. We have verified compliance with the provisions concerning the preparation of the Report on Operations.

The Board of Directors has provided the information pursuant to Article 2497-bis of the Italian Civil Code in the Explanatory Notes.

As far as it is competent, and having acknowledged the results of the financial statements for the financial year ended on 31 December 2011, considering the statements of this Report, the Board of Auditors has no objection to the proposed resolution, as it has been presented by the Board of Directors.

Rome, April 19, 2012

The Board of Auditors

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