foundation

ANNUAL REPORT 2012

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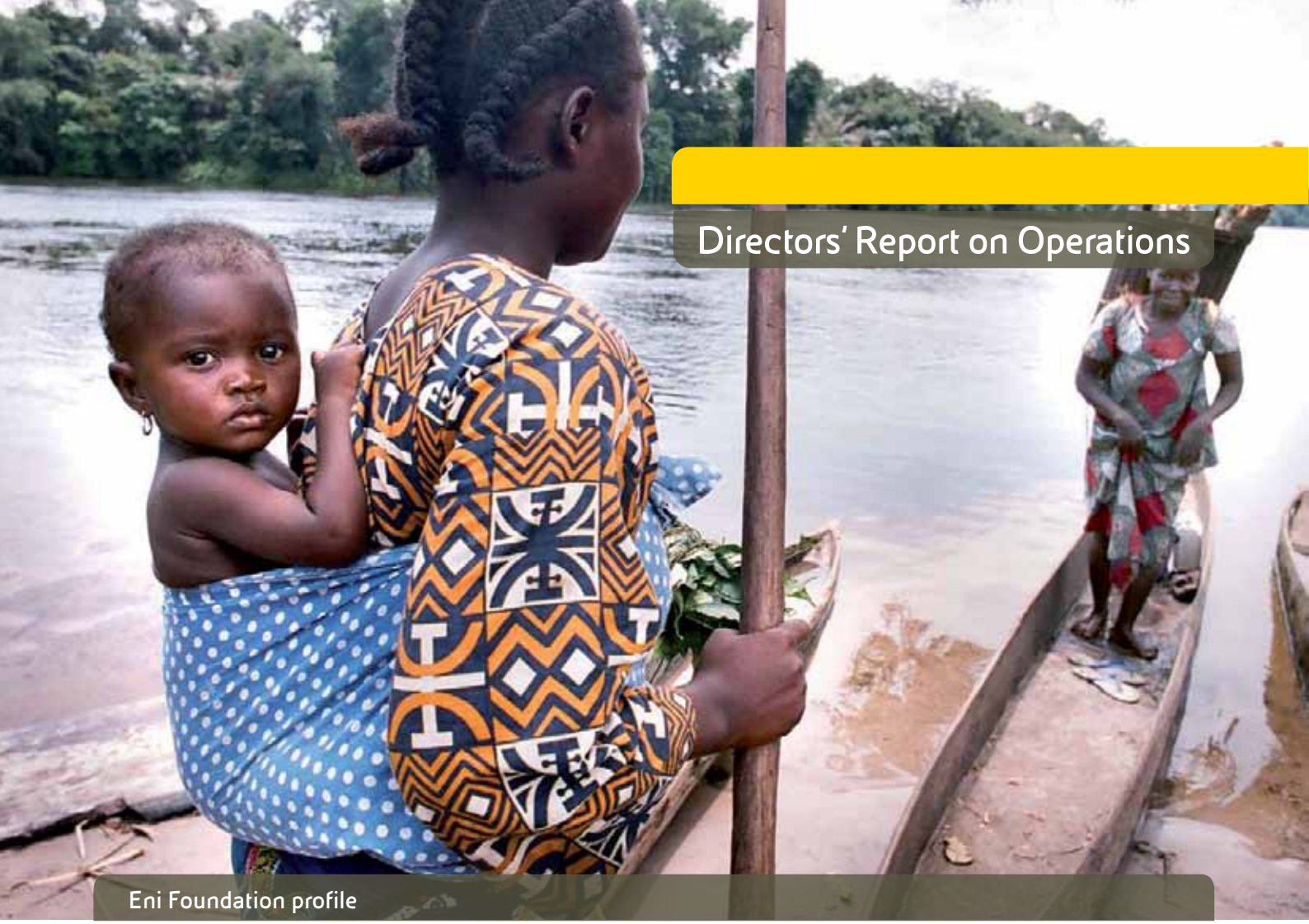
Letter from the Chairman

2012 saw the successful conclusion of Eni Foundation's first initiatives, launched in the Congo and Angola between 2007 and 2009. Their aims were to improve health care for children and to support national health programmes implemented to achieve the Millennium Development Goals established by the United Nations.

During these years, men and women of the Foundation have demonstrated their commitment through the restoration and construction of 32 primary Health Care Centers. These have made it possible to administer, with humanity and professionalism, 940,000 vaccine doses and to provide 820,000 diagnostic and therapeutic services for children and mothers; supplying 680,000 laboratory analyses, over 30,000 safe births, 60,000 antenatal consultations and HIV screening to rural and highly isolated areas.
3,200 local health workers have benefited from training courses designed to improve their knowledge and technical capabilities.

These results, which have been achieved in cooperation with the community and local institutions, with which we have exchanged knowledge and information, and shared problems and goals on a daily basis, are our most valuable enterprise assets. They allow us to look confidently towards forthcoming challenges upon which the Foundation plans to embark, regarding the new developments emerging from the African continent – in Mozambique and Ghana – where we shall continue our commitment to safeguarding children's' health.

Paolo Scaroni



Directors' Report on Operations

Eni Foundation profile

Founded at the end of 2006, with the aim of strengthening and improving Eni's ability to respond coherently and effectively to the expectations of civil society, Eni Foundation addresses the main issues concerning the safeguarding of fundamental human rights: survival, social development, protection, and education. Eni Foundation concentrates its action in particular on children, who are most fragile and vulnerable. In line with the value set which has always characterized Eni's work, the Eni Foundation's mission is "to promote the protection of the rights of children with social solidarity initiatives aimed at encouraging their overall well-being and development".

Human resources

To be effective, Eni Foundation draws on the skills and know-how of Eni, with which it has defined a technical services supply contract, and secondments of corporate personnel for the implementation of the Foundation's activities.

Operational approach

Eni Foundation is an operational corporate foundation, which adopts a proactive approach in achieving its assigned objectives, focussing its activity on autonomously planned and executed initiatives. All of Eni Foundation's projects are inspired by the following principles:
(a) analysis and understanding of the surrounding context; (b) transparent communication with stakeholders; (c) long-term vision and commitment; (d) dissemination and sharing of results and knowledge.
The Foundation's main activity is the development of initiatives to benefit children. As a corporate foundation, it adopts business-oriented efficiency criteria: (a) clarity of objectives and content; (b) management control; (c) sustainability; (d) measurable expected results; (e) replicable interventions.
Eni Foundation reflects the wealth of experience and know-how acquired by the founder of Eni, Enrico Mattei, in various social and cultural contexts around the world. The Foundation believes that complex problems require an integrated approach; to this end, it is open to cooperation and partnerships with other organizations (non-governmental associations, humanitarian agencies, local institutions and authorities), of proven experience and competence, in both the planning and development phases.

Scientific Committee

Eni Foundation has its own Scientific Committee, appointed by the Board of Directors, which is made up of individuals who possess specific and certified scientific ability in the Foundation's areas of interest. The Committee performs an advisory function with regard to programmes and any other matters on which the Board of Directors requires its input.

The Scientific Committee is made up of: Pier Carlo Muzzio, Manuel Castello, Alessandro Lesma

Organizational structure

The structure of the Eni Foundation is made up of the following bodies:

Board of Directors:
Chairman Paolo Scaroni
Vice Chairman Raffaella Leone

Directors: Claudio Descalzi, Umberto Vergine, Stefano Lucchini, Angelo Fanelli

Secretary General: Filippo Uberti

Internal Auditors:
Chairman Francesco Schiavone Panni, Anna Gervasoni, Pier Paolo Sganga

Overview of activities

2012 saw the conclusion of the initiatives developed directly by the Foundation, undertaken between 2007 and 2009, in the interests of child health in the Republic of Congo and in Angola. These achieved significant results with regard to reinforcing the local healthcare facilities and services network, as well as in strengthening the technical and managerial capacities of healthcare personnel. Recognized in their field as concrete intervention models, these have enabled (by working alongside communities and institutions) the implementation of new operational approaches within local healthcare systems, designed to produce lasting effects over time. In 2012, the role played by the Eni Foundation in child protection was further consolidated by the launch of two new initiatives in **Ghana** and **Mozambique**.

In Congo, the **Salissa Mwana** project (Let's protect the children), aims to improve healthcare for children in the remote rural areas of the regions of Kouilou, Niari and Cuvette. This is achieved through far-reaching vaccination programmes against the major diseases, the strengthening of primary remote healthcare facilities, the training of healthcare personnel at various levels, and the raising of the population's awareness with regard to prevention. Launched in 2007 in cooperation with the Country's Ministry of Health and the local non-governmental organization, the Congo Assistance Foundation, Salissa Mwana fully attained its planned objectives. This was achieved by strengthening and extending primary healthcare services in all districts of the three regions involved in the project; addressing key challenges in terms of logistics and operations with regard to increasing the number of Health Centers involved; and increasing the number of activities designed to support implementation of national programmes and their extension into more remote and hard-to-reach areas of the Cuvette. At the same time, additional support has been provided to local healthcare authorities to help them cope with periodic outbreaks of disease (e.g. polio virus brought in from Angola), which have had serious repercussions in the Pointe-Noire and Brazzaville regions, in Kouliou and Niari.

The **Kento Mwana** (Mother-Child) project was launched in 2009, once again in cooperation with the local Ministry of Health, with the objective of reducing the rate of mother-to-child transmission of the virus amongst HIV positive pregnant women to between 2% and 3%. For this purpose, counselling and voluntary screening services are offered to pregnant women within the network of first-level Health Centers and, where a positive result is obtained, prophylaxis or treatment services in maternity and paediatrics wards in reference hospitals.
The initiative has been developed in the three regions of Kouilou, Niari and Cuvette, where it relies on the network of healthcare facilities previously set up for the Salissa Mwana project. The Clinic for Infectious Diseases of the University of Genoa is a partner for the project's clinical and scientific activities.

In Angola, the **Kilamba Kiaxi** project was launched in 2009 and promoted with the Ministry of Health as well as with the local non-governmental organization, Obra da Divina Providência.
Its objective is to improve health conditions of the child and maternal

Children's health

The Millennium Development Goals (MDGs) of the United Nations include a key parameter, which is the r**eduction in child mortality (MDGs 4 and 5)**. In 1990, the goal of a two-third decrease by 2015 was set. The indicator has recorded constant overall progress, particularly since the year 2000. However this has been with significant disparities between geographical locations.
At the global level, deaths amongst children under the age of 5 decreased by one-third between 1990 and 2009; falling from 12.4 million to 8.1 million. 80% of this total is concentrated in Sub-Saharan Africa, Southern Asia and Oceania, with about half of this in just five Countries – India, Nigeria, the Democratic Republic of Congo, Pakistan and China.
The highest rates are consistently reported in Sub-Saharan Africa, where 1 in every 8 children dies before the age of five. This value is approximately 20 times greater than the average in developed regions (1 in every 167).
The main causes of child mortality are malaria, diarrhoeal and infectious diseases. These are responsible for more than half of all deaths in Sub-Saharan Africa. Malaria, despite a decline in new cases and in the related mortality rate, is one of the most widespread pathologies in the world: in 2009, 225 million cases and 780,000 deaths were reported, 85% of which were in African children under the age of five. Amongst infectious diseases preventable through vaccination, measles was responsible for 164,000 deaths in 2008. This was in spite of a marked and general decline in mortality levels in recent years as a result of improvements in vaccination services, and, more generally, by access to healthcare services for the child population.
Globally, the rotavirus is the most common cause of severe diarrhoea in children. Each year it kills over 500,000 children, half of which are in Africa, and specifically within the 6 to 24 month age. Large-scale vaccination against rotavirus, combined with other measures (saline rehydration, zinc administration) aimed at increasing its effectiveness, would significantly reduce the number of deaths attributable to rotavirus-induced gastroenteritis, including in developing Countries, and in particular in those areas where healthcare services are not easily accessible.
Finally, it should be noted that all childhood diseases are aggravated by malnutrition – globally responsible for at least one-third of all deaths under the age of 5 – as well as other problems, such as Vitamin A deficiency, which causes stunted growth, reduced resistance to infections, and eyesight problems. When analysing child mortality, the percentage of neonatal deaths is particularly significant: of a total of 135 million children that are born each year worldwide, almost 3 million die in the first week of life, and one million die in the subsequent three weeks. The main causes, as with maternal mortality, include a precarious health condition in the mother, and specific pathologies which are not adequately treated during pregnancy. These can result in premature birth and severe permanent disabilities in the child.

population in the Municipality of Kilamba Kiaxi in Luanda.
This project, which also draws on the support of leading international scientific institutions, aims to reduce the incidence of preventable diseases, and of those caused by malnutrition. This is achieved by strengthening existing local healthcare facilities, epidemiological screening and the implementation of vaccination and dietary education programmes.
In November 2012 the Foundation launched a new initiative in Ghana, with the aim of developing and strengthening primary healthcare services for children in the Country's Western Region. This is designed to contribute to the reduction in child and maternal mortality rates. During the course of the year, preliminary feasibility studies were completed and partnership agreements finalized with the Ministry of Health and its two implementation agencies: Ghana Health Service (GHS) and the Christian Health Association of Ghana (CHAG).
During 2012 the Foundation also carried out preliminary pre-feasibility and feasibility studies on a further initiative in Mozambique. This is aimed at supporting mother and child emergency services in the Palma district (province of Capo Delgado). The project will be carried out in cooperation with the Mozambique Ministry of Health and provincial and district health authorities, under the patronage of the Cabinet of the First Lady, Maria da Luz Guebuza. Signing of the agreements is planned for the first quarter of 2013.

