

ANNUAL REPORT 2015



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Letter from the Chairman

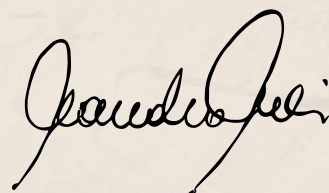
In 2015, our commitment to working alongside health authorities and communities to safeguarding child health has continued.

In Mozambique (Cabo Delgado province) the Foundation has supported improvements to emergency obstetric and neonatal services and promoted access to the system of infant and maternal medical services at the Health Centre in Palma.

The project, which in 2013-14 had already created a new surgery area, a residence for expectant mothers and provided radiological, ultrasound and laboratory equipment to upgrade diagnostic capabilities, in 2015 provided 8 professional development courses (particularly malaria, sterilization, healthcare for pregnant women in rural areas, inpatient management, assisted birth) for a total of 174 healthcare professionals involved in throughout the district. On-the-job training activities for emergency neonatal and paediatric surgery services led to an increase of 30% in assisted births compared to 2014 and over 260 surgical intervention, in the new equipped operating theatres.

In Ghana, in the coastal districts of the Western Region (Jomoro, Ellembele and Ahanta West), 2015 saw the continuation of the strengthening and extension of the network of basic and mother-child healthcare services across the district through the renovation and construction of 9 fully equipped health facilities and the start of another 8 sites. The new facilities have provided approximately 10,000 outpatient and hospital services and trained 269 public healthcare professionals. To promote greater knowledge and awareness of best health and hygiene practices among rural populations and primary and secondary schools, health information, education and communication programmes were organized that reached nearly 300,000 people.

Claudio Descalzi





Management report

Eni Foundation profile

Eni Foundation addresses the main issues concerning the safeguarding of fundamental human rights: survival, social development, protection and education, concentrating 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 to 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:

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

The Foundation's main activity includes initiatives to benefit children and, as a corporate foundation, it adopts business-oriented efficiency criteria:

- relevance of objectives and content;
- management control;
- sustainability;
- measurable expected results;
- 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 and for this reason it is open to cooperation and partnerships with other organizations (non-governmental associations, humanitarian agencies, local institutions and authorities) of proven experience and capabilities, in both the planning and development phases.

Organizational Structure

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

Board of Directors:

Chairman Claudio Descalzi

Executive Vice Chairman Raffaella Leone

Directors: Marco Alverà, Roberto Casula, Angelo Fanelli, Claudio Granata, Antonio Vella

Secretary General: Filippo Uberti

Scientific Committee: Pier Carlo Muzzio, Alessandro Lesma

Internal Auditors:

Chairman Francesco Schiavone Panni, Anna Gervasoni, Pier Paolo Sganga

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. At 31 December 2015, the Scientific Committee is made up of: Pier Carlo Muzzio, Alessandro Lesma.

Overview of activities

Ghana

In Ghana, the project to strengthen primary infant and maternal healthcare services has continued in three coastal districts of the Western Region. Around 380,000 people live in the area, mainly in rural and isolated areas, of which over 80,000 are children from 0-10 years old and about 70,000 are women of childbearing age. The activities are designed to strengthen the healthcare provided and improve the population's knowledge in order to promote greater awareness and responsibility on issues of mother and child health. In 2015 construction and renovation work were carried out on healthcare facilities and hospital equipment was supplied and refresher courses and training were provided for healthcare and technical personnel. Eni Foundation finances the project, is responsible for its management and collaborates with the 3 main local institutions: the Ghanaian Ministry of Health, the public Ghana Health Service Agency and the Christian Health Association of Ghana (CHAG).

Mozambique

In Mozambique, on-the-job training was continued in 2015 to ensure healthcare continuity for neonatal and paediatric emergency surgery services at the Centre in Palma and support its fully functional operation, as were planned actions to promote health in rural communities. Since 2013 Eni Foundation has built a surgery unit and a casa de espera (home for expectant mothers) at the Health Centre in Palma and provided professional refresher courses for healthcare and technical staff based at the centre and in the district. Eni Foundation finances the project and is responsible for its operation. Local counterparties include the Ministry of Health (MISAU), the Provincial Health Authority of Cabo Delgado (DPS), the District Health Office (DHO) and the management of the Health Centre in Palma. The project has the patronage of the Cabinet of the First Lady of Mozambique.

Children's health

The Millennium Development Goals launched by the United Nations in the '90s include the reduction of maternal and infant mortality among the key development indicators (MDG 4 and 5). In 1990, the goal of a 2/3 decrease by 2015 was set. However, despite constant progress, particularly since the year 2000, the improvement has been below expectations and this has led to the adoption of new sustainable development goals (SDGs) by the United Nations. These include, in the area of infant and maternal health, the termination of preventable deaths of newborns and children under 5 and the reduction of maternal mortality to less than 70 per 100,000 live births by 2030.

At global level, deaths among children under the age of 5 have decreased by one third between 1990 and 2015, falling drastically from 12.7 million to 5.9 million. In Sub-Saharan Africa 1 child in 12 dies before its fifth birthday, which is much greater than the average for high income countries which is 1 in 147. South-East Asia, where the average mortality is 1 child in 19, has the highest mortality rate of under 5s in the world after Sub-Saharan Africa.

The main causes of infant mortality recorded globally are pneumonia, diarrhoea, malaria and infectious diseases. These are responsible for more than half of all deaths in Sub-Saharan Africa.

Pneumonia is the cause of 15% of all deaths of children under 5 and it killed about 922,000 children in 2015. Diarrhoeal diseases are next. Good nutrition, a clean environment, access to saline and zinc supplements and new vaccines introduced recently against pneumococcus and rotavirus, are all factors that can help reduce the incidence of both pneumonia and diarrhoeal diseases.

Rotavirus, in particular, is the most common cause of severe diarrhoea in children. Each year it kills over 450,000 children aged between 6 and 24 months, half of which are in Africa. Large-scale vaccination against rotavirus is therefore essential in order to reduce the number of deaths attributable to gastroenteritis, particularly in those areas where healthcare services are not easily accessible.

Malaria is the cause of 8% of deaths of children at global level. In 2015 it killed approximately 306,000 children under the age of 5, including 292,000 children from the African region with 35% of the worldwide total in the Democratic Republic of Congo and Nigeria alone.

Of the 5.9 million child deaths in 2015, almost half were caused by infectious diseases that are preventable with vaccination; measles alone was responsible for 114,900 deaths in 2014.

Finally, malnutrition contributes to around half of all deaths of children under 5, as well as other problems, such as reduced resistance to infections, eyesight problems and Vitamin A deficiency, which causes stunted growth.

When analysing infant mortality, the percentage of neonatal deaths is particularly significant: of around 131.4 million children born each year worldwide, almost 2 million die in their first week of life. The main causes, as with maternal mortality, include mothers' precarious health condition and specific pathologies which are not adequately treated during pregnancy. These can result in premature birth and severe permanent disabilities in the child.

Despite this, thanks to the joint efforts of all the international organizations and national policies that are more attentive to citizens' health, in recent years, we have seen a marked general drop in mortality levels that are the result of improvements in vaccination services and, more generally, better access to basic healthcare services for the child population.

Ghana



Country data

Population (thousands) [source: UNICEF 2013]	25,905
- under 18 years old (thousands)	11,601
- under 5 years old (thousands)	3,677
Life expectancy at birth (years) [source: DHS 2014]	65
Infant mortality rate [per 1,000 live births] [source: DHS 2014]	
- 0-5 years	60
- 0-12 months	41
- neonatal	29
% of underweight births (2006-2010) [source: DHS 2014]	11.2
% of underweight children 0-5 years (moderate and severe 2006-2010)	11
% of children 0-5 years suffering from stunted growth (moderate and severe 2003-2009)	19
Maternal mortality rate [per 100,000 live births - 2008] [source: WHO 2015]	319
Lifetime risk of maternal mortality [source: WHO 2014]	1 in 66
Per capita Gross National Income (USD) [source: UNICEF 2013]	1,590
Healthcare expenditure [source: WHO 2015]	
- as % of GDP	5.4
- as % of Government expenditure (2010)	10.6

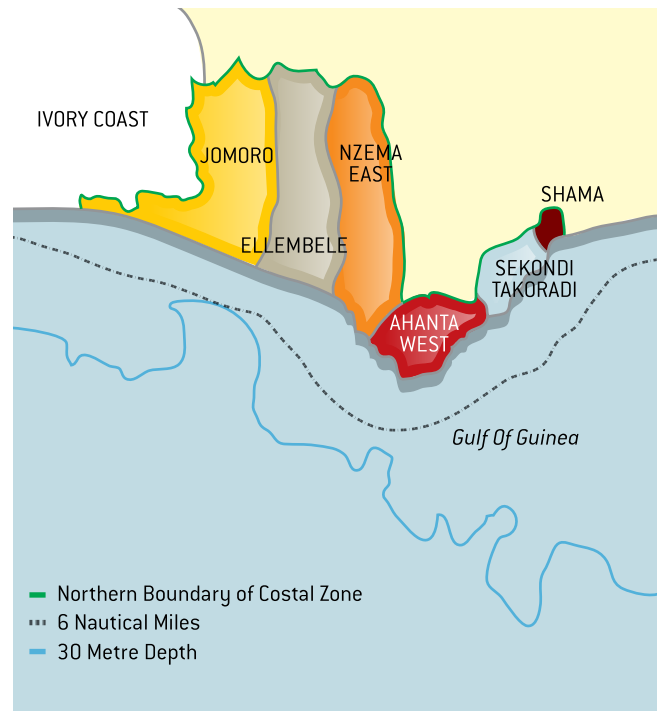
Healthcare project to strengthen primary infant and maternal medical services in three coastal districts of the Western Region

Introduction

Ghana, with a population of approximately 27 million people in 2014, maintains its position as the most populated country in Western Africa after Nigeria.

Agriculture, which was previously the major economic source, has been exceeded by the services sector and industry which together constitute 52% of gross domestic product (GDP). The main raw materials exported are cocoa, gold, timber as well as oil, gas, diamonds, bauxite and manganese, together with the remittances of expatriates are the primary source of hard currency. In 2014, GDP grew 4% compared to 7% in 2013 (GSS 2015) with an estimated per capita income of \$1,590/year (UNICEF 2014). Ghana is now among the lower middle-income countries and, although it should have reached Middle Income Country status by 2015, this did not happen because the set targets had not been met.

According to World Bank data, Ghana has made significant progress in reducing poverty, meeting the Millennium Development Goal of halving poverty rates from 52% to 24% between 1991 and the 2015. Despite the real growth of GDP falling from 4% in 2014 to 3.4% in 2015, Ghana's long-term growth prospects remain positive. The growth rate is expected to bounce back to 5.9% in 2016 and 8.2% in 2017, provided the stabilization of the energy supply remains constant and the commitment to tax adjustment planned with the support of the International Monetary Fund and other development bodies is observed. The number of people living below the level of poverty has halved between 1996 and 2006, although extended areas of poverty continue to exist in the country, especially in more peripheral and rural areas than in the main urban centres. According to the latest Demographic Health Surveys held in 2014, the mortality rate of children under 5 years is 60 per 1,000 live births and the rate of maternal mortality is 319 every 100,000. Data also show that 87% of pregnant women have the 4 recommended antenatal visits and 68% of them give birth with the assistance of qualified healthcare personnel. The population's access to drinkable water reached 87%, which has allowed Ghana to reach the Millennium Goal regarding the availability of drinking water.



Intervention areas

The project's areas of intervention are located in three coastal districts of the Western Region of Ghana: Jomoro, Ellembele and Ahanta West, where around 380,000 people live, mainly in rural and isolated areas, of which over 80,000 are children aged up to 10 years and about 70,000 are women of childbearing age. In the regional capital, Sekondi-Takoradi, activities are planned to support the regional health authority in developing planning capabilities and monitoring its programmes on the territory. The Western Region is one of the poorest areas of the country, both in terms of the territory's physical conformation and the delivery of services, including social and health services. Regional GHS data for 2015 show that there are only 93 doctors for the whole Western Region (1 per 26,000 inhabitants) and 4 dentists (1 per 650,000 inhabitants).

Ahanta West, with a population of 117,000 inhabitants, is a coastal district situated in the southernmost area of the Western Region, east of the regional capital Sekondi-Takoradi. Less than half (49%) of the district's territorial distribution falls within a band of accessibility to healthcare facilities by the population estimated at approximately 25 minutes. This band contains 77% of urban settlements and about 85% of the district population. Around 7% of settlements and the corresponding 6% of the population lie in areas which require up to and over 1 hour to reach the nearest health facility.

Ellembele, with a population of 97,000 people, is one of 6 coastal districts in the region. Only 30% of its area falls within the area of access to health facilities with estimated times up to 25 minutes, even though it is home to the majority of the population. Around 17% of Ellembele's urban settlements are located in low-accessibility areas with estimated times higher than 60 minutes.

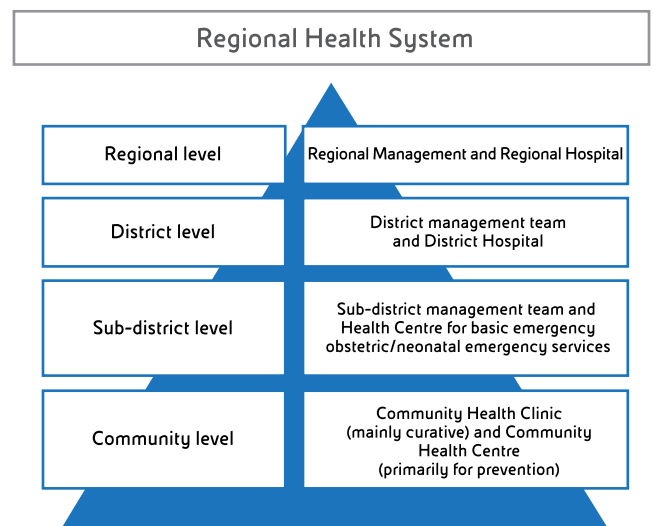
Jomoro, with a population of 166,000 people, is a coastal district and borders the Ivory Coast. Around 30% of the territory is located within the 25-minute band for the resident population to reach

the nearest health facility, which for the most part occupies this strip of territory.

Around 18% of settlements are located within the 60-minute and above band and, especially for those communities along the banks of the abundant lagoons and where, especially during the rainy season, access to facilities is extremely difficult.

Purpose

The project aims to support the Ghanaian Health Authorities to achieve the improvement objectives related to maternal and child health. It focuses on three coastal districts of the Western Region and aims to improve the mother and child services at the various levels of the District System (Jomoro, Ellembele and Ahanta West) and Regional System (Western Region).



The Health System managed by the Ghana Health Service is a pyramidal system that includes an entry level near the targeted communities and, using a Referral System, the referral of patients that cannot be treated on site to higher levels (district Health Centres and Hospitals) depending on the severity of the case. The project aims to intervene at every level in the management and delivery of mother and child health services, in particular with initiatives aimed at improving:

- medical and management capabilities of staff at various levels;
- infrastructures (including water/energy, equipment, medical furniture and urgent transport);
- health and hygiene awareness and healthy behaviour in targeted communities.

Partners and roles

Eni Foundation finances the project, is responsible for its management and collaborates with the 3 main local institutions:

- the Ghanaian Ministry of Health, responsible for formulating Healthcare Policies and monitoring their application, plays a fundamental role in the Governance of the project and in the endorsement of the strategy underlying the Eni Foundation's initiative;
- the public Ghana Health Service Agency, when appointed by the Ministry, manages the public health facilities involved by supplying personnel, medications and any other recurring needs or technical support necessary;
- the Christian Health Association of Ghana (CHAG), a non-governmental organization that, under an Official Agreement with the MoH, integrates the GHS action and, through its St Martin de Porres Hospital, represents a crucial district and specialist centre of reference for the initiative;
- among the project's scientific partners, the Bambino Gesù Paediatric Hospital will provide technical support in matters relating to training for medical and nursing personnel.

Duration and costs

2012-2017 (6.2 million euros).

Expected results

The project, in line with the local Ministry of Health's strategies, aims to support the Healthcare Authorities in achieving the objectives of improving maternal health and reducing child mortality.

The project envisages the achievement of the following results:

- extension of basic healthcare services to poorly served areas, in line with planning and healthcare services strategy at community level, promoted by the Ministry of Health. The project envisages the construction of 8 new Community-based Health Planning and Services, CHPS Compounds (rural clinics) evenly distributed across the districts of Jomoro and Ellembelle, in line with the local Ministry of Health's strategy. Since 2000, the Ministry plans to extend first level health activities in rural environments, through the spread of this type of facility across the territory, to encourage the door-to-door prevention and treatment activities. These CHPSs

will be fully equipped according to the standards issued by the Ghanaian Ministry of Health and enduro motorcycles will be provided to allow staff to travel to the respective communities for outreach activities. Professional refresher courses will be provided for all personnel who will work in these new facilities, and community Information, Education and Communication activities will be implemented;

- these CHPSs will also help to strengthen vaccination coverage enabling rural areas to be covered, professional development of health professionals and the provision of transport to allow staff to cover extensive areas;
- strengthening of mother and child health services (antenatal, obstetric, neonatal and paediatric services generally) and basic emergency obstetric and neonatal services at intermediate level (Health Centres). The project envisages the renovation and/or upgrade of 10 Health Centres (1 in Ahanta West, 4 in Jomoro and 5 in Ellembelle). In particular, the Health Centres in Agona Nkwanta (Ahanta West) and Aidoo Suazo (Ellembelle) may increase the number and quality of services supplied thanks to the construction of an Emergency Unit (Agona) and a Maternity Department (Aidoo). Professional development courses are also planned for the staff of these Health Centres to bolster the quality of the services provided. All Health Centres will have the opportunity to top up their medical equipment that is missing or no longer operational. The provision of four 4X4 ambulances are also planned to guarantee access to health facilities for emergency cases in the territory and of 1 boat ambulance in the Juan Lagoon in Jomoro, where no land route transport is available;
- strengthening of emergency and inpatient services relating to obstetric and neonatal assistance at district hospital level. As part of this activity it will also build a new, fully equipped operating theatre at the District Hospital in Half Assini (Jomoro). It will also renovate and expand the maternity unit and recovery wards and complete medical equipment by supplying any that is missing or no longer operational. Construction of a new antenatal department is also envisaged at the St Martin de Porres Hospital in Ellembelle as is the supply of all the equipment for the operating theatre. The St Martin de Porres Hospital will also benefit from the donation of a car and support to improve prevention activities and healthcare in poorly served villages in the territory; bolstering the planning, monitoring and assessment capabilities, and training of medical, surgical, nursing, technical and administrative personnel at regional and district levels. Courses aimed at upgrading staff will be organized, also with the participation of international institutions. The areas of interest are: healthcare management; obtaining and processing health and epidemiological data; planning, monitoring and assessment, involving all levels (from community level to regional) in order to reinforce the entire Health Management Information System. The nursing training schools in Asante and Essiama will be provided with teaching and multimedia equipment. The Ghana Health Service regional offices will be provided with computer equipment in order to modernize data management. To monitor the project and assess its local impact, a AKAP baseline survey to collect selected health indicators, aptitudes and practices in the local population will be carried out in the areas where new CHPS Compounds are built. At the end of the project activities, another competitive survey will be conducted.

Methodological approach

The project has adopted a multi-level approach that includes simultaneous activities at community, sub-district, district and district/regional level to strengthen the entire structure of maternal-child services in the project's target rural areas. Furthermore, a comprehensive development programme for Basic Healthcare has been identified which aims to support improvements of the health services provided (provider) and the request for services (user).

The programme includes:

1. Strengthening of skills and knowledge of healthcare staff through specialized professional courses.
2. Improvement of healthcare facilities at community, sub-district and district level by constructing/renovating them and supply equipment, water and electricity.
3. Awareness programmes aimed at the target population on factors influencing the use of the service and issues such as the prevention of endemic diseases, hygiene and nutrition.