Republic of 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 (per 1,000 live births)	
- 0-5 years old	93
- 0-12 months old	61
- neonatal	29
% of underweight births (2003-2008)	**13**
% of underweight children 0-5 years old (moderate and severe 2006-2010)	**11**
% of children under 0-5 years old suffering from stunted growth (moderate and severe 2006-2010)	**30**
Maternal mortality rate (per 100,000 live births – 2006-2010)	**780**
Lifetime risk of maternal death (2008)	**1 in 39**
Per capita GNP (USD)	**2,310**
Health care expenditure	
- as % of GDP (2009)	2
- as % of Government expenditure (2000-2009)	4

Source: UNICEF 2010

"Salissa Mwana" Child healthcare in rural areas project

The Salissa Mwana project has helped to improve healthcare for children living in isolated rural areas in the Kouilou, Niari and Cuvette regions. This is achieved via vaccination programmes against major diseases, in support of activities carried out by the Country's public health authorities.

In order to achieve the main objective in the three regions, the project has continued to strengthen primary remote healthcare facilities – known as Integrated Health Centers (Centers de Santé Integrés, or CSIs). This is designed to improve their operational and managerial capabilities, and their integration into the surrounding territory.

The initiative has included the full structural restoration of 30 Centers, training of healthcare personnel at various levels, and raising awareness amongst the population with regard to prevention.

Through this intervention model, primary healthcare services (therapeutic treatments, immunization, preventive medicine, prenatal and postnatal consultation) have been progressively strengthened. This is in order to attain target coverage within the districts and the three regions over the project's 4-year duration. The project has been implemented based on a partnership agreement with the Ministry of Health and Population of the Republic of Congo,

and in cooperation with the local non-governmental organization, the Congo Assistance Foundation.

In 2012 Salissa Mwana achieved full coverage of the area for intervention, addressing key challenges in terms of logistics and operations with regard to increasing the number of Health Centers involved, the ever-increasing number of activities required to support implementation of national programmes, and their extension into the most remote and hard-to-reach areas of the Cuvette.

Activities carried out

Rehabilitation of remote healthcare facilities

By the end of 2012, works were completed at the last three planned facilities: the Vaccination Center in Owando and the two more remote and inaccessible Centers (North Moungoundou in Niari and Makoua in Cuvette). The project has already set up personnel training sessions, awareness-raising activities and vaccination sessions, prior to completion of CSI renovation and equipment works. Construction works for wells and hydraulic connections to CSIs have been completed and financed by the Eni Foundation, in the following CSIs:

Number of wells and tanks installed	Renovated CSIs
1	Nkola
2	Kakamoeka Poste
3	Nzambi Poste
4	Louvakou
5	Nyanga
6	Divénié
7	Yaya
8	Moungoundou Sud
9	Moungoundou Nord
10	Londéla-Kayes
11	Mbinda
12	Mayoko
13	Bokouélé
14	Mossaka
15	Banda
16	Mboukou
17	Tchitanzi

Training

Since the start of the project, **870** training sessions have taken place ("sessions" are training days for each CSI or CSS – Circoscrizioni Socio Sanitarie – Social and Healthcare Districts).
712 people have been trained, of which: 470 were medical personnel from 29 CSIs restored by the Eni Foundation, and 2 EPI (Expanded Programme on Immunization) units; and 53 were from dispensaries, CSIs, hospitals and healthcare facilities not restored by Eni Foundation. 57 were healthcare middle managers in the EPI programme run by the non-governmental organization, "Medici in Africa" (Doctors in Africa); 25 were trainers and 160 were healthcare professionals from the maternity sector, who were selected from the 3 WHO-formed departments for obstetric and neonatal emergencies. Throughout the duration of the project, 674 supervisory sessions took place.

Healthcare situation

Around 50% of the Country's population is living below the poverty threshold. Healthcare expenditure per capita totalled 53 USD in 2008, only just above the 45 USD/year estimated by UNICEF as the minimum level required to guarantee access to primary healthcare services.
The healthcare system suffers from structural and qualitative weaknesses, in terms of services provided. These difficulties are exacerbated by the marked disparity in the distribution of healthcare facilities between urban and rural areas, which prevents access to healthcare, especially in the most northern regions.
The Country's health situation presents highly critical elements, illustrated by the following rates, which are amongst the worst in Sub-Saharan Africa: infant mortality (75 out of every 1,000 births); neonatal mortality (117 out of every 1,000 births); and maternal mortality (780 out of every 1,000 births).
Neonatal mortality is affected by the high percentage of premature births, which is a cause of death in 1 out of every 3 newborn babies; infant mortality is primarily caused by diarrhoeal and respiratory diseases, or endemic pathologies, such as malaria. In the Capital and in Pointe-Noire, malaria is the primary cause of hospitalization (around half of all paediatric hospital admissions), and over 30% of deaths under the age of 5. The anaemia typically associated with the most severe forms of malaria is exacerbated by the anaemia which is already widespread among children as a result of malnutrition and multiple parasitosis.
With regard to nutrition, it is estimated that over 20% of the population is undernourished and, according to UNICEF, over a quarter of infant deaths are associated with malnutrition. Malnutrition is also responsible for severe growth delays in 30% of children under the age of 5.
In recent years, development of extensive and integrated immunization programmes has reduced the incidence of potentially fatal diseases which are preventable with vaccines; such as measles – which appears to be essentially under control – and polio. With regard to the latter, the Country organizes periodic mass child vaccination campaigns, with positive results (the last case of native polio dates back to 2000). However, in 2010, this did not succeed in preventing a raging polio epidemic, brought in from neighbouring Angola. Maternal mortality, as well as obstetric issues, can be attributed to indirect causes; for example, HIV/AIDS, malaria, tuberculosis, and anaemia.
This value (which is very high, considering that 83% of women have prenatal consultations, and 86% of births, in urban areas at least, are assisted by healthcare personnel) reveals the unsatisfactory quality of healthcare services. With the goal of halving the maternal and child mortality rates by 2015, a project was launched to support mother and child pairs, through the strengthening of all services provided at the primary level of remote Health Centers. This also includes the distribution of treated mosquito nets, as well as a range of services which are offered free of charge, such as: malarial treatments for pregnant women and children between the ages of 0 and 15; caesarean births; anti-retroviral drugs; and diagnostic laboratory tests for HIV/AIDS.

Project description

Area of intervention and beneficiary population

The regions involved are: Niari and Kouilou, in the south-west; and Cuvette, in the north. The beneficiary population is estimated at around 200,000 children (between the ages of 0 and 5) living in rural and isolated areas within the three regions; equivalent to one third of the Country's child population.

Objectives

- Reduce the incidence of the major childhood diseases through vaccination programmes.
- Strengthen the capacities of local primary Health Centers.
- Improve the skills of healthcare personnel with regard to vaccination and prevention.
- Promote awareness among the population on the prevention of transmissible diseases.

Activity

- Restoration of 30 local Health Centers (CSIs), which will be completely renovated and equipped, and supplied with solar panels for electricity and wells for drinking water.
- Vaccination campaigns against major diseases, carried out both in Health Centers, as well as directly in remote villages, through the use of mobile vaccination units.
- Epidemiological screening of the child population.
- Training of local technical healthcare personnel.
- Information, education and communication campaigns, directed at beneficiary communities.

Structure and organization

- A coordination center in Pointe-Noire for organizational, administrative and logistic activities.
- 3 logistic-operational bases, in Pointe-Noire (Kouilou), Dolisie, (Niari) and Oyo (Cuvette), to manage health-related activities and the storage and transport of vaccines.
- 30 Health Centers (16 in Niari, 7 in Cuvette and 7 in Kouilou), to serve as bases for vaccination, training and awareness-raising activities in rural communities.
- 24 means of transport supplied to remote Centers, plus coordination, including: 11 medical units and 6 mobile vaccination centers (3 on land and 3 on water), 3 pick-up services, 2 motorbikes and 2 motorized pirogues. These are designed to link together operational bases, public vaccine storage centes and Health Centers, as well as to reach individual remote villages.

Partners and roles

- Eni Foundation finances the project, and is responsible for its management and overall coordination.
- The Ministry of Health provides the necessary healthcare facilities, healthcare personnel, vaccines, and essential medicines.
- The Congo Assistance Foundation provides operational support, primarily in terms of human resources, for activities related to education and communication to the community.
- The Paediatrics Department of Rome's "La Sapienza" University supplies scientific support for training of personnel, epidemiological screening, and raising of awareness amongst the population.

Duration and costs

The project ran for 4 years (2007-2012), at a cost of around 10 million Euro.

In 2012, 122 training days took place. The following table shows the number of training sessions, divided by Department (a session is one day for each CSI trained).

Table showing total training sessions per Department in 2012:

Number of Eni Foundation CSI training sessions				Training sessions for Departmental Operational Health Units		
	K	N	C	K	N	C
Total sessions per DEPT	56		14	52		
Total sessions 2012			**122**			

The number of supervisory training days in 2012 was 108.
By adding together training days and supervisory training days, we can state that 1,544 days were spent on "on the job" style training for personnel working on the project, and that the total number of people who benefited from such training was 712.

Summary table showing training and supervisory sessions from project initiation to 2012:

Training	2008	2009	2010	2011	2012	Total
Training sessions	20	112	201	415	122	870
Supervisory sessions	7	133	208	218	108	674
Total	**27**	**245**	**409**	**633**	**230**	**1,544**

Trained personnel	2008	2009	2010	2011	2012	Total
Healthcare	63	75	109	118	15	
Raising awareness			40			
Total	**63**	**75**	**149**	**118**		**420**

	By sector	CSI 2008/09/10/11	Dispensaries 2008/09/10/11	Awareness Raising 2010	Health Centers 2012	Dispensaries 2012	Total
By region	Kouilou	110	39	30	7	1	
	Niari	96	76	10			
	Cuvette	76	17	0	8		
	Total	**282**	**132**	**40**	**15**		**470**

The professional categories within the healthcare field, which have undergone training in 2012, are reported in the following table:

Total healthcare personnel trained between 2008 and 2012 by Eni Foundation, by Department	Kouilou	Niari	Cuvette
Healthcare assistants (doctors/paramedics)	9	15	19
Obstetricians	18	22	14
Qualified nurses	58	43	22
Healthcare professionals	24	51	30
Paediatric nurses	5	4	1
Community healthcare agents	19	15	5
Laboratory technicians	8	7	7
Other	16	14	4
Sub tot	149	171	94
Total		**430**	

Awareness-raising personnel trained by Eni Foundation	Kouilou	Niari	Cuvette
Social agent	15	0	0
Social workers	9	6	0
Development agents	3	0	0
Mobile personnel	3	4	0
Sub tot	30	10	0
Total		**40**	
Total number of healthcare personnel trained on modules chosen by Eni Foundation		**470**	

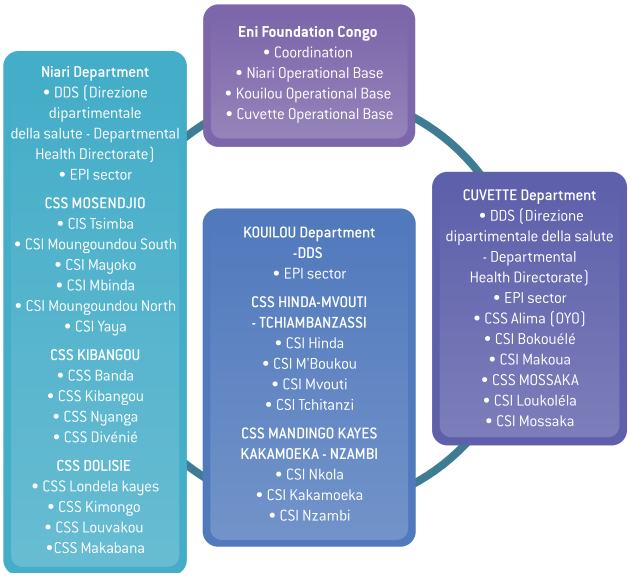
In all districts covered by the project, personnel who are not part of Eni Foundation, but who work in Health Centers and dispensaries, have also participated in training sessions. By including these healthcare workers, who are involved in mobile and advanced strategy vaccination activities, the project aims to ensure improved vaccination services, not only at Health Center level, but across the entire district. Moreover, for the first time, training sessions were also organized for awareness-raising personnel on specific vaccination themes, with the aim of strengthening skills and more effectively informing the population (training of trainers).