Through all these joint actions the project intends to support improvements in Availability, Accessibility, Acceptability and Adaptability of health facilities (for example access to health facilities in remote locations or quality of the services provided) and support factors that influence use of the service and the outcome of maternal and infant health (for example social, economic and cultural factors, attitudes to seeking care, etc.).

Lastly, in recognizing the importance of the participation, involvement and empowerment of the project players for its future sustainability, the project has, since its initial phases, developed in close cooperation with its partners and beneficiaries: during the need

identification phase, during the project design phase and during its implementation.

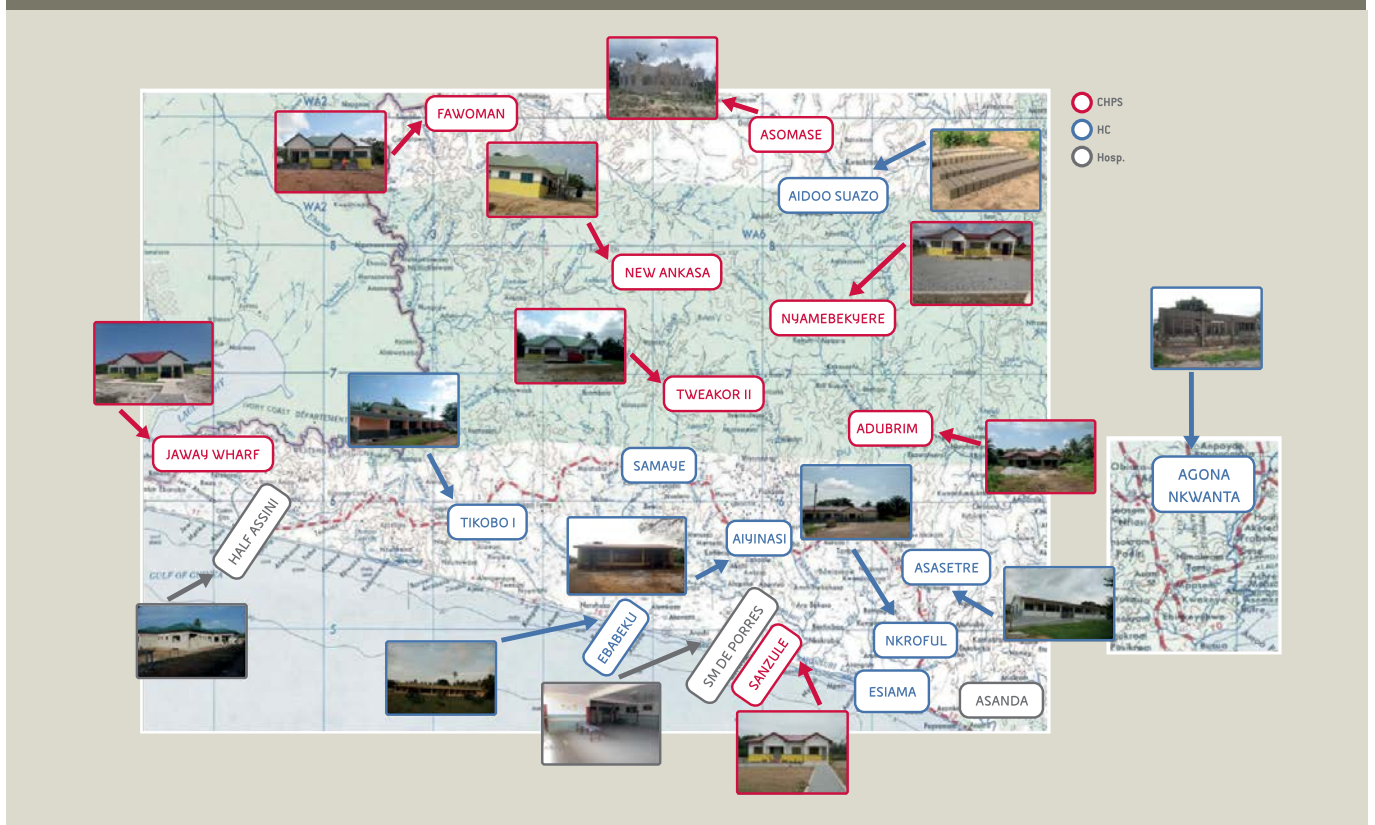
In line with this approach, the project has therefore preferred the use of local resources in the construction/renovation works and has involved the beneficiary communities and partners in the project development and implementation stages (for example leaving part of the construction works and IEC activities under the direct responsibility of the District Assemblies and with the supervision of the Eni Foundation).

Activities carried out by the end of 2015

Overall, by the end of 2015, 9 health facilities have been built, equipped and supplied with electricity and drinking water: 6 CHPS compounds (Jaway Wharf, Fawoman, New Ankasa and Tweakor II in the district of Jomoro and Nyamebekyere and Sanzule in the Ellembele district); 2 Medical Centres, Asasetre and Nkroful in the Ellembele district and the Antenatal Department in the St Martin de Porres Hospital also in Ellembele. Moreover, 8 health facilities are currently under construction/renovation: 5 Medical Centres: Adubrim, Asomase, Aynasi and Aido Suazoo in the Ellembele district, Ekabeku, Tikobo 1 in the district of Jomoro, Agona Nkwanta in the district of Awanta West and the Half Assini Hospital in the district of Jomoro.

As regards the training programme for staff working in the health facilities and staff tasked with data management, by the end of 2015 269 healthcare professional had been trained on specific issues for their professional category: 28 at CHPS level, 128 at medical centre level and 104 at hospital level.

Progress of works on project sites (December 2015)





Of these, 78 were community health officers /community health nurses (CHO/CHN), 119 nurses, 35 obstetricians, 16 biostatisticians, and 12 were doctors or medical assistants.

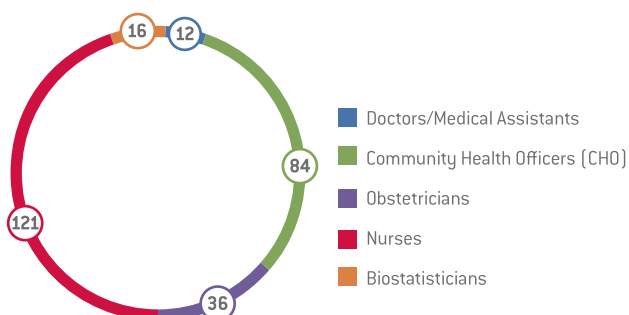
As regards the Information, Education and Communication programme aimed at the population in the 3 project's districts and carried out in cooperation with the District Assemblies,

the Prolink NGO and the St Martin de Porres Hospital, by the end of 2015 427 sessions on mother and child health issues were carried out in 141 target villages. These sessions were attended by approximately 298,000 people. Information materials were also distributed during the sessions (Table 1). The same issues were also discussed during radio programmes and in special radio jingles.

Table 1

District	CHPS	HC	HOSP	DISTR/REG	Total
Jomoro	15	45	56	0	116
Ellembelle	12	61	48	9	130
Ahanta West	1	22	0	0	23
Total	28	128	104	9	269

Total no. of Trained Healthcare Staff (269)



Activity at community level

The national programme of Community-based Health Planning and Services (CHPS) is a strategy adopted by the Ghanaian Ministry of Health in order to fill gaps in the access to healthcare. A key component of the CHPS strategy is that a healthcare service provided at community level will allow the Ghana Health Service (GHS) to reduce disparities in healthcare and provide a more even healthcare service by reducing geographical barriers. The National Policy for CHPS is currently being revised and the role they should have, whether more oriented towards prevention or clinical care, is currently being defined. The new policy will be submitted in 2016.

Construction

To support the national commitment to extending the CHPS network the Eni Foundation has envisaged the construction of 8 CHPS compounds with the aim of supporting the extension of community

Total no. of IEC sessions (427)

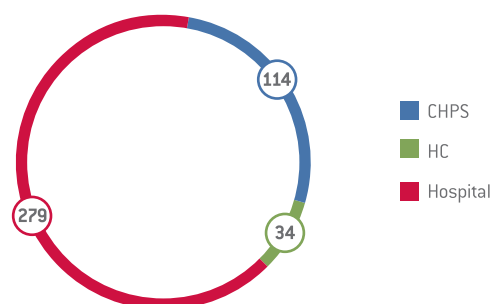


Table 2

District	Jomoro	Ahanta West	Ellembelle	Total
Development & Distribution of IEC Material				
i. Wristbands	1,900	600	1,800	4,300
ii. Posters	2,524	1,141	2,579	6,244
iii. T-shirts	639	340	838	1,817
iv. Brochures	9,000	4,500	12,000	25,500
Number of radio programmes that have discussed mother and child health issues	10	15	15	40
Estimated number of people reached by the radio programmes	165,730	35,600	96,623	297,953

health services to less well served areas. In 2014, the first 2 CHPS compounds were built in Nyamebekyere (Ellembelle) and Jaway Wharf (Jomoro). The construction works, under the direct responsibility of the two District Assemblies (DAs) and with the supervision of the Eni Foundation, commenced in November 2013 and were concluded with the sites' equipment and subsequent opening to the public in August 2014. Also under the responsibility of the two District Assemblies works commenced in 2014 at the sites of Sanzule (Ellembelle) and Fawoman (Jomoro), which concluded in June and September 2015 respectively. In December 2014 works started on the construction of the last 4 CHPS compounds under the direction of the Ghanaian NGO Prolink, project implementing partner, selected via a local tender procedure, carried out with the assistance of Eni Ghana E&P Limited. In November 2015 the sites in New Ankasa and Tweakor II were concluded in Jomoro, while construction was in its final phase at the Adubrim and Asomase sites in Ellembelle.