Since 2009, development of the Programme Amelioration Qualité (PAQ) has also continued within the project, in order to improve the quality of work carried out by all Health Centers involved. The Programme is designed to strengthen the role of the Centers within their surrounding districts, not only by conducting mobile/advanced strategy vaccination programmes, but also by increased participation in those activities which, up to now, have been implemented by the project partners; such as the awareness-raising managed by the Congo Assistance Foundation.
The implementation of activities aimed at promoting overall maternal-child healthcare ("safe delivery" kit distribution) also fall within the scope of this programme. The final objective of the PAQ is to encourage transfer of competencies, and increasingly autonomous management of the various project activities by local healthcare personnel. Through the use of a check list, the project has been able to carry out a comparative analysis of the results of reviews carried out in the target CSIs: the weakest and strongest areas of the various CSIs were identified, and departmental days were organized for sharing of such results, by category, with the personnel of the various Centers, and awarding prizes to Centers judged the best within their regions. The PAQ programme has researched a method of creating competition between the CSIs. The aim of this competition is to evaluate, but also to motivate staff to properly maintain refurbished CSIs and the healthcare equipment supplied by Eni Foundation. Once data obtained via the checklist has been analysed, Centers with the highest scores are identified, and the highest in each category are awarded with various prizes (computers, scanners, modems, sets of information films on the most common diseases in Africa, DVD players, and televisions).
These will be of use to the CSIs in increasing their effectiveness with regard to dissemination of information to the rural population on the use of the CSI as a primary and sole care source.

In 2012, 30 supervisory sessions were carried out using the checklist, and as many information sessions with heads of the CSIs took place for an update on the administrative, healthcare and hygiene management of the CSI. In order to optimize and reinforce communication systems between the different administrative and operational healthcare levels in the three Departments, Eni Foundation, through the PAQ programme, has distributed 20 telephones and installed 85 closed-circuit telephone lines (GFU). This support has enabled cost-free communication between health agents working in rural and isolated environments and the CSS. As a result, information can be passed rapidly between rural and urban areas, benefiting the health of the entire population and Department as a whole.

In 2012, line maintenance continued throughout the year, so as to allow communication of data and other necessary elements via an effective and efficient transmission platform. This platform meets the needs of the 29 CSIs of the 29 Districts where Eni Foundation is active, of the 3 EPI sectors, of the 3 CSS, of the 3 Departments, and of the 3 coordinating Eni Foundation Operational Bases.

Figure 1. Members of the Eni Foundation GFU network - DDS (Departmental Health Directorate) - Sectors - Social Healthcare Districts (CSS), CSI.



Key results	2007-12
Remote Health Centers rehabilitated	**30**
Vaccination campaigns	**5,153**
Total vaccinations carried out	**446,626**
Mobile strategy pre-natal consultations	**7,413**
Women who have received the "safe delivery" kit	**1,694**
Villages covered by vaccination activities	**1,166**
Training/supervisory sessions	**1,622**
Resources trained in PTME (Prévention de la Transmission Mère-Enfant)	**524**
Awareness-raising sessions	**701**

Raising awareness

The local NGO, Congo Assistance Foundation, has supported the project's implementation of population information, education and communication (IEC) activities, on the prevention of transmissible childhood diseases and on the importance of vaccinations. On the basis of the pilot-acquired experience in Kouliou, and in part in Niari, a common IEC programme was adopted in 2010 in the three regions included in the project. This included a number of variations due to the distinctive features of each area.
IEC activities are conducted in each district principally by means of institutional visits to local authorities. Following this preliminary phase, a survey is carried out among the population to verify its knowledge and awareness of the importance of immunization, along with general and specific information sessions on vaccinations. These sessions take place on a monthly basis, and aim to gradually and consistently

increasing knowledge regarding the various issues, thanks to the continuous presence of Congo Assistance Foundation staff.

Raising awareness	2008	2009	2010	2011	2012	Total
Institutional meetings	6	5	27	15	1	**54**
Awareness-raising sessions	2	44	209	242	150	**647**
Total sessions	**8**	**49**	**236**	**257**	**151**	**701**
Villages reached (cumulative figure)	44	198	853	858	983	**983**
Visits carried out in the 983 villages reached		**4,012**		6,975	4,530	**15,517**

The objective set was to reach at least 80% of villages, in each district of the three regions, with IEC sessions by the end of the project.
At the end of 2012, territory coverage exceeded 84%, with 983 villages reached by IEC activities, out of a total of 1,166. The table below shows data for each intervention region.

Table of territory covered by awareness-raising activities:

(Villages reached over total villages)												
at 31.12.2009			at 31.12.2010			at 31.12.2011			at 31.12.2012		
Kouilou	Niari	Cuvette	Kouilou	Niari	Cuvette	Kouilou	Niari	Cuvette	Kouilou	Niari	Cuvette
30%	8.4%	11.5%	75%	75%	68%	75%	75%	72%	75%	75%	102%

Table of territory covered in 2012 compared to Departmental districts (number of districts in which Eni Foundation present, over total number of districts within the three Departments):

Department	Number of districts present within Departments	Number of districts where Eni Foundation present	Territorial coverage
Kouilou	6	6	100
Niari	16	16	100
Cuvette	7	7	100
Total	**29**	**29**	**Departmental territorial coverage 100%**

Table of territory covered in 2012 compared to villages present in Departments (number of villages reached compared to official number of villages):

Department	Number of official villages by Department	Total villages reached during awareness-raising visits	Territorial coverage by Department and average (%)
Kouilou	250	187	75
Niari	505	377	75
Cuvette	411	419	102
Total	**1,166**	**983**	**84%**

Vaccination activities

The Salissa Mwana project carries out vaccination activities in support of the national vaccination programme (Expanded Programme of Immunization - EPI) implemented by the Ministry of Health.
The methods used in the project are those strategies adopted by the EPI itself, in order to progressively cover the entire reference area:

- **fixed-site strategy**: carried out in every Health Center under the supervision of the doctor in charge, according to a monthly schedule established jointly with the Ministry of Health;
- **advanced strategy**: organized by the Health Center through mobilization of healthcare personnel to surrounding villages, to carry out vaccinations on planned dates;
- **mobile strategy**: managed at departmental level, and implemented by reaching the most remote areas using means suitably equipped for vaccine transport.

Both mobile and advanced strategies, which are frequently implemented simultaneously, involve Health Center personnel as well as operators from the local Departmental Health Directorate.
In 2012, the activities carried out by the project to support EPI vaccination strategies resulted in the development of **1,479** vaccination campaigns (including 933 fixed-site strategy days and 546 mobile/advanced strategy sessions). Overall, with **4,855** vaccination campaigns conducted since 2008 with the project's support, some 439,132 (+/-) vaccine doses of the following antigens have been administered since project launch: BCG, DTC3, VAR, VAA, Vit A, VAT 2+ (including 108,314 in 2012).

Total number of vaccines administered through advanced mobile strategy, in Eni Foundation Departments, by year and by Department:

Department	2008	2009	2010	2011	2012	Total vaccines administered
Kouilou			17,361	30,534	12,764	64,230
Niari			41,486	60,565	60,008	140,703
Cuvette			35,072	63,800	35,542	130,951
Total	**21,000**	**61,000**	**93,919**	**154,899**	**108,314**	**439,132**

Table showing vaccine coverage % achieved by the Department during 2012, through Eni Foundation mobile and advanced strategy support:

Department		BCG	DTC3	VAR	VAA	VIT A	VAT 2 +	CV average
Kouilou	DEPT	81	89	71	69	85	93	81
Niari	DEPT	82	83	76	76	76	81	79
Cuvette	DEPT	95	92	86	84	86	93	89

During 2012, thanks to the complete renovation and handover to the Ministry of the last CSIs, we were able to implement the mobile and advanced strategies, even in those districts where the population had still not been vaccinated. The final 103 villages which had not previously been reached were therefore included, and the territorial coverage over all 1,166 officially-listed villages in the three Departments reached 100%. This has also allowed attainment of a district coverage of 100%, insofar as all 29 districts present in the three Departments were included in the execution of immunization activities, as well as that of awareness-raising activities.

Table showing % of territorial coverage (number of villages reached by Eni Foundation's mobile/advanced strategy over the total number of villages present within Department):

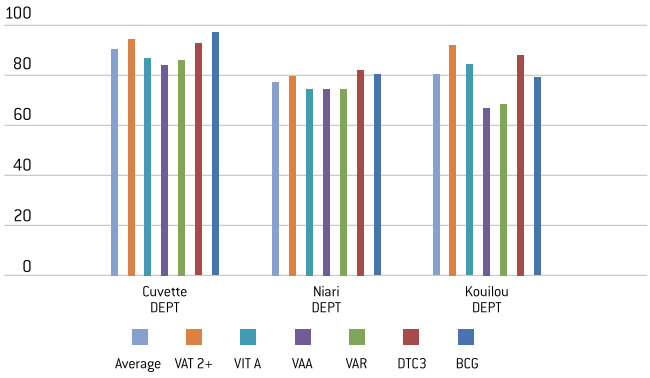
Department	Total number of villages	Total number of villages reached 2008/09/ 10/11	Number of villages reached 2012	% of villages reached over total villages 08/09/ 10/ 11/12
Kouilou	250	226	24	100
Niari	505	479	26	100
Cuvette	411	358	53	100
Total	**1,166**	**1,099**	**103**	**100%**

The project maintained a trend of increasing vaccination coverage, with rates reaching and exceeding 90%. This is fully in line with EPI recommendations.

Table showing vaccination coverage in districts (cumulative annual figure), maintained at around 80% over the course of the project:

Department	2009	2010	2011	2012
Kouilou	74	74	75	81
Niari	81	67	82	79
Cuvette	95	91	93	89
% CV average	**83**	**77**	**84**	**83**

The below graph summarizes the vaccine coverage achieved by the project in the three Departments in 2012. The activities carried out by Eni Foundation throughout the course of the Salissa Mwana project demonstrate support for national healthcare programmes, with the aim of developing the ability of the to deliver a complete and integrated service in the healthcare field, with the aim of providing truly "comprehensive" Primary Health Care.



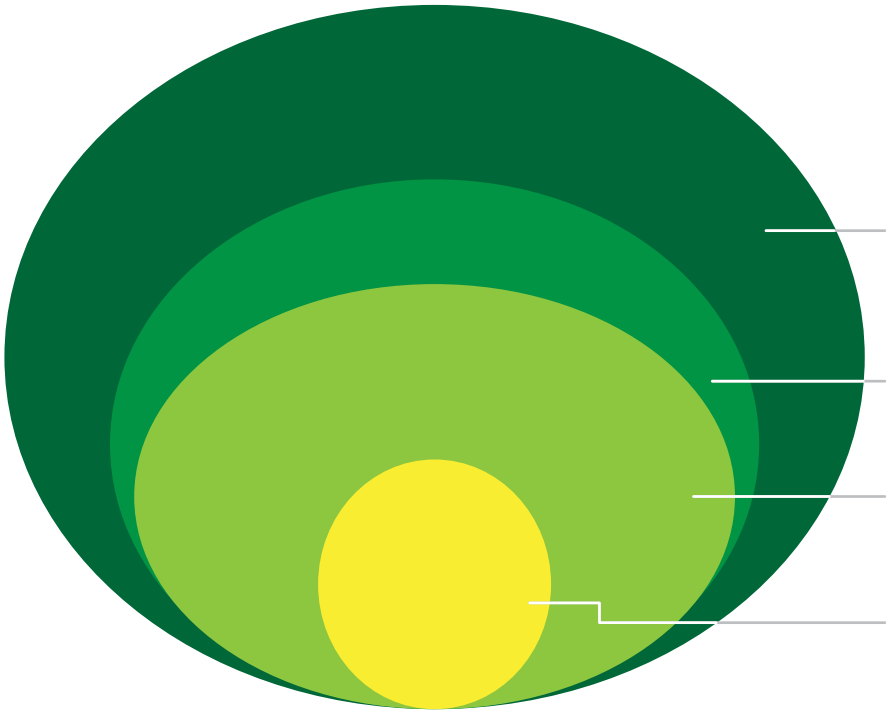
BCG %: Bacillus Calmette-Guérin (vaccine against tuberculosis)
DTC3: diphtheria, tetanus and whooping cough (combination vaccine)
VAR: anti-varicella (chicken pox) vaccine
Vit A: Vitamin A
VAT 2+: anti-tetanus after second dose
VAA: yellow fever vaccine

Data show that the Salissa project is a crucial contribution to the national vaccination programme (EPI) across the three Departments, as confirmed by the Minister's request to ensure continuation of the project's activities. This support has proved particularly crucial in carrying out mobile strategies; through logistical support, access to certain Departmental areas has been facilitated. This had previously been limited by scarce vehicle availability and maintenance, by inconsistent cold chain provision in rural environments, and by inadequately equipped CSIs. In the Cuvette and Niari regions, vaccination coverage was greater than 80%; whereas, in Kouilou, for only three vaccines (BCG, VAR and VIT A), coverage has reached nearly 80%, while for other vaccines, coverage was over 80%.