Table 3 - Progress at community level

Activity	Planned	Carried out				
		DA/Prolink	CHPS Compound	% Work progress at Dec 2015	Equipment	Completed (water and electricity)
Construction	8 CHPS					
	1.	DA	Jaway Wharf	100%	Yes	26/07/2014
	2.	DA	Nyamebekyere	100%	Yes	07/08/2014
	3.	DA	Sanzule	100%	Yes	15/06/2015
	4.	DA	Fawoman	100%		30/10/2015
	5.	Prolink	Tweakor II	100%		28/11/2015
	6.	Prolink	New Ankasa	100%		28/11/2015
	7.	Prolink	Asomase	57%		
8.	Prolink	Adubrim	80%			

Eni Foundation has monitored the progress of construction work on a weekly basis. The 143 supervisory sessions carried out in 2015 ensured that:

1. works are carried out in accordance with the technical specifications;
2. HSE standards are observed;
3. there is correspondence between the work progress reports delivered by the contractors and the activities effectively carried out.

Moreover, 3 Supervisory Committees have been in operation (1 per district) since 2014 to monitor the construction and restoration works jointly with the project partners. The Supervisory Committees are composed of an Eni Foundation team, 5 members appointed for each of the District Assemblies and 1 representative from the GHS. In 2015, 12 meetings were held in which NGO Prolink and its subcontractors also took part. This system is an addition supervisory mechanism which is very much appreciated by the project partners. It ensures that the works are carried out in accordance with the standards and within the scheduled times, ensuring at the same time that the project's general methodology is implemented (participation and ownership of the project activities).

Services provided in CHPS

Once opened, the CHPS compounds provide health services such as family planning, outpatient care, vaccinations, health promotion, child outpatient care, home visits, postnatal outreach activities, health information sessions in schools and emergency deliveries to the population in the target area. In addition to Nyamebekyere and Jaway Wharf in 2015, the CHPS in Sanzule also started to provide services to the surrounding villages.

Starting from 2014, in total 8,999 visits were carried out, of which 6,456 were carried out in 2015 alone, whereas before the CHPS compounds were built no visits were possible.

By the end of 2015 the following had been carried out: 683 family planning consultations, 7,117 outpatient visits, of which 2,670 to children under 5 years, 199 health promotion sessions and outpatient care for children, 912 home visits, 53 outreach postnatal visits, 5 emergency deliveries and 30 health information sessions in schools. The three most common clinical conditions treated in the 3 CHPS compounds were: malaria, diarrhoea, intestinal worms. In particular, 1,519 cases were recorded for children under the age of 5, of which

Table 4 - Services provided at the CHPS compounds of Jaway Wharf, Nyamebekyere and Sanzule

JAWAY WHARF, NYAMEBEKYERE, SANZULE Type of service	2014			2015											Grand total
	Tot	Gen	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Tot	
Family planning consultations	176	35	52	46	37	52	26	36	41	53	25	57	47	507	683
Total outpatient visits (Adults+Children <5)	2,042	445	418	372	477	377	408	460	370	375	592	410	371	5,075	7,117
Outpatient visits for children <5 ^(*)	717	152	183	150	171	152	156	191	144	160	230	119	145	1,953	2,670
Health promotion sessions and outpatient care for children	69	10	9	9	9	9	10	12	11	10	13	14	14	130	199
Home visits	232	3	29	108	85	22	67	76	100	64	71	20	35	680	912
Postnatal outreach	12	0	2	3	8	1	7	6	5	3	3	3	0	41	53
Emergency deliveries	4	0	0	1	0	0	0	0	0	0	0	0	0	1	5
Health information in schools	8	2	5	3	0	1	1	2	0	0	3	5	0	22	30
Total	2,543	495	515	542	616	462	519	592	527	505	707	509	467	6,456	8,999

The CHPS compound in Sanzule has provided services since October 2015.

* The total does not take into account the Outpatient visits for children column because the datum is included in Total outpatient visits.

Table 5 - Outpatient care at the CHPS compounds of Jaway Wharf, Nyamebekyere and Sanzule

JAWAY WHARF, NYAMEBEKYERE, SANZULE Total outpatient visits	2014			2015											Grand total
	Tot	Gen	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Tot	
Malaria	733	271	211	169	196	176	182	232	173	139	130	146	187	2,212	2,945
Diarrhoea	94	49	50	25	30	19	19	30	29	25	45	64	31	416	510
Intestinal worms	236	43	43	36	44	24	41	24	29	24	44	31	36	419	655
Rheumatism	115	35	31	35	33	31	29	25	29	40	85	48	35	456	571
Anaemia	40	0	1	0	0	0	0	0	1	0	18	6	11	37	77
Oral infections	6	0	0	0	0	0	0	0	0	0	0	0	0	0	6
Other oral problems	5	0	0	0	0	0	0	0	0	0	0	0	0	0	5
Vaginal discharge	2	0	0	0	0	0	0	0	0	0	0	0	0	0	2
Domestic accidents	7	0	0	0	0	0	0	1	0	0	0	0	0	1	8
Acute respiratory infections	319	149	105	106	163	85	118	111	141	116	107	105	77	1,383	1,702
Total	1,557	547	441	371	466	335	389	423	402	344	429	400	377	4,924	6,481

1,050 concerned malaria, 334 diarrhoea and 135 intestinal worms, indicating that prevention work on issues of malaria and hygiene is still a priority, especially in rural areas of the country.

Vaccinations

The national vaccination programme aims to protect the population by vaccinating children. The vaccination results at CHPS level consist of

Table 6 - Vaccination results at CHPS level

Year	Period	BCG	OPV/ Polio 0	OPV/ Polio 1	OPV/ Polio 2	OPV/ Polio 3	PCV 1	PCV 2	PCV 3	Penta 1	Penta 2	Penta 3	Rotavirus 1	Rotavirus 2	Measles Rubella	Measles 2	Yellow fever
2014	Tot	57	45	110	134	141	110	134	141	108	134	141	109	123	97	65	98
2015	Gen	10	1	14	14	15	14	14	15	14	14	15	14	14	21	12	21
	Feb	6	7	17	23	17	18	26	19	6	10	8	16	20	38	13	36
	Mar	14	5	14	19	25	22	24	33	20	18	29	21	20	40	9	40
	Apr	9	5	23	18	18	27	22	20	20	18	16	28	21	22	11	22
	May	18	21	24	25	28	23	28	29	31	33	31	23	22	10	45	10
	Jun	4	3	22	20	32	23	23	23	24	24	27	23	22	11	20	14
	Jul	12	3	13	13	16	24	26	26	25	26	31	23	21	0	18	30
	Aug	0	5	26	33	33	25	33	30	25	35	33	23	28	20	10	16
	Sep	9	3	28	28	29	27	28	28	27	28	31	24	20	28	28	33
	Oct	42	5	23	19	31	25	24	34	25	25	33	22	24	33	33	23
	Nov	0	3	21	24	24	21	24	24	21	24	24	21	18	27	41	27
	Dec	25	5	19	19	20	23	18	20	20	19	20	20	19	43	37	34
	Tot	149	66	244	255	288	272	290	301	258	274	298	258	249	293	277	306
	Grand total	206	111	354	389	429	382	424	442	366	408	439	367	372	390	342	404

4,078 vaccines provided in 2015 which, added to those administered in 2014 [1,747], result in a total of 5,825 vaccinations carried out in the three facilities - Jaway Wharf, Nyamebekyere and Sanzule.

Nutrition

As regards malnutrition, measuring the arm circumference of children under 5 has shown that while, in 2014, 6.4% were moderately malnourished in Nyamebekyere and 10.8% in Jaway Wharf, in 2015 the average improved in Nyamebekyere by dropping to 3.3% while values stayed the same in Jaway Wharf. In the last quarter of 2015 Sanzule had no recorded cases of malnutrition.

Information, Education and Communication (IE&C)

- Awareness-raising

The Information, Education and Awareness-Raising activities aimed at the communities living in the CHPS areas were implemented in four sites by the District Assemblies and in other 4 sites by the NGO Prolink. All 50 target villages at community level were subject to IEC sessions in 2015. In total 114 sessions were organized, 49 of which in 2015 on issues such as breastfeeding, weaning, health, nutrition, maternal health, etc. The IEC programme managed in cooperation with the District Assemblies was initiated in 2014 and completed in December 2015. Further IEC sessions will be carried out under the programme that

Table 7 - IEC in CHPS

District	CHPS	No. villages in CHPS areas	Total 2014	No. villages visited in 2015											Total			
				J	F	M	A	M	J	J	A	S	O	N		D	Tot	
Ellembele	Nyamebekyere	8	45			4	4										8	53
	Sanzule	3	2	1			3	2	3					3		3	15	17
Jomoro	Jaway Wharf	8	13	3					5								8	21
	Fawoman	9	5						9						9		18	23
Tot	28	65	Total visits						49	114								

Index
1 Breast feeding
2 Weaning
3 Water and Sanitation
4 CHPS System
5 Prevention of transmissible diseases
5a Ebola, Malaria, Cholera
5b TB, Measles, Yellow Fever
6 Hygiene
7 Nutrition <5
8 Prevention of HIV and sexually transmitted diseases
9 Family planning
10 Controlling infection carriers
11 Maternal health (only Ellembele)

are more comprehensive and geared not just to information and education but more pointedly to a real change in **incorrect attitudes to mother and child health** (SBC - Social and Behavioural Change - for further information see the Sub-District Level Activities).

Training

In 2015, four training sessions were carried for the healthcare

professionals in CHPS compounds in the months of March, April and June/July, where training was given to 27 CHO/CHN (Community Health Officers - CHO and Community Health Nurses - CHN), and 1 obstetrician. The CHPS staff who were trained included community health officials, community nurses, obstetricians and 1 biostatistician. The healthcare staff of the different facilities took part in specially organized sessions for the professional categories in order to

promote the exchange of information and experiences between those working in different facilities and thus maximize the training

results. The training sessions are followed by a period of on-the-job monitoring in order to consolidate the new knowledge learned.

Table 8 - Training of CHPS healthcare staff

District	Type	Place	Tot no. staff trained	CHO/CHN			Obstetricians
				Session 1 March 2015	Session 2 April 2015	Session 3 Jun/Jul 2015	Session 4 July 2015
No. of healthcare staff trained in Eni Foundation health facilities							
Jomoro	CHPS	New Ankasa	2	1	1	0	0
	CHPS	Tweakor II	1	0	1	0	0
	CHPS	Jaway Wharf	4	1	1	1	1
	CHPS	Fawoman	3	1	1	1	0
	CHPS	Effasu	2	0	1	1	0
	Total			12	3	5	3
Ellembele	CHPS	Adubrim	2	2	0	0	0
	CHPS	Asanta	2	0	1	1	0
	CHPS	Asomase	2	1	0	1	0
	CHPS	Nyamebekyere	2	0	1	1	0
	CHPS	Sanzule	3	1	1	1	0
	Total			11	4	3	4
Total trained in Eni Foundation facilities			23	7	8	7	1
No. of healthcare staff trained by other facilities							
Jomoro	CHPS	Nuba	1	0	0	1	0
	CHPS	Old Edobo	1	1	0	0	0
	CHPS	Mpata	1	1	0	0	0
	Total		3	2	0	1	0
Ellembele	CHPS	Azuleloanu	1	1	0	0	0
	Total		1	1	0	0	0
Ahanta West	CHPS	Facin	1	1	0	0	0
	Total		1	1	0	0	0
Total staff trained in other facilities			5	4	0	1	0
Grand total			28	11	8	8	1

Staff from the CHPS compounds of Effasu and Asanta were included in the training since the 2 CHPS compounds were built by Eni Ghana.



Sub-district level activities

Eni Foundation, at sub-district level (Health Centres), aims to improve mother and child health services (antenatal, neonatal and paediatric) and strengthen the basic emergency obstetric and neonatal services. To contribute to achieving this result the following activities were carried out in 2015:

Construction

Renovation work was started on 2 Health Centres (HC) in December 2014, and while work on the Asasetre centre (Ellembele) was completed at the end of October 2015, work is still ongoing in Agona Nkwanta (Ahanta West). At the Agona Nkwanta Centre, in addition to renovating the entire facility, a new pavilion is being built for the Emergency Unit; overall progress is currently at 56%. For the other 8 Health Centres where works commenced in 2015, they were completed at the end of November in the Nkroful centre (Ellembele) and are still in progress at the Tikobo 1 and Ekabeku Health Centres in Jomoro, and Aido Suazo and Aiginasi Centres in Ellembele. In the last 3 centres Samaye and Aiginasi in Ellembele and New Town in Jomoro works will start and be completed in 2016.

Table 9 - Progress at sub-district level

Activity	Planned	Carried out				
Renovation/ Constr.	10 HC	DA/Prolink	Health Centre	% Work progress at December 2015	Equipment	Completed (water and electricity)
	1.	Prolink	Asasetre	100%	Yes	26/10/2015
	2.	Prolink	Nkroful	100%		28/11/2015
	3.	Prolink	Agona Nkwanta	56%		
			1 nursing staff accommodation	100%		
			2 nursing staff accommodations	75%		
			New emergency unit	65%		
			Maternity Department	30%		
			OPD	30%		
			1 nursing staff accommodation with bathroom	30%		
			Laboratory	20%		
			Storage room	20%		
	4.	Prolink	Tikobo no. 1	27%		
			Maternity Department	90%		
			OPD	0%		
	5.	Prolink	Ekabeku	56%		
			Maternity Department	100%		
			Senior staff accommodation	100%		
			1 nursing staff accommodation	100%		
			Kitchen and bathroom for 2 nursing staff accommodations	100%		
			OPD/Dispensary	0%		
			2 nursing staff accommodations	0%		
	6.	Prolink	Aidoo Suazo	5%		
	7.	Prolink	Aiujinase	29%		
			Maternity Department	40%		
			OPD	40%		

Information Education Communication (IEC)

In 2015 the project developed an IEC programme more oriented towards Behavioural Change. In fact, community involvement in the planning of awareness-raising activities, formulation of the message and its distribution to the community itself is an essential step to ensure that the information provided has a real impact on traditional behaviour of managing mother and child health.

To make the awareness-raising programme more effective, the project first involves designing a Behavioural Change programme with the participation of the main stakeholders (GHS and communities), thus recognizing the essential role of community leaders in influencing the choices of individual members of the community. This first phase is then followed by the actual implementation of Behavioural Change activities with the distribution of information material, the creation of specific clubs, radio broadcasts and talk shows at local level, and information sessions in schools and elsewhere.

Furthermore, while the activities of the District Assemblies were designed to inform the population in the CHPS areas on mother and child health, the programme developed with Prolink is aimed at the entire population of the district, involving the population living in CHPS, Health Centres and Hospital areas.

In 2015 the IEC programme was carried out in two stages:

- In the first half of the year the project was devoted to developing the Behavioural Change programme by carrying out the following actions:
 - o organization of 3 sessions to review the existing IEC material in the project districts in collaboration with the IEC teams in the Ghana Health Service;
 - o organization of 12 focus group sessions with pregnant women, mothers of children under the age of 5, husbands of pregnant women, fathers, adolescents;
 - o organization of 3 stakeholder meetings on Behavioural Change with the participation of a graphic designer;
 - o organization of 3 sessions to develop the IEC material (identification of the subject areas, brainstorming, writing texts);
 - o organization of 3 sessions to develop an action plan for each of the districts.
- In total 264 attendances were recorded in this first phase, of which 65 in Ahanta West, 92 in Jomoro, 101 in Ellembele and 7 from Eni Foundation, Prolink and the graphic designer. It is important to stress that the IEC programme developed is a programme adapted to the requirements of each district, based on the needs identified in the territory. The stakeholder meetings allows the project to include the perspective of the communities on the material being developed to reinforce the effectiveness of the project package, share the results of the focus groups with the beneficiaries of each district, jointly finalize the IEC material preferred by the beneficiaries and better suited to the needs of each district, and conduct the final joint review of the material developed and the programme defined with stakeholders. Although the programmes are specifically defined for the individual districts, the following topics were dealt with in all target areas: family planning, dangers of home births, assisted birth, socio-cultural practices, importance of antenatal visits, managing child diseases (malaria, diarrhoea, etc.), nutrition, HIV transmission from mother to child.
- In the second half of the year the following activities were carried out:
 - o Pre-testing the materials developed on a sample group to check the effectiveness of the message; publication and distribution of the material prepared: after having tested the material on a sample the IEC material was printed and distributed to the population as follows: 1,400 t-shirts, 4,300 wristbands, 6,244 posters, 25,500 leaflets.
 - o Raising awareness of the Queen Mothers: the role of Queen Mothers in the community is crucial because they are traditionally those responsible for the wellbeing of mothers and children within the community. Since the Queen Mothers are also the guardians of traditions, their involvement is essential when reorienting the female community towards practices that are safer for the health of the mother and child. 76 Queen Mothers (28 Jomoro, 28 Ellembele and 20 Ahanta West) are now actively involved in supporting the prevention of teen pregnancies and maternal mortality.
 - o Establishing Mother, Father and Adolescent Clubs: 116 clubs were formed in total with the aim of educating group members about mother and child health, who in turn share the information learned with other members in their communities. Discussing topics such as the prevention of infections, kangaroo care,

danger signs in pregnancy and labour, involvement of fathers in caring for children, family planning, teen pregnancies, unsafe abortions, the creation of clubs aims to promote changes to attitudes on mother and child health issues.

- o Raising awareness in schools: the project has supported the training of 59 coordinators responsible for preparing a health education programme in schools specifically on issues such as abortion, teen pregnancies, sexual health and reproduction. As part of the strategy, community nurses accompany coordinators to the sessions in schools.
- o Radio programmes and talk shows: to raise awareness in a larger population of the project's target areas, 40 radio programmes with messages on mother and child health were given to local FM stations in the form of education, discussion panels, talk shows and phone-ins. The topics discussed included: first signs of pregnancy, importance of antenatal visits, signs of high-risk pregnancy, signs of danger in postnatal stage, socio-cultural factors that have implications for mother and child health, the importance of breastfeeding, family planning.
- o Community Education and Awareness-Raising Programmes on mother and child health issues:
 - 77 Awareness-Raising sessions in schools contributed to reinforcing young people's knowledge of issues such as reproductive health, maternal health and access to reproductive health and maternal health services to support the reduction of teen pregnancies;

- 126 Child Welfare Clinic sessions aimed at mothers deal with issues such as malaria in children under 5, breastfeeding techniques, preventing infections, nutritional needs of mothers and more;
- 135 sessions on pregnancy and antenatal care which dealt with issues such as recognizing high-risk pregnancies, signs of labour, antenatal visits, etc.

The importance of IEC sessions emerged in an interview with a nurse from the Tikobo Centre no. 1: "I asked the mothers at the Child Welfare Clinic (CWC) whether the nurse had told them about issues such as child health, breastfeeding, weaning and nutrition and they said yes. One mother added: 'The nurse explained the importance of local nutritious food such as fish, nuts and cereals instead of expensive tinned foods during weaning. Thanks to this information I managed to save money and give my child nutritious food. My child is learning to eat more willing now! We need more presentations about nutritious food for our children'."

The project also supported the distribution of impregnated mosquito nets in the Sub-District of Agona and raising awareness in the population on how to use them correctly. After the awareness-raising, a survey was conducted to assess whether they are used correctly. The survey showed that 92% of mothers and children in the ten target communities use mosquito nets each night.