Support for National programmes of the Ministry of Health and of the Population

One of the project's operational strategies is to provide constant support to CSIs which is not limited solely to restructuring, provision of healthcare equipment, medicines, solar panels, means of transport, drinking water, refrigerators, and EPI activities; but extended also to other national healthcare programmes, such as Maternity Without Risk, the fight against malaria and intestinal parasitosis, and the programme to improve the quality of services.
The technical committee held on 2 March 2011 decided to include support for the national Maternity Without Risk (MWR) programme within the Salissa Mwana project activities.

Figure 3. Extension of the capacity of Salissa project CSIs to deliver a complete quality service, introducing the new PAQ activities.



With the introduction of "safe delivery" activities, the CSI is equipped to deliver a quality service to support the national MWR programme in rural environments. The training of instructors, the training of obstetricians, awareness-raising among the population, the design of mobile prenatal consultations, the equipping of CSIs with partograms, obstetric kids, and "safe delivery" kits, all enable CSIs to carry out obstetric and preventive treatments for pregnant women and newborns.

Through PAQ, the CSI delivers a quality healthcare service in rural environments (hygiene and drinking water).

With a large number of mobile units, and introduction of motorbikes, support for the EPI programme in rural environments is on the increase. With the installation of the closed telephone network, the CSI is no longer isolated, and may communicate easily with the CSS, thus increasing the e□ectiveness of the operation for both partners and the Ministry of Health.

CSI - structurally renovated and equipped to safeguard the cold chain and basic medical care in rural locations (delivery room, beds for hospitalization, basic medical kit, medicine, electrical current and drinking water).

Action description: support of National Programme "Maternity Without Risk"

Since the start of 2011, cooperation to help achieve the "safe delivery" objective has been included in the Salissa project, within the framework of the National Programme for low-risk maternity (MWR). Reduction in maternal and child mortality is one of the greatest challenges facing the Congo in terms of achieving Millennium Development Goals 4, 5 and 6, which are to be implemented by 2015. Analysis of the reproductive health situation carried out in 2005 showed inadequate execution of prenatal consultations (PNCs), insufficient and poor quality provision of obstetric care, disparity in the distribution of facilities able to provide obstetric and neonatal emergency treatments (SONU) with urban areas better-served in comparison to rural areas, high-cost maternity, newborn and child care and services, and finally, insufficient quality of training of human resources. The situation described applies to the Country as a whole, and is more acute within the Departments of project interest: Kouilou, Niari and Cuvette.

Data collected in the three Departments throughout illustrate the situation: PNC coverage rates are far lower than the national average, at 26.3% in Kouilou, 53.8% in Niari, and 57.7% in Cuvette, respectively. In the same year, just 36.8% of births were assisted by qualified personnel in Niari, and 10% carried out with the aid of partograms in Kouilou.

The services available achieve these low coverage rates, while needs in the reproductive health field remain numerous. As an indication, infections were detected in 8.8% of pregnant women in the Cuvette, and 4% of children are underweight at birth. In view of this situation, Eni Foundation planned to intervene in the three Departments, with the aim of contributing to the reduction of child and maternal mortality. Specifically, the initiative is designed to improve the operational capacity of the 30 CSIs to reduce the risk of child birth, with the aim of providing better quality obstetric care to around 9,000 women and newborns, improving access to PNCs and obstetric care for pregnant women in the three Departments, and finally, to implement an operational referral and counter-referral network for pregnant women, between the CSIs and relevant hospitals.

In accordance with the National Plan for healthcare development guidelines, and in compliance with the rules, guidelines, instructions and technical directives established by the Ministry of Health, the action is founded upon four key strategies:

1. improve access to quality treatment and services provided by the CSIs in the three Departments;
2. strengthen the technical expertise of personnel assigned to maternity care (make CSIs capable and able to autonomously carry out prenatal consultations (PNCs), obstetric neonatal emergency treatments (SONU), prevention of mother-to-child HIV transmission (PTME), family planning, postnatal consultations and treatments which are essential for newborns);
3. improve appropriateness in the use of medicines and of products for reproductive health;
4. reinforce the operational capabilities of the CSIs by providing them with consumable supplies.

The action is implemented through:

- purchase and distribution of obstetric and "safe delivery" kits (produced by the UNFPA, United Nations Population Fund), aimed at obstetricians in the CSIs, and at pregnant women in their third trimester, respectively;
- training of instructors in the three Departments, and of the obstetricians of the 30 project CSIs;
- raising awareness among rural communities, of issues associated with maternity and childcare;
- monitoring of obstetric complications and of maternal and neonatal deaths;
- collection of data on mother and child pair health, and transmission of the same to the Departments;
- development of professional skills among assigned healthcare personnel, with regard to PNC, SONU, PTME and family planning;
- organization of a referral and counter-referral network for high-risk obstetric cases;
- training supervision of obstetricians in CSIs covered by the project

Results obtained 2012 for the "safe delivery" activity:

"Safe delivery" activity indicators	Cuvette		Niari		Kouilou		Project total
	2011	2012	2011	2012	2011	2012	
Number of UNFPA "safe delivery" kits made available to the 3 different Departments	1,200	0	2,900	0	1,400	0	**5,500**
Number of women in third month of pregnancy who have received the "safe delivery" kit	89	584	197	422	84	402	**1,778**
Number of obstetric kits for carrying out mobile PNCs	15		30		55		**100**
Number PNCs carried out in CSI	389	5,124	704	2,870	456	271	**9,814**
Number of births occurring in CSI		421	30	1.235	284	196	**2,166**
% of eutocic deliveries		505	90	583		0	**1,178**
Number Mobile PNCs	668	3,442	744	2,238	536	926	**8,554**
Number of PNC coupons distributed	318	901	510	539	416	311	**2,995**
Number of partograms distributed in three different Departments	15		25		27	3	**70**

In Niari, Eni Foundation has supported:

- the campaign for HIV screening and vaccination at Mossendjo;
- supervision of treatment protocols for tuberculosis and malaria, at Divenié and Mossendjo.

In the Cuvette, Eni Foundation has made available to the Departmental Health Directorate:

- human resources, equipment, vaccines and means of transport for treatment of rubella cases in the Likouala areas;
- an ambulance to distribute iron and mebendazole during mother and child health week;
- a boat to carry out pre-school consultation activities, along the Mossaka-Loukolela axis;
- an ambulance to traverse the Boundji axis during mother and child health week.

In Kouilou and in Pointe-Noire the HIV prevention operations organized by the CNLS, initiatives carried out for "World AIDS Day", were supported; finally, logistical support was provided to KERSIVAC (Kermesse Sida Vacance), an event set up to raise awareness of HIV infection among young people.

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

The goal of the Kento Mwana project is to reduce the rate of mother-to-child transmission of HIV in HIV-positive pregnant women to between 2% and 3%. This can exceed 30% in the absence of adequate preventive measures.
To this end, the project plans to provide pregnant women with counselling services, as well as access to free voluntary screening. This includes carrying out instant tests at local level, at first-level Health Centers. The project for the prevention of vertical transmission of HIV (Prévention de la Transmission Mère-Enfant - PTME) is developed in the regions of Kouilou, Niari and Cuvette – which are already involved in the **Salissa Mwana** project – using the same logistical and infrastructural networks previously set up by Eni Foundation as part of that initiative. The network includes primary facilities, i.e. first-level Health Centers, which offer voluntary services for HIV detection to pregnant women, as well as reference facilities, i.e. referral hospitals with maternity and paediatric wards where mother and child pairs continue to be treated. The cornerstone of the initiative is an advanced diagnostics laboratory for HIV infection. This was previously set up and equipped according to the highest international standards during the pilot phase of the project, at the Hôpital Régional des Armées (HRA) in Pointe-Noire, by the University of Genoa with Eni's support. The laboratory serves as the focal point for PTME activities, in terms both of the follow-up provided to pregnant women, as well as of early diagnosis of HIV infection in newborn babies. The Clinic for Infectious Diseases of the University of Genoa is the project's scientific partner, and is responsible for coordination and implementation of activities. This is achieved through the presence of its own specialist personnel: infectious disease doctors, biologists, and experts in infectious and tropical diseases. The operating system, implemented by Eni Foundation as part of the **Kento Mwana** project, acts in coordination with the Congolese Ministry of Health and the National Council for the Fight Against AIDS (CNLS), as well as with other local healthcare partners engaged in the same prevention activities. In the first two-year period of activity between 2009 and 2010, the project has achieved significant results, in terms of access to counselling and acceptance of screening for diagnosis of HIV infections. In addition, out of 85 children of HIV-positive mothers who completed the prevention protocol in 2012, three tested positive to the virus post-protocol.

AIDS and maternity

AIDS constitutes one the main causes of death among women of reproductive age, and of maternal mortality, on a global scale. This confirms the well-documented "feminization" of this pandemic in many regions, where the prevalence of the virus is significantly higher amongst fertile women than in their male counterparts. The high incidence of the infection in the female population naturally results in a high risk of transmission of HIV to the foetus. Around one-third of all children born to HIV-positive mothers are in fact likely to become infected, either before or during birth, or through their mother's milk, if adequate preventive measures are not taken. According to UNICEF, a total of 2.5 million people under the age of 15 were HIV positive in 2009; 90% of whom lived in Sub-Saharan Africa. To tackle this emergency, which affects the poorest Countries, and to achieve virtual elimination of vertical HIV transmission (i.e. a mother-to-child transmission rate below 5%) by 2015, International Organizations have for years been committed to widespread promotion of programmes aimed specifically at preventing maternal-foetal HIV transmission. Such interventions include counselling services as well as free voluntary screening. Also, where mothers test positive, treatment with antiretroviral (ARV) drugs is administered. This can reduce maternal mortality by 92% amongst HIV-positive women, and reduce transfer of the infection from mother to child during birth or through breastfeeding by 88%. In low-and middle-income Countries, the proportion of pregnant women undergoing screening rose from 7% in 2005 to 26% in 2009. Moreover, in years 2008 to 2009, the number of HIV-positive pregnant women treated for the prevention of vertical transmission increased from 45% to 53%. The distribution of effective prevention programmes in the poorest Countries is hindered in part by the cost of prenatal medical services and inaccessible healthcare facilities, in rural areas in particular, but also by cultural influences (lack of partner support, AIDS-related stigma and discrimination). Therefore, the efforts of International Organizations also include awareness-raising initiatives at community level, aimed at improving AIDS-related knowledge and awareness, and at combating discrimination associated with the disease.

Activities carried out

Coverage extension

In 2011, a new Center was integrated: the Edou CSI in Cuvette, bringing the total of networked Centers to 18. In addition, a new reference facility was integrated: the Department of Obstetrics at the General Hospital of Dolisie, in Niari.

Counter-reference facilities integrated by the project								**Total**
Pointe-Noire	HRA	Ndaka Susu	Mbota	Ngoyo	M. Madeleine	Tchiniambi 2	Tchimbamba	**7**
Kouilou	M. Kayes	Nzassi	Djeno	-	-	-	-	**3**
Niari	CSI 1	Ospedale Armèe	Armèe du Salut	-	-	-	-	**3**
Cuvette	CSI Owando 1	CSI Owando 2	Ospedale Base Oyo	CSI Oyo	CSI Edou	-	-	**5**
								18

Reference facilities integrated by the project				**Total**
Pointe-Noire	HRA	Tié Tié Base Hospital	Loandjili General Hospital	**3**
Kouilou	-	-	-	**-**
Niari	Des Armées Hospital	Référence Dolisie Hospital	Dolisie general Hospital	**3**
Cuvette	Référence Hospital Owando	Oyo Base Hospital	-	**2**
				8

Project description

Intervention area
The project extends over the entire Kouilou region, as well as, in parallel, to the Niari and Cuvette regions. The Health Centers to be integrated within in the project are selected jointly with the National Council for the Fight against AIDS (CNLS) of the Republic of Congo.

Beneficiary population
Based on pilot project experience, and the epidemiological data provided by local health authorities, it is estimated that 1,025 mother and child pairs are to be treated (between January 2009 and June 2011).

Objectives
- Extension of pilot project activities coverage.
- Improvement of referral laboratory specialist diagnostic capabilities.
- Strengthening of personnel expertise in remote healthcare facilities.
- Progressive transfer of skills to Congolese healthcare personnel regarding prevention of mother-to-child transmission.

Activity
In addition to the activities already carried out during the pilot phase, the intervention plan includes:
- integration of new healthcare facilities to conduct HIV screening and radiological and instrumental examinations;
- supply of new instrumentation to Pointe-Noire laboratory;
- extension of prevention of other maternal-foetal transmitted diseases, in particular HBV (hepatitis B virus) infection; and implementation of early vaccination protocol for newborn babies, where mothers are HIV-positive;
- training of local personnel (on-site training sessions, Pointe-Noire internships for personnel from other departments, and internships in Italy). On-site training is planned for around 320 people, including doctors, Health Center managers, counselling personnel, obstetricians, nurses and delivery room attendants, and laboratory technicians;
- assessment of skills acquired by Congolese healthcare personnel in the area of mother-to-child HIV transmission prevention.