Training

In 2015, 11 training courses were organized. 3 sessions aimed at CHO/CHN, 1 session for doctors and medical assistants, 2 sessions

Table 10 - Staff trained at Health Centre level

District	Type	Location	Total no. of staff trained	Doctors/Medical Assistants		CHO/CHN	Obstetricians	Nurses	MRAs/Biostatisticians
				Session 1 March 2015	Sessions 2, 3, 4 Mar-Jun/Jul 2015	Sessions 5, 6 May-Jul 2015	Sessions 7, 8, 9, 10 Aug-Nov 2015	Session 11 Dec 2015	
Number of staff trained at Eni Foundation Health Centres									
Jomoro	HC	Ekabeku	10	0	0	2	1	7	0
	HC	New Town	6	0	0	2	2	2	0
	HC	Samaye	12	0	1	3	2	6	0
	HC	Tikobo 1	14	0	1	3	2	7	1
	Total		42	0	2	10	7	22	1
Ellembele	CHPS	Aidoo Suazo	5	0	0	1	1	3	0
	CHPS	Aiyinasi	12	0	2	4	2	4	0
	CHPS	Asasetre	12	0	1	3	1	6	1
	CHPS	Esiama	12	0	1	3	1	6	1
	CHPS	Nkroful	14	0	1	4	1	6	2
Total		55	0	5	15	6	25	4	
Ahanta West	HC	Agona Nkwanta	22	0	0	5	4	10	3
Total staff trained in Eni Foundation facilities			119	0	7	30	17	57	8
Number of staff trained by other facilities									
Jomoro	HC	Elubo	3	0	1	2	0	0	0
	Total		3	0	1	2	0	0	0
Ellembele	Clinic (HC)	Ampain Ref Camp	1	0	1	0	0	0	0
	Clinic (HC)	Nana Benie	4	0	1	1	0	2	0
	HC	Salman	1	0	0	1	0	0	0
Total		6	0	2	2	0	2	0	
Total staff trained by other healthcare facilities			9	0	3	4	0	2	0
Grand total			128	0	10	34	17	59	8

for obstetricians, 4 for nurses and 1 session for biostatisticians and MRAs. Out of a total of 181 people to be trained in 2015, 128 were trained, of which 34 CHO/CHN, 59 nurses, 17 obstetricians, 8 biostatisticians and 10 medical assistants.

Each category of healthcare professional was trained on specific issues linked to their work and also, in this case, the healthcare professionals at different facilities took part in common training sessions. The issues developed during the training courses were chosen so that they were specific for each professional category. Therefore, nurses were trained, for example, on Quality Assurance, Prevention of infections, HIV and AIDS testing and counselling, Code of Ethics, and Occupational health, while biostatisticians were trained on issues such as Basic Computer Skills, Management of health information, Filing data.

Evans Kwofie, healthcare professional in the Ekabeku Health Centre, says: *“Training was a fantastic experience! We learned many things especially about disease prevention and we are now putting them into practice. We have also set up a transport and referral system for sick people by using taxis to help patients reach the clinic. We created the map for the transport system at the course while we were doing the exercise on defining an action plan for the Health Centre. The map is really useful and helps us to monitor taxi drivers and make the service more efficient.”*

Ambulances

The four 4X4 ambulances were delivered to the 3 District Health Directorates in January 2015. The vehicles are operational and provide the following services in the areas of Esiamia, Aido Suazo, Agona Nwanta and the Half Assini district hospital. The ambulances provide emergency transport services (emergencies and referral of sick people from basic healthcare facilities to Health Centres and/or Hospitals), facilitate the IEC activities and Monitoring as well as the health programmes for the entire district.

In total the ambulances were used 182 times, of which: 92 to refer patients from one facility to another, 59 emergency call-outs, 17 outreach activities and 14 monitoring visits.

The boat ambulance was delivered to the District Health Directorate in February 2015. Its objective is to provide basic obstetric-neonatal emergency services, IEC, CWC and outreach activities to a community of over 4,000 people along the Juan lagoon. The boat was launched 9 times during the year, combining the above activities and reaching all the villages along the lagoon. The boat ambulance has 15 seats and is equipped with oxygen, resuscitation kit, medicine box and other emergency equipment. Moreover, 2 motors were purchased that must be fitted to the boat ambulance when it is put into the water.

District level activities

The project operates at this level in two hospitals: St Martin de Porres (SMdP) and Half Assini. In Ghana, hospitals constitute the third level of treatment and are the reference facilities for all issues that cannot be resolved at CHPS and Health Centre level. With regard to mother and child health, the simultaneous strengthening of the CHPS - Health Centre - Hospital system ensures ongoing management of the entire mother and child facility from community level to district level.

Table 11 - Progress at district level

Activity	Planned	Carried out	
		% Work progress at Dec 2015	Equipment
Half Assini (Construction/Renovation)		48%	
New operating theatre	Construction	75%	
Maternity Department	Renovation	0%	
Women's ward	Renovation	100%	
Storage room	Renovation	100%	
Corridor	Renovation	100%	
St Martin de Porres (Construction)			
Antenatal Department	Construction	100%	Yes

St Martin de Porres Hospital (SMdP)

Construction of the antenatal department in the SMdP hospital started in November 2013 and concluded in May 2014. Since then, the new department has allowed the hospital's outpatient service to expand its capacity to provide services that meet the growing demand for antenatal care. The new facility was inaugurated in the hospital in September 2014 by the Christian Health Association of Ghana (CHAG), one of the two project partners together with the Ghana Health Service. The project will also provide the hospital with equipment for obstetric and neonatal emergency unit and for the neonatal intensive care unit in 2016.

In addition to the construction of the antenatal department, in March 2014 the project handed over a car to support medical services outside the hospital for the same population. The 4X4 vehicle now available to the hospital guarantees regular visits to communities and ensures constant provision of outreach healthcare services, also in poorly served zones in the target area, which includes the Ellebele district but also the population of Jomoro and the district of Nzema Timor. SMdP is the reference hospital for 15 lower level healthcare facilities.

In addition to the medical services provided inside and outside the hospital, the hospital also conducts an IEC programme in its own right, which is carried out in two ways:

- at hospital level: in selected departments and in the outpatient facility on a weekly basis;
- at community level: reaching the target communities on a monthly basis.

The issues covered at hospital level concern the prevention of malaria, signs of high-risk pregnancy, dangerous cultural practices, ebola and cholera. The topics discussed at community level include ebola, Hepatitis B and HIV/AIDS.

In 2015 a total of 171 IEC sessions were held at hospital level which were attended by approximately 57,000 people, which, when added to the 108 sessions of the previous year, total 279 sessions. With regards to IEC and external Outreach activities managed by the hospital, 403 visits were carried out in total to the target communities with an estimated attendance of approximately 19,000 people. Compared to 2014, in the period between July and December the project's IEC and outreach activities to target communities more than doubled (70%).

Table 12 - IEC Activities SmdP

IEC in Hospital	No. of IEC Events	No. of participants
Antenatal Department	206	48,819
Other departments	73	8,440
Tot	279	57,259
IEC in outreach	No. visits to communities	No. of participants
IEC at community level	37	4,892
Child Welfare Clinic	233	10,630
Health in schools	43	2,408
Home visits	90	1,217
Total	403	19,147

In 2015, as regards the hospital level performance in the antenatal unit, 18,801 antenatal and postnatal consultations were carried out which, when added to the data from the previous year, total 27,685. Compared to 2014, in the period between July and December there was a slight increase in the number of consultations carried out (2%).



Table 13 - ANC Data SMdP

Antenatal Department	2014						2015						Grand total		
	Number	Tot	J	F	M	A	M	J	J	A	S	O		N	D
Total antenatal consultations (ANC)	8,094	833	1,387	1,787	1,774	1,251	1,513	1,330	1,410	1,228	1,425	1,215	1,378	16,531	24,625
Total postnatal consultations (PNC)	790	111	128	161	271	199	224	248	186	146	226	181	189	2,270	3,060
Tot (ANC+PNC)	8,884	944	1,515	1,948	2,045	1,450	1,737	1,578	1,596	1,374	1,651	1,396	1,567	18,801	27,685
Mothers who received the second dose TT2+	787	141	128	86	115	144	138	141	112	80	91	144	120	1,440	2,227
Pregnant women who have had 4 or more antenatal visits	633	55	64	308	107	102	196	215	187	164	217	256	170	2,041	2,674

Thanks to the neonatal department and outreach activities connected to it, at the end of 2015 the hospital has seen its ability to identify and monitor signs of high-risk pregnancies get stronger. Pregnancies involving teens, women of childbearing age at risk and women with low haemoglobin levels, etc. are monitored by the antenatal department. In particular, monitoring women with low levels of haemoglobin is very important because this risk factor constitutes a little under half of all high-risk pregnancies. In 2015, out of 1,082 cases at risk, 451 cases were related to low levels of haemoglobin.

Half Assini District Hospital

Construction work on a new operating theatre in the Half Assini Hospital started in 2014 and has now reached 75%, in line with the new master plan. The supply and installation of equipment for obstetric and neonatal emergencies is also planned. Still in 2015, renovation work on the women's ward, the storage room and walkways commenced in July and was completed in December.

The remaining renovation work on the maternity department, men's ward, pre-existing operating theatre, reception/dispensary block and X-ray room will be carried out in 2016.

IEC: IEC at the Half Assini Hospital forms part of the Behavioural Change programme illustrated in the sub-district level activities. Ivy Aggrey, a nurse at the Half Assini Hospital, who took part in the Healthy Mothers and Children training, was enthusiastic about the IEC material distributed as part of the course itself: "The posters, in particular those on breastfeeding and against the use of herbs during pregnancy, are really effective during the health education sessions for communities! Women are impressed and they are really interested in following our advice."

Training

Training activities started for hospital staff in 2015. 11 training sessions were carried out which were attended by: 1 doctor, 1 medical assistant, 17 CHO/CHN, 17 obstetricians, 60 nurses, 8 biostatisticians as per the table below.

Table 14 - Staff training at hospital level

District	Type	Place	Tot no. staff trained	Doctors/Medical Assistants		CHO/CHN	Obstetricians	Nurses	Biostatisticians
				Session 1 March 2015	Sessions 2, 3, 4 Mar-Jun/Jul 2015	Sessions 5, 6 May-Jul 2015	Sessions 7, 8, 9, 10 Aug-Nov 2015	Session 11 Dec 2015	
Jomoro	HOSP	Half Assini	56	1	1	3	9	38	4
Ellembele	HOSP	SMdP	48	0	0	14	8	22	4
Grand total			104	1	1	17	17	60	8

In this case too, training for each category of healthcare professional was carried out jointly. As regards training at doctor level, the course is covered topics such as: Leadership, Financial management, Integrated management of diseases in newborns and children, Control and supervision of diseases, Referral and counter-referral procedures.