Partners and roles
- Eni Foundation finances the project, and is responsible for the running of it.
- The Ministry of Health and of the Population of the Republic of Congo provides facilities, healthcare personnel, antiretroviral drugs and any other support required.
- The National Council for the Fight against AIDS (CNLS) of the Republic of Congo ensures coordination with other activities aimed at fighting the infection.
- The Clinic for Infectious Diseases of the University of Genoa is responsible for the project's clinical and scientific aspects.

Duration and costs
The project lasts 4 years (2009-2012), with an estimated cost of 1.8 million Euro.

In the course of the year, 8,892 women who accessed various Health Centers for prenatal consultations (many travelled to project Centers exclusively to undergo an HIV test) received HIV pre-test counselling. Of these, almost all (8,249) agreed to undergo HIV screening 228 – equal to 3.6% – tested positive. As of 2010, there were 240 HIV-positive women being assisted by the project. The total number of women followed since the beginning of the project is 1,153. All of the women followed by the project received the necessary antiretroviral drugs for preventive or therapeutic purposes, as well as benefiting from iron and vitamin supplements. Their care under the project also included instrumental radiological and haematochemical examinations and, where necessary, hospitalization for opportunistic infections which are not treatable at home, or for anaemia requiring transfusion therapy. Of the 140 births which took place throughout 2012, 85 children completed the protocol, and by the end of the year 82 were HIV-negative an intervention effectiveness of 96.6%.

Main results	**2009-2012**
Women who have received counselling	**30,487**
Women tested for HIV	**29,643**
HIV positive women	**998**
- of which accepted the protocol	*564*
Women included in the project	**1,153**
Births	**881**
Infants who completed the protocol	**434**
HIV negative infants at the end of the protocol	**430**

Development of reference laboratory capabilities

The advanced diagnostics laboratory at Pointe-Noire, which was equipped in 2009 with viral load measurement apparatus, began providing this type of analysis in 2010. This is of great importance in assessing the effectiveness of antiretroviral therapy: by the end of 2012 2,976 viral load measurements had been carried out, and throughout the project's duration 3,892 conducted in total. This is necessary in order to meet requirements for clinical diagnosis and monitoring of HIV infection in patients taken on by the project.

				2012					
Viral loads	**2009**	**2010**	**2011**	**Pointe-Noire**	**Kouilou**	**Niari**	**Cuvette**	**Total**	**Project total**
Viral loads	-	918	1,486	1,337	12	88	51	**1,488**	**3,892**
Of which for women	-	ND	508 (2/11)	901	7	70	30	**1,008**	**ND**
Of which for children	-	ND	250 (2/11)	436	5	18	21	**480**	**ND**

Over the year, University of Genoa personnel responsible for laboratory activities conducted 2 on-site training sessions on HIV viral load measurement techniques.

AIDS in the Republic of Congo

In the Republic of Congo, the HIV/AIDS prevalence rate among the adult population has been in steady decline since the mid-1990s. In 2009, it was at 3.4%, with values significantly higher in more densely populated urban areas, such as Brazzaville and Pointe-Noire, where over 70% of the population lives. Women are the most affected, irrespective of their socio-economic status: of around 77,000 people living with HIV, 40,000 were women over the age of 15. The seropositivity risk for them is virtually double that of men: 4.1% as opposed to 2.1%. Similarly, in the 15 to 24 age range, the prevalence rate for young women was estimated at 2.6% and at 1.2% for their male counterparts.

Also in 2009, 7,900 children between the ages of 0 and 14 were infected with HIV; almost all via transmission from their mothers. The number of HIV positive pregnant women has been estimated at 3,800, and only 12% have benefited from treatment with antiretroviral drugs.

Since 2007, a number of Health Centers in the Country have supplied prenatal counselling services and screening for diagnosis of HIV infection. In parallel, doctors and obstetricians are being trained in treatment of HIV positive pregnant women. The percentage of pregnant women agreeing to screening remains unsatisfactory. In addition to cultural reasons, agreement is hindered largely by economic factors: in fact, despite AIDS treatment now being free of charge, some examinations included in the prevention programme against vertical HIV transmission still require payment and thus remain inaccessible to the majority of women.

Training

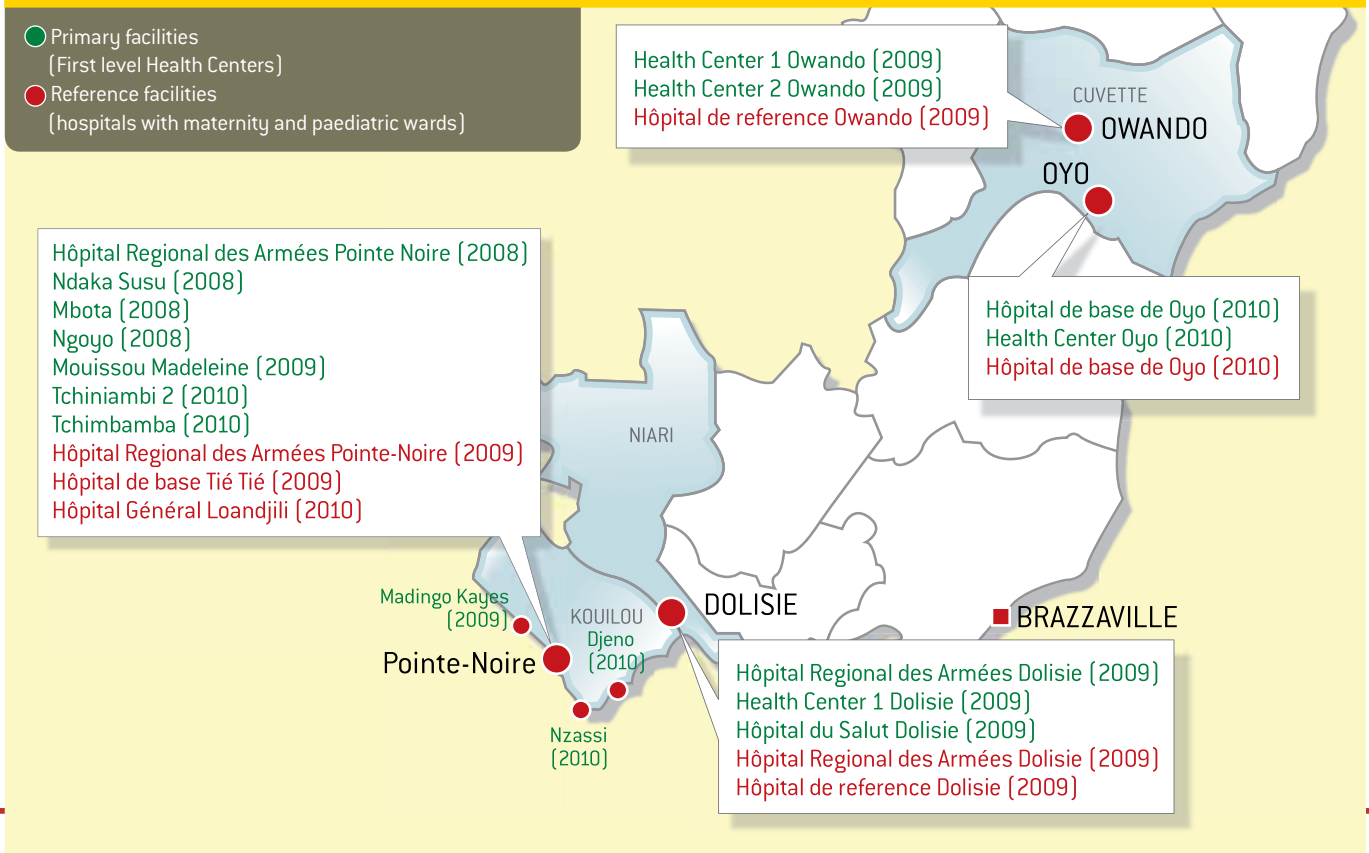
26 training sessions took place in 2012, attended by 781 healthcare personnel (doctors entrusted with treatment of pregnant women, counsellors, obstetricians, gynaecologists, paediatricians, delivery room personnel, paediatric nurses, laboratory personnel), on the following subjects:

1. pre-and post-test counselling;
   I. treatment acceptance
   II. missing follow-up
2. treatment of HIV-positive women during pregnancy;
3. treatment of HIV-positive women during childbirth;
4. paediatric treatment of children born to HIV-positive mothers;
5. breastfeeding methods;
6. safe blood sample collection;
7. execution and use of ImmunoComb BiSpot test;
8. role of ELISA (Enzyme-Linked Immunosorbent Assay) test in confirming rapid tests;
9. potential toxicity of therapy using ARV (antiretroviral drugs).

In parallel with the sessions, 2 Congolese doctors attended 2 month-long internships on clinical and laboratory management of HIV infection at the University of Genoa in Italy. The following tables show the final totals, as at 31.12.2012, for training events provided by the Kento Mwana project.

Training	2009	2010	2011	2012	Total
On-site training sessions	62	97	66	26	**251**
Pointe-Noire and Kouilou	42	61	50		**153**
Niari	14	17	9		**40**
Cuvette	6	19	7		**32**
Internships at Pointe-Noire	16	31	8	0	**55**
Internships in Italy				2	**2**
Healthcare personnel who have attended at least 1 training event	538	578	751	781	**2,648**

Healthcare facilities involved in the project



Angola

Country data

Population (thousands)	**18,498**
- under 18 years old (thousands)	10,167
- under 5 years old (thousands)	3,378
Life expectancy at birth (years)	**51**
Infant mortality rate (per 1,000 live births)	
- 0-5 years old	161
- 0-12 months old	98
- neonatal	41
% of underweight births (2005-2009)	**12**
% of underweight children 0-5 years old (moderate and severe 2006-2010)	**16**
% of children under 0-5 years old suffering from stunted growth (moderate and severe 2006-2010)	**29**
Maternal mortality rate (per 100,000 live births – 2006-2010)	**610**
Lifetime risk of maternal death (2008)	**1 in 29**
Per capita GNP (USD)	**3,490**
Health care expenditure	
- as % of Government expenditure (1998-2008)	6

Source: UNICEF 2010

"Kilamba Kiaxi" healthcare and nutrition project for the mother andchild population of Luanda

The project was proposed in order to improve health conditions in the child and maternal population in the Municipality of Kilamba Kiaxi, one of 9 Municipalities comprising the metropolitan area of Luanda. According to the most recent government estimates, more than 2 million people live in Kilamba Kiaxi, including 240,000 children between the ages of 0 and 5. The project aims specifically at reduction of the incidence of preventable diseases, and of those caused by malnutrition; by strengthening the healthcare services network through structural, educational, and technical assistance interventions. These activities have improved access to support services for children (paediatric assistance, vaccination and nutrition education programmes) and for mothers (pregnancy, childbirth and postnatal).
The initiative has supported the Ministry of Health in its efforts to achieve Millennium Development Goals 4 and 5: respectively, reduction of child mortality, and improvement of maternal health. These form part of the socio-economic development and child protection strategy agreed between the Angolan Government and UNICEF.

To carry out the project, Eni Foundation has signed a partnership agreement with the Angolan Ministry of Health, as well as a cooperation agreement with the non-governmental organization Obra da Divina Providência (Sons of Divine Providence), whose paediatric hospital in Luanda is the primary reference point for the Municipality's population. The network of clinical and scientific partnerships created in the maternal-child care field also includes two highly renowned institutions; the Instituto de Medicina Integral Prof. Fernando Figueira (IMIP) in Recife, Brazil, and the Istituto di Ricovero e Cura a Carattere Pediatrico Burlo Garofolo (IRCCS) – Paediatric Unit – at the University of Trieste. This cooperation has enabled the creation of operational synergies with the same Faculty of Medicine at the University of Luanda, which makes use of the Divina Providência hospital (assisted by the project) as a reference point for theoretical and practical graduate training. The Angolan Ministry of Health (MINSA) considers the project a valid reference model for similar future interventions on other healthcare districts in the capital.

Activities carried out in 2012

With regard to infrastructural development of the municipal healthcare network:

- In March 2012 a new Health Center was completed, and handed over to the local health authorities, complete with the necessary fittings and medical equipment supplies, provided under direct management. As already agreed and planned with the Ministry of Health, the facility was immediately integrated into the Municipality's healthcare network, and during the course of 2012 was already supplying the following services:

Results	2012
Paediatric visits	18,447
Obstetric visits	9,218
Childcare visits	12,958
Family planning meetings	4,953
Births (in facility and at home)	2,141
Gynaecological visits	556
Routine vaccinations	71,204
Laboratory analysis	21,188

March/December 2012 results, new Health Center provided under direct management.

- In December 2012 the second new Health Center was completed, complete with equipment and furnishings, implemented through l'Obra da Divina Providência (ODP).

During the period 2009-2012 all works of a structural nature were completed. These enabled improvement of primary healthcare services for the reference population. In particular, the two new Health Centers created will enable provision of healthcare services in densely populated areas, considerably improving access for those requiring mother and child support. In addition, the construction of two new buildings at the Hospital da Divina Providência, to house the Nutrition Therapy and Follow-up

Project description

Intervention area

The project is being developed in the Municipality of Kilamba Kiaxi, where the healthcare system includes 11 Health Centers (first-level facilities), of which 7 are public, and 4 managed by the NGO Obra da Divina Providência; and 2 hospitals (second-level facilities) which are equipped with paediatric wards. One of these is the Municipal Hospital which has surgical capabilities.

Objectives and activities

The project aims to achieve the 4 key results, through implementation of a detailed intervention plan:

- Strengthening of the healthcare services network of first-and second-level facilities, through activities involving Health Centers and their reference hospitals, to meet local coverage requirements:
  - construction and fitting out of 2 new Health Centers, along with functional support for existing Centers through supply of equipment and furnishings;
  - construction of a nutritional therapy Center and of a nutrition follow-up Center at the Divina Providência hospital, and development of those already in place at the 2 Health Centers which managed by the same hospital;
  - creation of an emergency transport system for patients in the 6 boroughs of the Municipality, through the supply of ambulances.
- Improvement of the technical-managerial capabilities of healthcare personnel at various levels of the services network, by training doctors and paramedics of the Municipal Healthcare Department, and by supplying material to conduct training activities.
- Strengthening of the epidemiological screening system through specific training of the Municipality's healthcare personnel (collection, analysis and interpretation of epidemiologically-significant data), and supply of the required materials and equipment.
- Strengthening and extension of mother and child healthcare services: paediatric and prenatal visits, vaccinations, diagnostic activities, information, education and communication on prevention and nutritional education for families, and mothers in particular. Planned activities also include proactive detection of high-risk pregnancies, cases of malnutrition, and lack of immunization coverage.

Partners and roles

- Eni Foundation manages, coordinates and finances the project.
- The Angolan Ministry of Health, as an institutional partner, provides healthcare facilities involved in the project, technical-healthcare personnel, medicines and any other necessary support.
- The non-governmental organization Obra da Divina Providência contributes to the execution of a number of project activities, and is the main operational reference point for implementation of the initiative.
- With regard to training activities, the project relies on the scientific support of the Instituto de Medicina Integral Prof. Fernando Figueira (IMIP) of Recife, and of the Istituto di Ricovero e Cura a Carattere Pediatrico Burlo Garofolo (IRCCS BG) of Trieste; as well as the cooperation of the David Bernardino Paediatric University Hospital of Luanda.

Duration and costs

The project ran for three years (2009-2012), at an estimated cost of 6.2 million Euro.

Nutrition Centers, including provision of furnishings and all necessary technical equipment, will provide nutritional reference services across the entire Municipality.

Improvement of technical and managerial capabilities for healthcare personnel at various levels

The programme of training and specialization of clinical and nursing personnel at various system levels was developed within the framework of collaboration with the Hospital da Divina Providência, and with consultancy and supervision from the Instituto de Medicina Integral Prof. Fernando Figueira (IMIP) of Recife. Training activities have included training and refresher courses in Gynaecology and Obstetrics, Paediatrics, Nutrition and Biology/Laboratory, training meetings on specific aspects of mother and child health, experimental training with theoretical lessons and practical experiences, and participation in international conventions. Through scientific cooperation of the Instituto de Medicina Integral Prof. Fernando Figueira (IMIP), two-year Paediatric specialization courses for the Municipality's doctors were organized directly at the Brazilian Institute. Concurrently, short two-month courses were also held in Recife for doctors and paramedics, with attendance at lectures and on-the-job training in the Institute's wards.

The project's positive outcomes have been recognized by the Human Resources Director of MINSA (Dr. Da Costa), who has declared that the Municipality of Kilamba Kiaxi, thanks to the Eni Foundation project, has been able to ensure improved qualitative and quantitative standards of service; becoming a reference model for the province of Luanda.

"The local healthcare authorities recognize the humanitarian role carried out by Eni Foundation through this project; which increases the ability of the medical care centers to respond to the needs of patients, contributes to a reduction in child and mother morbidity and mortality and improves working conditions for healthcare unit personnel".

Dr. Domingos Q. Cristóvão
Department Head of the Municipality of Kilamba Kiaxii

"The staff training plan and the improvement of medical and prevention services implemented by the project form part of a winning strategy to provide a healthcare service capable of responding in practice to the needs of the population. I also believe in the great importance of the nutritional information programme at community level, considering the low level of education in mothers that we see in our Centers, a condition which is unfortunately common in this area".

Ana Maria de Souza Ribeiro
Responsible for the S. João Calábria Medical Centers

Following the Obra da Divina Providência project, this has been consolidated as an important training and referral center, both at municipal level and that of the capital itself; also through scientific cooperation with the David Bernardino di Luanda University Paediatric Hospital (exchange of medical personnel and student trainees), referral facility for the Province of Luanda and principal university institution for specialization in paediatrics.

Healthcare situation

Over three-quarters of Angolans live in precarious conditions in the slums of the Capital, Luanda, and of the other urban areas; 60% survive on less than 2 USD per day, while access to basic social services, particularly those related to healthcare, is very limited. Despite a per capita expenditure of around 70 USD on healthcare, far higher than the average for African Countries, the quality of the healthcare system is frequently poorer.
Life expectancy is 51 years and child mortality, despite a gradual reduction in recent years, is amongst the highest in the continent. Around 161 children out of 1,000 die before the age of 5, often due to preventable diseases such as measles, tetanus and cholera. Infection with these diseases is exacerbated by a very low immunization coverage rate (it is estimated that only 1 child in 3 receives all routine vaccinations).
The main health problems include malaria as well as gastro-enteric and infectious diseases, including polio. As regards the latter, a resurgence of the virus – with its epicentre in Luanda and subsequent expansion to other provinces and neighbouring Countries, including the Republic of Congo – has been reported since 2005. This has followed 3 consecutive years where no cases were reported.
The healthcare situation is aggravated by malnutrition which, despite a steady decline, affects almost 1 of out every 2 children in a more or less severe manner, and is the primary cause associated with child death. As is the case in most developing Countries, prospects for well-being and development of children depend largely on the health and education levels of mothers, which are highly critical elements in Angola.
High fertility levels are often accompanied by an early average age of first pregnancy, which in 70% of cases occurs during adolescence. This increases the risk of complications, infections, and even death, during childbirth. The maternal mortality rate, which was 1,400 out of 100,000 births in 2001, is currently 660 out of 100,000 births. However, progress is slow, also as births assisted by qualified personnel are lower than 47%, with levels even lower in rural areas. The lack of specialist facilities is widespread, beginning in the capital; as is the scarcity of basic prenatal medical services capable of providing counselling and assistance on AIDS, nutrition, hygienic practices, and malaria prevention. The latter is a major cause of anaemia amongst pregnant women and one of the primary causes of maternal and child mortality.
In 2010, Luanda's Government launched a project to improve its Country's healthcare services, giving priority to child health and the fight against transmissible diseases. Construction of new healthcare facilities, including larger-sized hospitals in the capital and in several provinces, has not thus far improved the quality of this service. Many of the new facilities are in fact not operational. This is due to lack of electricity, water, access roads, and personnel. The drastic shortage of qualified personnel is another particularly critical aspect, and, just recently, development of university training courses was initiated with the creation of new training schools in the healthcare field. This was also achieved through United Nations support.

Development of mother and child medical services

Strengthening of services for the mother and child population
Project activities during the period from 2009 to 2012 have contributed to increasing the quality and volume of services supplied to support the remote mother and child population.
In addition, mentoring and supervision programmes were implemented by the project in Health Centers, improving diagnostic and therapeutic protocols. The increase in quality standards has resulted in an increase in paediatric assistance and prenatal consultation services, plus a strengthening of the preventive immunization programme, involving pregnant women and women of fertile age through anti-tetanus vaccinations.
Data relating to maternal-child services provided during the period from 2009 to 2012 by the Municipality's 7 Health Centers, which are directly managed by the Ministry of Health, show a progressive, and in some cases even significant, increase in services provided. Cumulative figures for these, recorded in December 2012, gave the following results:

Maternity and childcare services	Results 2009-2012
Paediatric visits	344,081
Obstetric visits	189,302
Childcare visits	267,117
Family planning meetings	33,584
Births (in facility and at home)	30,096
Gynaecological visits	12,952
Routine vaccinations	498,662
Laboratory analysis	681,278

The Municipality's Health Centers (public and Divina Providência) visited around 600 children each day, carrying out over 800 vaccinations; with a total of around 500,000. With consultancy by experts from the Istituto di Ricovero e Cura a Carattere Pediatrico Burlo Garofolo of the University of Trieste, welfare services at the Hospital da Divina Providência were also enhanced. This enabled an increase in the number of specialized visits and hospital admissions.

Strengthening of diagnostic capabilities
The project was able to provide support to the central Laboratory of the Hospital da Divina Providência as a result of structural expansion and strengthening of its personnel through the addition of a biologist. At the same time, in order to meet the growing needs of the population through increased decentralization of the service, the project began strengthening the remote diagnostic network with the supply of equipment to existing laboratories in the Health Centers, as well as the creation of new laboratories. Through these efforts, throughout the course of the period from 2012 to 2012, the Municipality's diagnostic network significantly increased its operational capacity by carrying out, on a daily basis, over 1,100 clinical analyses, for a total of over 680,000.

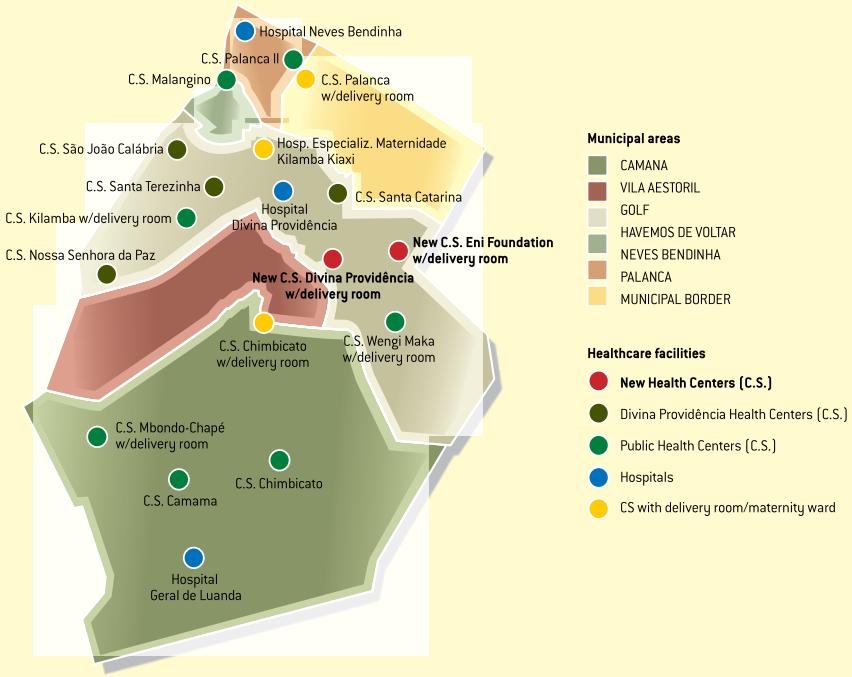
Strengthening of the nutritional support system
The Municipality's system of nutritional services is made up of the Nutritional Therapy Center at the Hospital da Divina Providência, which is responsible for management of referral cases of severe malnutrition; and by the Follow-up Nutrition Centers operating in certain Health Centers, where children with moderate malnutrition receive nutritional food supplements.
The nutritional assistance system is also supported by remote Health Centers with early detection of cases of malnutrition, and of high-risk situations, when monitoring the growth of children visiting the facilities. Specific actions provided for by the project allowed identification of some 4,600 children with malnutrition problems, of whom 1,250 were hospitalized in the nutrition Centers. Awareness-raising activities for Health Center users, mothers in particular, were consolidated. These were designed to create an integrated system of preventive nutritional and hygienic healthcare education at family level. Training meetings on preventive medicine, basic hygienic norms, correct behaviour during pregnancy, and nutritional education, involved a total of almost 200,000 people, mostly women, throughout the period between 2009 and 2012.

Eni Foundation has consistently supported, with resources and personnel, vaccination campaigns promoted by health authorities to combat epidemics which periodically erupt in the Country (e.g. polio).

Strengthening of the epidemiological screening system
In cooperation with the Ministry of Health, a training programme for healthcare operators designed to standardize data collection and analysis systems at Municipal level was completed. All Health Centers have been equipped with IT equipment to enable creation of a flow of information between remote healthcare facilities.
In the future, this is to be extended to second-level hospitals.