The nurse Abigail Mensah, from the SMdP Hospital, has noted the following positive changes following the Healthy Mums and Children course: *"Our customer care service has improved a lot. This morning a patient was amazed at how much our attitudes have changed. She was really happy!"*

District/regional level activities

In order to effectively strengthen the maternal and child health services at all levels, the district/regional structure also needs to be supported. Capacity building staff on Health Management, Health Management Information System (HMIS) and training supervision have been identified as key components to support strengthening of the maternal and infant structure at community and regional level. As part of Capacity building, the following activities were carried out in 2015:

- Supplying multimedia and didactic tools to the two nursing schools in Esiama and Asanta: a list of items the two schools needed was prepared together with their management staff. After the purchase of materials facilitated by Eni Ghana it was possible to hand over the material at the start of the new school year, namely in September 2015. During the ceremony the students of the two schools were presented with the 191 items purchased, which included: textbooks, laptops, computers, printers, photocopiers, risographs and mannequins, lathes, laboratory testing kits, microscopes and more.
- Training staff at district/regional level: the project has supported the training of staff associated with teaching in the two schools to improve the knowledge and skills of future nursing staff. In 2015, 6 CHO/CHN were trained, three of which by the school in Esiama and 3 by the one in Asanta as well as one obstetrician and 2 nurses by the school in Asanta, for a total of 9 healthcare professionals.

Training supervision, M&E of the project activities

As far as strengthening the Health Management Information System (regional, district, sub-district and community) is concerned, Eni Foundation has prepared, together with the GHS with representatives from the district, regional and national levels, a support programme aimed at ensuring harmonization and compliance not only with the needs of the districts but also with national strategy (bottom up - top down). The Health Management Information System (HMIS) is an essential element for measuring and improving the quality and coverage of healthcare services. An adequate management of healthcare data starts with the generation of the data itself and passes through proper collection, reporting and analysis. The project aims to improve the quality of the data produced by using a comprehensive on-the-job training and supervision programme for the staff managing health data, which will therefore have a positive effect on the management of maternal and infant health. Given the strategic importance of the activities, the Eni Foundation participates in strengthening the skills of healthcare professionals on

the use of the Ghana Health Service's DHIMS software. In addition, the Ghana Health Service has recently developed a system for managing the recording of data based on the individual user called the DHIMS2 eTracker. The system also allows text message reminders to be set up, generates a list of appointments for the users and reports the failure to attend them. Specifically, the programme aims to make the ability to monitor health data more effective through more accurate data collection, planning and a more effective use of resources at the different system levels and to reduce the number of errors which are currently quite high because data are recorded in hard copy on 3 different registers. In 2015 the project supported the following activities:

- Survey: in May 2015 a survey was carried out in the 3 districts of the project on the connectivity of the healthcare facilities to establish which type of internet connection is necessary in the remote areas of the project and identify the training needs of the staff in the different healthcare facilities.
- Training on GHS/MoH Standard Procedures for managing health data transmission: the course was held in June 2015 and aimed at learning the standard definitions and indicators for health data management and reviewing registers and forms. 99 healthcare professionals from all the facilities of the project's 3 districts took part.
- Purchase of 88 notebooks: in September 2015 88 notebook computers and internet sticks were purchased to facilitate electronic data entry in the identified facilities.
- Software configuration on the new notebooks and review of the DHIMS2 Manual, a hard copy of which is provided to all participants.
- Training on DHIMS2 data collection and entry; handing over 88 notebooks with software installed to staff being trained. The training was held in November 2015 to improve understanding on how the DHIMS2 works and on the Policy Guidelines. 97 healthcare professionals attended the training: 36 from Jomoro, 36 from Ellembele and 25 from Ahanta West.
- Monitoring and supervision visit to the healthcare facilities to assess the use of DHIMS after the training: the first monitoring visit took place in December 2015 and helped to establish the level of compliance with the Standard Operating procedures after the training held in June 2015. The supervision shows that there is a good level of compliance with the standard while indicating the need for additional on-the-job training sessions and monitoring to expand the scope for improvement.



Mozambique



Country data

Population (thousands)	25,203
- under 18 years old (thousands)	13,064
- under 5 years old (thousands)	4,332
Life expectancy at birth (years)	50
Infant mortality rate (per 1,000 live births)	
- 0-5 years	90
- 0-12 months	63
- neonatal	30
% of underweight births (2006-2010)	16.9
% of underweight children 0-5 years (moderate and severe 2006-2010)	14.9
% of children 0-5 years suffering from stunted growth (moderate and severe 2006-2010)	42.6
Maternal mortality rate (per 100,000 live births - 2006-2010)	410
Lifetime risk of maternal mortality (2008)	1 in 43
Per capita Gross National Income (USD)	510
Health care expenditure	
- as % of GDP (2010) source: WHO	6.6
- % on total health expenditure from external sources (2010) source: WHO	7.7

Source: UNICEF 2013

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

In Mozambique, the project to bolster emergency neonatal and obstetric services in the Palma district is helping local health authorities to reduce neonatal, infant and maternal mortality by increasing the quality of and access to the system of mother and child medical services. This is achieved through professional training of staff, the construction of a surgery unit and a casa de espera (home for expectant mothers with high-risk pregnancies) that have already opened and are operational, the supply of essential equipment (radiology, ultrasound and laboratory, already in use) and healthcare materials. 20 continuous training courses have been organized since 2014 for a total of 357 healthcare professionals trained on maternal and infant health issues with the aim of extending the action taken to strengthen the health centres to the whole district. The direct beneficiaries of the initiative in the Palma district are women of childbearing age (approximately 14,500), children aged 0-4 (around 9,500 of which around 3,000 newborns/year) and children aged 5-14 (approximately 14,000). The indirect beneficiaries, in addition to the health professionals who receive training, are the inhabitants of the Palma district (60,000 people).

In 2015, with the opening of the new surgical block built by the project, 248 surgical operations were carried out, of which 65 were caesarean deliveries. Furthermore, 6,536 people benefitted from the services of the clinical laboratory and 559 people benefitted from the radiology service. In the two-year period 2014-2015, the Palma Health Centre carried out 24,480 visits on children aged 0-5 years.

Table 15 - Health facilities

Central/provincial hospitals	16
District hospitals	47
Health Centres	1,277
Total number of beds	20,918
Maternity beds	8,669
Beds per 1,000 inhabitants	0.84
Maternity beds per 10,000 women of childbearing age	1.41

Table 16 - Human resources in the health sector

Total staff	44,081
Specialist doctors	899
General doctors	1,116
Medical technicians	10,615
Nurses	6,348
Obstetricians	4,646

Anuario Estadístico de Salud, Moçambique 2014

Intervention areas

Mozambique is situated in the south eastern part of the African continent. The country is divided into 11 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, its total population in 2014 was estimated at 1,862,085 inhabitants.

The distribution of different age groups shows a high proportion of the younger population: 46% of the population is under 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.

The lack of financial resources and human resources in particular is by far the largest obstacle to the health sector's development and is a significant barrier to achieving the Millennium Development Goals (MDG): with fewer than 3 doctors and 21 for nurses each 100,000 inhabitants, the country has one of the lowest densities of health professionals in the world. The Province of Cabo Delgado, is divided into 17 districts and its capital is the city of Pemba. The main indicators of the Province (Anuario, 2014) are:

Table 17 - Health facilities

Central/provincial hospitals	1
District hospitals	4
Health Centres	104
Total number of beds	1,698
Maternity beds	731
Beds per 1,000 inhabitants	0.91
Maternity beds per 10,000 women of childbearing age	1.58

Table 18 - Human resources in the health sector

Total staff	3,057
Specialist doctors	41
General doctors	64
Medical technicians	815
Nurses	331
Obstetricians	348

Table 19 - Maternal and infant health

Post delivery consultations	70,279
Visits with children 0-4 years	191,872
Infant mortality rate	N/A
Maternal mortality rate (2011)	N/A
Low weight at birth	3,972 (6.2%)
Assisted births	64,091

The specific context of intervention is represented by the district of Palma, a coastal area that overlooks the Indian Ocean. The population (2015) numbers 52,269 people, about half of which are found in the city of Palma while the remainder live in rural areas. The communications and transport network has one single tarmac road from Palma to Pemba, while all the other roads, including the one that goes to the border with Tanzania, are dirt roads. The main economic activity is fishing, followed by agriculture, mainly for domestic use. The district of Palma's healthcare network is made up of 6 health centres: Palma, Pundandar, Quionga, Olumbe, Maganja and Mute for a total of 68 beds and 67 health professionals. The health centre in Palma is the main objective of the project, which aims, in the long term, to promote it to district hospital. The HC of Palma consists of 57 beds distributed across medicine, maternity (17) and paediatric wards. Before the intervention, the laboratory was equipped to provide only a limited number of basic tests and radiology did not exist in the centre. No service was available in the district for obstetric and neonatal emergencies. Direct beneficiaries of the initiative are pregnant women and children of the Palma district (around 3,000). The programme will also benefit the healthcare staff of the department of obstetrics, gynaecology and neonatology of the reference Health Centre and the personnel of the 6 Health Centres (around 20 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.

Table 20 - Key healthcare indicators in the Palma district (Healthcare Office, 2015)

Total population	52,269
Population 0-4 years	6,552
Assisted births	1,864
Low weight at birth	6%
Maternal mortality	12 per 2,288 admissions (0.5%)
Antenatal visits (first contact)	3,392
Postnatal visits (first contact)	1,992
Total number of beds in health centres	68
Number of beds for maternity	17
Total healthcare personnel	67
Number of doctors	3
Number of obstetricians	25

Project description

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. 5 expected results are envisaged:

1. Improvement of hospital medical-surgical services of the Palma district Health Centre and in particular of obstetric/neonatal and paediatric emergencies.
2. The strengthening of diagnostic support services (radiology and ultrasonography and laboratory).
3. Greater access and improved quality of services for high-risk pregnancies.
4. Improvement of organizational skills of the Palma Health Centre's management.
5. Improvement of organizational skills of the Palma district Healthcare Office in managing the surrounding system of Primary Healthcare services.

Partners and roles

Eni Foundation finances the project and is responsible for its operation. The local counterpart is represented by the Ministry of Health (MISAU), by the Provincial Directorate of Health for Cabo Delgado (DPS), by the district Health Office (DHO) and by the management of the Palma Health Centre. The project has the patronage of the Cabinet of the First Lady of Mozambique. 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

2015-2016 (2.73 million euros).