It should be emphasized that the project ended in March, and that the results obtained are from continuation of project activities, now carried out independently by Health Centers, themselves coordinated by the Provincial Directorate.
With regard to support for Divina Providencia, we may finally consider works to be complete in the new Center: with the exception of work on the outside and installation of furnishing (already on-site).

Municipaliy of Kilamba Kiaxi - local healthcare network



Ghana

Country data

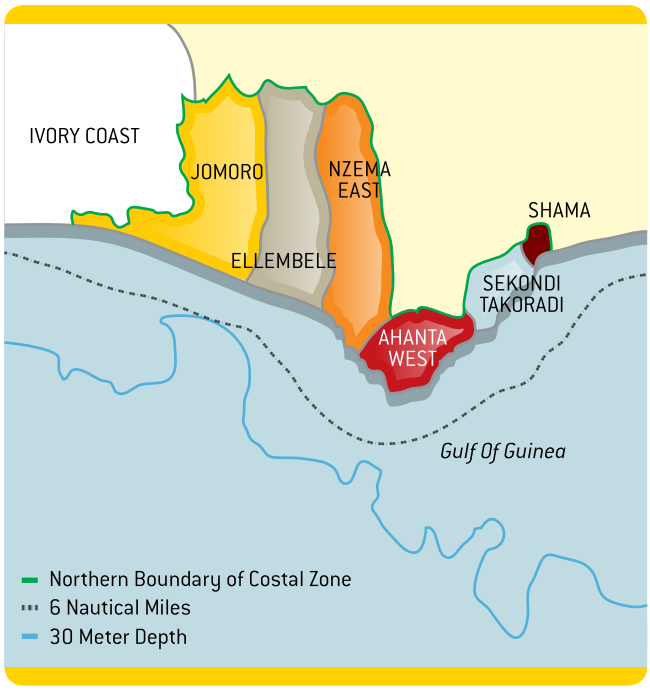
Population (thousands)	**24,392**
- under 18 years old (thousands)	10,977
- under 5 years old (thousands)	3,533
Life expectancy at birth (years)	**64**
Infant mortality rate (per 1,000 live births)	
- 0-5 years old	74
- 0-12 months old	50
- neonatal	28
% of underweight births (2006-2010)	**13**
% of underweight children 0-5 years old (moderate and severe 2006-2010)	**14**
% of children under 0-5 years old suffering from stunted growth (moderate and severe 2006-2010)	**28**
Maternal mortality rate (per 100,000 live births – 2008)	**450**
Lifetime risk of maternal death (2008)	**1 in 66**
Per capita GNP (USD)	**1,240**
Health care expenditure	
- as % of gross domestic product (2010) source: WHO	5.2
- as % of state expenditure (2010) source: WHO	11

Source: UNICEF 2010

Healthcare project to strengthen primary infant and maternal medical services in three coastal districts of the Western Region

Intervention areas

The project, in line with the local Ministry of Health strategies, aims to support Healthcare Authority action to achieve the Millennium Development Goals, in particular 4 and 5, aimed at reduction of child mortality and at improvement of maternal health respectively.
The intervention area covers the coastal districts of Jomoro and Ellembele and Ahanta West, where around 250,000 people live, distributed mainly in rural and isolated areas, of which more than 80,000 are children between the ages of 0 and 10, and around 70,000 are women of childbearing age.



Planned activities

The project plans to carry out the following activities:

- Extension of basic healthcare services to deprived areas, in line with planning and healthcare services strategy at community level, promoted by the Ministry of Health.
- Extension and strengthening of vaccination coverage and primary healthcare services in remote areas.
- Improvement of the mother and child, obstetric and neonatal medical services, at intermediate level (community clinics and Health Centers).
- Expansion of in-patient and emergency services, relating to obstetric and neonatal assistance, at district hospital level.
- Strengthening of the planning, monitoring and assessment capabilities, and training, of medical, surgical, nursing and administrative personnel at regional and district levels.

Partners and roles

Eni Foundation finances the project, and is responsible for the running of it. The Ghanaian Ministry of Health plays a fundamental role in the project, by making available, through the public Ghana Health Service Agency, the facilities involved, the technical healthcare personnel, drugs, and any other additional support required. The Christian Health Association of Ghana (CHAG) will be involved, as it is an important player as regards obstetric and neonatal emergencies in the Ellembele district. Among the project's scientific partners, the Bambino Gesù Paediatric Hospital shall provide technical support in matters relating to the installation of medical and training facilities for medical and nursing personnel.

Duration and costs

The project has a 3 year duration. The total cost of project execution is estimated at 6.2 million Euro.

Activities carried out in 2012

During 2012, preliminary feasibility studies were completed and partnership agreements finalized with the Ministry of Health and its two implementation agencies: Ghana Health Service (GHS) and Christian Health Association of Ghana (CHAG), signed at Accra on November 8, 2012.

Mozambique

Country data

Population (thousands)	**23,391**
- under 18 years old (thousands)	11,849
- under 5 years old (thousands)	3,876
Life expectancy at birth (years)	**50**
Infant mortality rate (per 1,000 live births)	
- 0-5 years old	135
- 0-12 months old	92
- neonatal	39
% of underweight births (2006-2010)	**16**
% of underweight children 0-5 years old (moderate and severe 2006-2010)	**18**
% of children under 0-5 years old suffering from stunted growth (moderate and severe 2006-2010)	**44**
Maternal mortality rate (per 100,000 live births – 2006-2010)	**500**
Lifetime risk of maternal death (2008)	**1 in 37**
Per capita GNP (USD)	**440**
Health care expenditure	
- as % of gross domestic product (2010) source: WHO	5.2
- as % of state expenditure (2010) source: WHO	66.2

Source: UNICEF 2010

Healthcare project to strengthen child emergency services in the Palma district (Province of Cabo Delgado)

Intervention areas

Mozambique is situated in the south-eastern part of the African continent. The Country is divided into 10 provinces. Cabo Delgado is the northernmost province of the Country, and is also the site of some critical healthcare indicators. Located in the north-east area, on the border with Tanzania, it has a total population estimated at around 1,700,000 inhabitants. The distribution of different age groups shows a high proportion of the younger population: 46% of the population are below the age of 15, of whom 17% are below the age of five. Malaria, diarrhoea, pneumonia, malnutrition, HIV, and tuberculosis are the major causes of child morbidity and mortality. Maternal mortality is high. HIV seropositivity is increasing. Leprosy and schistosomiasis, among other neglected diseases, are of note. The density of infrastructure and skilled health personnel is still below the standard expected by the local Ministry of Health (MISAU); this also explains the coverage rates of reproductive and child health that are below the national average[1].

(1) DPS 2011 (provincial directorate of health), BCG analysis.

The Province of Capo Delgado, shown in Figure 1, is divided into 17 districts; its capital is the city of Pemba. The specific context is represented in the district of Palma, a coastal area that overlooks the Indian ocean. The population is made up of little less than 60,000 inhabitants, half of which are concentrated in the city of Pemba, while the remainder is scattered over the territory.
The communications and transport network is very poor. The main economic activity is fishing. Direct beneficiaries of the initiative are pregnant women and children of the district of Palma (about 3,000). The initiative will also benefit healthcare staff of the department of obstetrics, gynaecology and neonatology of the reference Health Center (around 50 people), and the staff of the 6 Health Centers (around 30 people), who will carry out the primary obstetric emergency services. Indirect beneficiaries are all inhabitants of the district of Palma, who will be able to use the improved healthcare services (60,000 people).

Purpose

The aim of the project is to contribute to the reduction of neonatal, child, and maternal mortality in the district of Palma; through an increase of the quality of and access to emergency neonatal and obstetric services. The expected results are:

- Improvement of hospital services of the district Health Center of Palma.
- Strengthening of the support services of diagnostic radiology (radiography and ultrasonography) and of the laboratory.
- Improved access to services with an improved quality of hospital care; in particular, obstetric and child assistance services, paediatrics, surgery, radiology and laboratory.
- Improvement of organizational quality in the Palma Health Center and the District Health Office.
- Improvement of organizational quality in the Palma district Health Office, and clinical quality of the surrounding system.

Activity

Improve access to and the quality of comprehensive obstetric and neonatal services (C-EmONC) at the Health Center of Palma, through:

- Construction and commissioning of an operating block fitted at the Palma district Health Center, capable of responding to all types of obstetric emergencies; even those that require complex surgical intervention, such as caesarean section.
- Construction of a delivery ward (Casa d'Espera). As the only facility capable of delivering these services, the new operating block will be flanked by a shelter for pregnant women awaiting childbirth, especially for those coming from remote areas with a high obstetric risk.
- Strengthening of clinical and management capabilities. To ensure the effectiveness and continuity of care services, the project will work to improve technical and organizational quality in the Health Center; through provision of materials and of diagnostic equipment, and training of medical, nursing, technical, and local administrative personnel.
- Development of institutional capacity: the project will also support the district's Public Health Office, in particular with regard to the monitoring and supervision of maternal, neonatal and child services provided by remote healthcare facilities and the setting up of a reference system.

Partners and roles

Eni Foundation finances the project, and is responsible for the running of it.
The local counterpart is represented by the Ministry of Health (MISAU), by the Provincial Directorate of Health for the Province of Capo Delgado (DPS), by the district Management Office for Health (DHO), and by the Management of the Palma district Health Center.
The project will be under the High Patronage of the Cabinet of the First Lady Maria da Luz Guebuza. Signing of the agreements is planned for the first quarter of 2013.
The non-governmental organization Doctors for Africa CUAMM, which boasts an historic and accredited presence in Mozambique (1978), together with deep roots within the territory, has been identified as the organization responsible for the implementation of some project activities.

Duration and costs

The project has a 1 year duration. The total cost of project execution is estimated at 2.5 million Euro.

Activities carried out in 2012

During 2012, preliminary feasibility studies were completed and shared with the local authorities, in order to sign the Memorandum of Understanding for project realization. This will take place during the first quarter of 2013.

Expenditure summary 2012

The financial statements at the year end, 31 December 2012 showed a total expenditure of €4,649,209 (including income from bank deposits of €14,897), including:

- €4,153,443 for costs related to characteristic Foundation activities;
- €442,243 for management costs;
- €19,652 for taxes;
- €48.768 financial costs.

Listed below is a breakdown of expenditure, by purpose. The costs for the continuation of the healthcare projects in the Republic of Congo, Angola and Indonesia amounted to €3,872,690, and relate to:

- the **Salissa Mwana** project in Congo for €1,575,436, including:
  - €377,952 for restoring and equipping Health Centers and building drinkable water plants, generators and incinerators;
  - €68,200 for training and supervision of healthcare and technical personnel employed in the Health Centers;
  - €19,239 for awareness-raising activities aimed at the communities;
  - €75,966 for supporting vaccination activities;
  - €1,034,079 for construction, operation and personnel costs.
- the **Kento Mwana** project – also in Congo – for €1,543,752, including:
  - €160,339 for increasing coverage of counselling and screening services;
  - €20,551 for developing diagnostic and specialist expertise;
  - €142,431 for improving skills of healthcare personnel employed in healthcare facilities;
  - €147,036 for transferring know-how to local healthcare personnel, with respect to preventing the vertical transmission of HIV;
  - €1,073,374 for construction, operation and personnel costs.
- the **Kilamba Kiaxi** project in Angola for €753,502, including:
  - €477,634 for strengthening the healthcare system by constructing new Health Centers and equipping existing ones;
  - €275,868 for construction, operation and personnel costs.
- the **Mozambique** project for €112,772, for technical support costs in the design of the project.
- the **Ghana** project for €156,952, for technical support costs in the design of the project.

Donation to non-profit third parties amounted to €11,050.
Operating costs amounted to €442,243 and primarily relate to:

- costs of seconded personnel (€103,392);
- services provided by Eni SpA under the services contract (€99,341);
- administrative services provided by Eni Adfin SpA (€75,660) and technical/administration services of €16,723;
- services provided by Statutory Bodies (€139,470).

Taxes totalled €19,652 and relate to IRAP (regional production tax).

Breakdown of 2007-2012 expenditure

Since it became operational in 2007, Eni Foundation has spent a total of €26,143,000. Of this expenditure, €21,234,000 relate to costs incurred for the Foundation's typical activities, such as project initiatives promoted in the Countries in which it operates and, to a far lesser extent, donations.
The remainder of the overall expenditure, €5,069,000 relates to general support costs, which were incurred to allow the Foundation itself to operate (primarily costs related to seconded personnel, services provided to Eni Foundation by Eni SpA and Eni Adfin SpA, as well as services by Statutory Bodies).

Financial statements for the year 2012

Statements

Balance Sheet

	ASSETS	(€)	Notes	31.12.2011	31.12.2012
A	**RECEIVABLES FROM ASSOCIATES FOR PAYMENT OF DUES**				
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**				
	Receivables from founding member				
	Tax receivables		2		24,878
				-	**24,878**
III	**Financial assets** (other than fixed assets)				
IV	**Cash and cash equivalents**				
	Bank and postal deposits		3	4,969,182	67,602
				4,969,182	**67,602**
D	**ACCRUALS AND DEFERRALS**				
	TOTAL ASSETS			**4,969,182**	**92,480**

	LIABILITIES AND NET EQUITY	(€)	Notes	31.12.2011	31.12.2012
A	**NET EQUITY**				
I	**Unrestricted equity**		4		
	Operating fund (Article 6 of the Memorandum of Association)			23,000,000	23,000,000
	Operating result from previous financial years			(14,519,670)	(21,494,170)
	Operating result from current financial year			(6,974,500)	(4,649,209)
II	**Endowment fund**		5	110,000	110,000
				1,615,830	**3,033,379**
B	**PROVISIONS FOR RISKS AND CHARGES**				
C	**EMPLOYEE SEVERANCE INDEMNITY**				
D	**PAYABLES**				
	Payables to suppliers		6	2,873,944	2,350,281
	Payables to Founder		7	448,438	722,603
	Tax payables			5,512	
	Payables to pension funds and social security agencies			1,488	
	Other payables		8	23,970	52,975
	Payables to Ministry of Economy and Finance				
				3,353,352	**3,125,859**
E	**ACCRUALS AND DEFERRALS**				
	TOTAL LIABILITIES AND NET EQUITY			**4,969,182**	**92,480**
F	**MEMORANDUM ACCOUNTS**				
	Goods held by third parties				

Income statement

INCOME	(€)	Notes	31.12.2011	31.12.2012
Income from typical activities				
Income from secondary activities				
Other operating income				
Financial income and capital gains				
Financial income from bank deposits		9	26,530	14,897
TOTAL INCOME			**26,530**	**14,897**

EXPENSES	(€)	Notes	31.12.2011	31.12.2012
Expenses for typical activities				
Purchases		10	253,357	598,361
Services		11	5,493,528	3,436,413
Lease and rental expenses		12	267,051	107,620
Other operating expenses		13	19,300	11,050
			6,033,237	**4,153,443**
Financial expenses and capital losses				
Financial expenses on bank deposits			3,399	
		14		
General support expenses				
Services		15	899,781	440,746
Lease and rental expenses				
Depreciation, depletion and amortization				
Other expenses		16	79	1,497
			899,860	**442,243**
TOTAL EXPENSES			**6,936,495**	**4,644,454**
RESULT BEFORE TAX			**(6,909,965)**	**(4,629,557)**
INCOME TAX				
Taxes from previous financial years		17		9,927
Taxes for current financial year		18	(64,535)	(29,579)
TOTAL INCOME TAX FOR THE FINANCIAL YEAR			**(64,535)**	**(19,652)**
OPERATING RESULT			**(6,974,500)**	**(4,649,209)**

Explanatory Notes to the financial statements as at December 31, 2012

Composition criteria

The Foundation's financial statements for the year closed on December 31, 2012, comply with the directives provided under Article 20 of the Decree of the President of the Italian Republic (DPR) No. 600/73 (also applicable to non-profit organizations), whereby all transactions must be recorded through general and systematic accounting systems that allow for drawing up the organization's annual financial statements, in all those cases where the Board of Directors is required under the Memorandum of Association to approve a financial statements every year.

In the absence of specific regulatory standards, the template adopted follows the structure provided in art. No. 2423 and subsequent articles of the Italian Civil Code, adapted to the specific requirements of non-profit organizations. In this respect, it was decided to adopt the template proposed in Recommendation No. 1 (July 2002) of the Italian Council of Certified Chartered Accountants.

The template adopted for the Balance Sheet is the one recommended for non-profit organizations that do not carry out activities that are additional to their institutional ones. In fact, the activities carried out by the Foundation fall within its direct purposes as defined in its Memorandum of Association.

The template for the Income Statement is based on a classification of the expenses according to their nature. In this way, entries referring to typical activities can be separated from financial or general support entries.

On the basis of the above considerations, the financial statements comprise the Balance Sheet, the Income Statement and the Explanatory Notes, which form an integral part of the document itself.

Auditing of financial statements

In conformity with the Foundation's Memorandum of Association, the Board of Auditors, consisting of three members, verified that the accounting records were properly kept during the course of the financial year, and that all of the civil law, fiscal, social security and Memorandum of Association requirements were met.

Valuation criteria

The financial statement entries are evaluated according to the principles of prudence, going concern and the accruals concept, whereby the accounting effects of operations and other events are allocated to the financial year they refer to, and not to the year in which the relative cash flows occur (i.e. receipts and payments).

Balance Sheet

The following valuation criteria were adopted for the balance sheet entries:
- Tangible fixed assets: recorded at their normal value;
- Payables: entered at their nominal value.

Income statement

The following accounting principles were adopted in evaluating the income statement entries:
- Income and expenses: allocated according to the accruals concept and in compliance with the principle of prudence.

Tax aspects

The Foundation is subject to the specific tax regulations for non-commercial organizations.

The main aspect refers to the institutional activities carried out over the course of the Foundation's life: these are not subject to income tax, as they are associated with the attainment of social and humanitarian goals. Consequently, no tax deductions are due on interest earned on bank deposits.

With reference to IRAP (Regional Tax on Productive Activities), a 4.97% rate is applied to the Foundation. The tax base for determining the income tax comprises pay for independent workers engaged under continuous coordinated work contracts and seconded personnel.

There are no advantages in terms of VAT, given that the Foundation is subject to VAT as an end consumer.

Employment information

The Foundation does not have any permanent employees.

Notes to financial statement entries and other information

Summarized Group

Balance Sheet Fixed Assets

1) TANGIBLE FIXED ASSETS

These include three personal computers received from Eni SpA free of charge in 2009.
They are entered at the normal value of €60 and fully amortized.

Current assets

2) TAX RECEIVABLES

These are composed of overpayments to the tax authorities, arising from IRAP paid during the year being greater than the amount of tax due.

3) CASH AND CASH EQUIVALENTS

Cash and cash equivalents amount to €67,602 and are represented by the funds deposited at the following banks:

- BNL Gruppo BNP Paribas account No. 167491 - Eni branch, €49,405;
- Banque Commerciale Internationale BCI account No. 37107061474 - Pointe-Noire (Republic of Congo) €12,337, and cash on hand at the Pointe-Noire desk of €5,860.

Net equity

4) UNRESTRICTED EQUITY

The unrestricted equity consists of the following:

- the operating fund, as per Article 6 of the Foundation's Memorandum of Association, currently amounting to €23,000,000;
- the negative operating result for the previous financial years amounting to €21,494,170;
- the negative operating result for the current financial year amounting to €4,649,209.

5) ENDOWMENT FUND

The endowment fund amounts to €110,000, paid up by the founding member Eni SpA.

Payables

6) PAYABLES TO SUPPLIERS

Payables to suppliers amount to €2,350,281, including:

- €1,488,961 to Eni Congo SA;
- €547,494 to Eni Angola production;
- €272,423 to Genoa University;
- €24,680 to Eni Adfin;
- €16,723 to PricewaterhouseCoopers Advisory SpA which relate to services rendered under the services contracts.

7) PAYABLES TO FOUNDER

Liabilities towards Eni for €722,603 include payables relating to seconded personnel and the services contract.

8) OTHER PAYABLES

Other payables amount to €52,975 and essentially relate to allocations for the remuneration of the members of the Corporate Bodies.

Income statement

Financial income and capital gains

9) FINANCIAL INCOME FROM BANK DEPOSITS

The financial income amounting to €14,897 consists of the interest earned on the bank deposit at the bank BNL, BNP Paribas Group.

Expenses for typical activities

These expenses relate to costs incurred by the Foundation in carrying out its institutional activity.

10) PURCHASES

Amounting to €598,361, these relate to purchases of materials and equipment for the Health Centers and operational bases for the projects implemented by Eni Foundation in the Republic of Congo and Angola, made by Eni Congo SA and Eni Angola on the basis of the services contract signed with the Foundation:

- €11,225 for the Salissa Mwana project in Congo;
- €109,502 for the Kento Mwana project in Congo;
- €477,634 for the Kilamba Kiaxi project in Angola.

11) SERVICES

These amount to €3,436,413 and relate to the expenses incurred for the projects referred to in the previous note, for restructuring and equipping Health Centers; medical and technical services rendered by specialist personnel; research and support for health activities, training and awareness-raising activities, including:

- €1,564,182 for the Salissa Mwana project;
- €1,383,615 for the Kento Mwana project;
- €218,891 for the Kilamba Kiaxi project in Angola;
- €156,952 for the Ghana project;
- €12,772 for the Mozambique project.

12) LEASE AND RENTAL EXPENSES

These amount to €107,620 and include rental of offices in the operational bases and vehicles, including:

- €50,643 for the Kento Mwana project;
- €56,977 for the Kilamba Kiaxi project.

13) OTHER OPERATING EXPENSES

Amounting to €11,050, these include donations to non-profit organizations.

Financial expenses and capital losses

14) OTHER FINANCIAL EXPENSES

Amounting to €48,768, these are made up of the difference in the exchange rate applied to an invoice paid in US dollars to Eni Angola.

General support expenses

These expenses relate to the costs incurred in carrying out the Foundation's managerial and operational activities.

15) SERVICES

Amounting to €440,746, these include:

- services provided by seconded personnel for €103,392;
- services rendered by Eni SpA under the services contract, for €99,341;
- services rendered by members of the Governing Bodies for €139,469;
- administrative services rendered by Eni Group companies for €75,600;
- consultancy and technical administrative services for €16,723;
- banking services for €4,703;
- other services €1,458.

16) OTHER EXPENSES

Amounting to €79, they primarily include other fiscal charges.

Income taxes

17) TAXES FROM PREVIOUS FINANCIAL YEARS

The amount of €9,927 relates to recovery of an IRAP quota from previous years.

18) TAXES FOR CURRENT FINANCIAL YEAR

Amounting to €29,579, these essentially consist of the allocation of the Regional Tax on Productive Activities (IRAP) for the financial year 2012.

The operating result as of December 31, 2012, amounts to a loss of €4,649,209.

Report of the Board of Internal Auditors on the accounts dated 04.04.2013

Dear Shareholders,
during the course of the financial year ending December 31, 2012, we have carried out our control activities as required by law, also by taking into account the principles of conduct recommended by the Italian National Council of Chartered Accountants and Accounting Experts, when ensuring compliance with the law and with By-Laws.
With regard to activities carried out during the course of the 2012 financial year, we note the following:

- we have ensured compliance with the law and with By-Laws;
- we have obtained from the Directors the required information regarding the activities carried out, and regarding those operations of greatest economic, financial and capital importance, which have been approved and implemented throughout the course of the year; and which are fully represented in the Directors' Report on Operations which refers to them. Based on the information made available to us, we may reasonably assure that the transactions carried out by the Institution are in accordance with the law and the Memorandum of Association, and are not manifestly imprudent, risky or contrary to decisions taken by the Board or such that they compromise the integrity of company assets;
- we have acquired knowledge and ensured, to the best of our ability, through meetings held at least once every three months, the adequacy of the Institution's organizational structure, of the internal control system, of the administrative accounting system, and its reliability as regards the correct presentation of operational events.

We have been advised by the Supervisory Body pursuant to Legislative Decree 231/2001 in checking the suitability of the organizational, management and control model for small-size Institutions, approved by the Board of Directors, as at 13 December 2012.
In the course of our monitoring activities, as described above, we have verified that no complaint has been lodged in accordance with article 2408 of the Civil Code, as well as that no atypical and/or unusual transactions carried out with related and/or third parties, exposures, omissions or censurable events have emerged, on which to report or mention within this report.

The Board of Auditors hereby notes that the negative result for the year is largely determined by expenses incurred for costs and services inherent in typical activities, and equal to €4,141; these were primarily incurred in favour of healthcare projects for in the Republic of Congo (€3,175), in Angola (€696,000), in Ghana (€157,000) and in Mozambique (€113,000). Costs for services and general support expenses were equal to €440,000.

With regard to the financial statements closed on December 31, 2012, we have monitored aspects and formalities unrelated to statutory audit of accounts, its formulation and its general conformity with the law with regard to its formation and structure; we have been able in particular to ascertain that the report has been drawn up in accordance with statutory provisions regarding application of international accounting principles. We have verified compliance with norms pertaining to preparation of operational reports.
The Board of Directors has provided the information referred to in Article 2497 of the Italian Civil Code in the Notes to the Financial Statements.
The Board of Auditors, for that which falls under its competence, having duly noted the results of the financial statements for the year ending December 31, 2012, and having taken into account the observations contained in the present report, has no objection to approval of the financial statement which records a loss of €4,649,209 and the proposed resolution as presented by the Board of Directors.

Rome, April 4, 2013

The Board of Internal Auditors

Dr. Francesco Schiavone Panni
Chairman

Dr. Pier Paolo Sganga

Dr.ssa Anna Gervasoni