Activities carried out in 2015

Expected Result 1: Improvement of hospital medical-surgical services in the Palma district Health Centre, in particular for obstetric/neonatal and paediatric emergencies.

Support activities for the Palma Health Centre (HC): supporting the surgery department

In 2015, technical assistance was provided to the surgical department of the Palma HC with a expatriate surgeon for 9 months and an expatriate anaesthetist for 11 months. The expatriate personnel worked alongside local healthcare staff to manage surgical patients, perform surgical operations, manage the operating theatre and provided daily on-the-job training. The operating theatre, constructed and fully equipped in 2014, is the only surgical service for the entire population of the district, the following table shows the most significant results achieved in 2015:

Table 21 - General OT data

Description	2015
Number of elective operations performed	130
Number of emergency operations performed	53
Number of women operated	115
Number of men operated	133

The availability of an operating theatre was especially important for the many mothers who had to have caesarean sections, the following table shows the number of natural deliveries and caesarean births managed in Palma health centre:

Table 22 - OT maternity data

Description	Baseline (2014 Palma HC Data)	2015	% Increase 2015/2014
Number of assisted natural births	857	1,108	29%
Number of caesareans performed	1	65	N/A

Training support for mother and child healthcare (MCH)

As part of the technical assistance dedicated to training MCH staff in the district, specific training courses were organized/funded as shown in the following table:

Table 23 - MCH training courses

Course subject	Beneficiaries
Assistance for pregnant women in rural areas	25 obstetricians
Inpatient Management (including MCH)	40 nurses
Childbirth assistance	20 nurses

In 2015, the activities of the Palma HC related to mother and child healthcare significantly increased compared to 2014 (except for postnatal visits), the data collected from the Departmental Health Directorate's statistical office show the following:

Table 24 - MCH activities

Description	Baseline (2014 Palma HC Data)	2015	% Increase 2015/2014
Number of antenatal visits	1,222	1,589	30%
Number of postnatal visits	1,002	977	(2%)
Number of children 0-5 years visited	11,605	12,875	11%
Number of natural births	857	1,108	29%
Number of maternity admissions	1,221	1,297	6%
Number of family planning consultations	846	1,169	38%

Supply of materials, medicines and equipment to the Palma HC and DHD (Departmental Health Directorate)

In 2015, the HC and the DHD (Departmental Health Directorate) were supplied with essential medicines for the operating theatre and other materials and some equipment. The following table shows the main supplies:

Table 25 - Materials donated

Quantity	Description	Department
100 units	JMS transfusion set	Laboratory
1	Stabilizer	Surgery
1	Various radiography materials	Radiology
1	Cardiac ultrasound probe	Radiology
1	Otoscope	Medicine
2	Stethoscope	Medicine
2	Sphygmomanometer	Medicine
1	750 L Tank	DHD
1	Autoclave	Surgery
1	Various anaesthesia materials	Surgery
1	Printer	DHD
2	Printer	Radiology
2	Laptop PC	Radiology

Support for radiology and laboratory activities

The radiology and laboratory services were fully equipped by the project at the end of 2014 and the assigned personnel were trained. In 2015 support continued to these services in terms of materials and training, in fact use increased considerably judging by the data in possession of the Departmental Health Directorate (the radiology service was not yet active in 2014):

Table 26 - Radiology and laboratory

Description	Baseline (2014 Palma HC Data)	2015	% Increase 2015/2014
Number of patients who underwent laboratory testing	4,818	6,536	36%
Number of patients who underwent radiography	N/A	559	N/A

2 training courses were organized during the year, one for radiology staff and one for laboratory staff. The courses were given by expatriate technicians.

Expected Result 2: Bolstering the emergency obstetric services and mother and child services in the Palma district with technical assistance, monitoring and improvement of the infrastructure/ equipment.

Support activities for the Palma Health District: supervision of clinical and emergency activities

Throughout the whole of 2015 the Departmental Health Directorate has been helped by monitoring campaigns and on-the-job training in the district, by the continuous supply of fuel and, where needed, a vehicle. Moreover, to allow the ambulance to be used in all cases it is needed, the Palma HC has always been supplied with the required amount of fuel.

Support for the technical capabilities of the district's healthcare personnel

As part of the project activities to improve the training of healthcare personnel in the sector in the district of Palma, different training courses have been funded or given directly by expatriate personnel. There were 8 courses which involved 183 people; in particular, the subjects covered included:

- Malaria (29 participants);
- Planning of work (22 participants);
- Sterilization (44 participants);
- Assistance for pregnant women in rural areas (25 participants);
- Inpatient management (40 participants);
- Assisted birth (20 participants);
- Radiology (1 participant);
- Laboratory (2 participants).

Expected Result 3: Support for community participation in the promotion of health messages.

Support activities for the promotion of health information on MCH: Information Education and Communication (IEC) campaigns through theatrical activities

"Il teatro fa bene" is a new format (www.ilteatrofabene.it) based on the dramatization of health and nutrition information and on demonstrations and practical activities on how to use simple and helpful tools in day-to-day life. The aim is to transmit knowledge to the population in a more effective way than traditional forms of communication.



The aim is to create a theatrical performance to raise awareness on health issues in order to increase the local population's knowledge of good health practices (such as, for example, washing hands frequently), those associated with maternity and care of newborns, food conservation, disease prevention and in particular gastrointestinal diseases and cholera which are endemic in the country. The performance, under the scientific and theatrical direction of Jacopo Fo, was written and performed by amateur actors living in the Palma district (province of Cabo Delgado), selected and trained by a team of Italian specialists, and is performed on tour with 5 venues in 5 different villages in the Palma district. Local actors were trained in two workshops in Italy at the Free University of Alcatraz (Gubbio): the plot of the show was written during the first, and rehearsals to refine the actual show were carried out during the second. The actors had the entire theatrical background of Jacopo Fo's theatrical company for their training. The messages on health and nutrition included in the shows are consistent with the guidelines adopted by the Mozambican Ministry of Health and promoted by the Eni Foundation which operates in this field in the country, also with the collaboration of Doctors for Africa CUAMM. The health messages to be conveyed during the shows are consistent with the guidelines adopted by the Mozambican Ministry of Health and mainly refer to: neonatal care and the exclusive use of breast milk, completing the vaccinations recommended by the Mozambican national health plan for children and for pregnant women, the early use of health facilities in the case of child respiratory infections and fevers of a non-specific nature (possible malaria) as well as the prevention and appropriate treatment of gastrointestinal infections and malaria.

Expected Result 4: Technical assistance provided to the district health office.

An Eni Foundation office has been organized within the DPS structure in Pemba, specifically in the NIOP department (department of epidemiology and statistics). The technical assistance activities were concentrated in particular on:

- preparation of technical documents for the construction works planned under the project;
- preparation of the document for performing an epidemiological survey in the Palma district;
- at Departmental Health Directorate level, analysing the main MCH data from the district of Palma;
- co-ordination of the activities in the Palma HC.

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Statements

Balance Sheet

ASSETS		(euros)	Notes	31.12.2014	31.12.2015
A	RECEIVABLES FROM ASSOCIATES FOR PAYMENT OF DUES				
B	FIXED ASSETS				
I	<i>Intangible fixed assets</i>				
II	<i>Tangible fixed assets</i>				
			1	0	0
III	<i>Financial fixed assets</i>				
C	CURRENT ASSETS				
I	<i>Inventories</i>				
II	<i>Receivables</i>				
	Receivables from founding member				
	Tax receivables				
			2	8,167	5,088
				8,167	5,088
III	<i>Financial assets (other than fixed assets)</i>				
IV	<i>Cash and cash equivalents</i>				
	Bank and postal deposits				
			3	3,230,124	2,737,359
				3,230,124	2,737,359
D	ACCRUALS AND DEFERRALS				
	TOTAL ASSETS				
				3,238,291	2,742,447
LIABILITIES AND SHAREHOLDERS' EQUITY		(euros)	Notes	31.12.2014	31.12.2015
A	SHAREHOLDERS' EQUITY				
I	<i>Unrestricted equity</i>				
	Operating fund (Article 6 of the Memorandum of Association)				
			4	33,000,000	39,000,000
	Operating result from previous financial years				
				(28,327,633)	(33,318,004)
	Operating result from current financial year				
				(4,990,371)	(4,058,728)
II	<i>Endowment fund</i>				
			5	110,000	110,000
				(208,004)	1,733,268
B	PROVISIONS FOR CONTINGENCIES				
C	EMPLOYEE SEVERANCE INDEMNITY				
D	PAYABLES				
	Payables to suppliers				
			6	2,711,106	814,055
	Payables to Founder				
			7	587,023	55,486
	Tax payables				
	Payables to pension funds and social security agencies				
	Other payables				
			8	148,166	139,638
	Payables to Ministry of Economy and Finance				
				3,446,295	1,009,179
E	ACCRUALS AND DEFERRALS				
	TOTAL LIABILITIES AND SHAREHOLDERS' EQUITY				
				3,238,291	2,742,447

Income Statement

INCOME	(euros)	Notes	2014	2015
Income from typical activities				
Income from secondary activities				
Other operating income				
Financial income and capital gains				
Financial income from bank deposits		9	1,755	4,256
Other financial income and other income				
TOTAL INCOME			1,755	4,256
EXPENSES	(euros)	Notes	2014	2015
Expenses for typical activities				
Purchases		10	1,153,907	739,713
Services		11	2,746,396	2,857,455
Lease and rental expenses		12	7,067	
Other operating expenses		13	37,500	36,700
			3,944,871	3,633,868
Financial expenses and capital losses				
Financial expenses on bank deposits				-
General support expenses				
Services		14	1,036,364	423,165
Other expenses		15	660	79
			1,037,024	423,244
TOTAL EXPENSES			4,981,895	4,057,112
RESULT BEFORE TAX			(4,980,140)	(4,052,856)
INCOME TAX				
Taxes from previous financial years			0	
Taxes for current financial year		16	(10,231)	(5,872)
TOTAL INCOME TAX FOR THE FINANCIAL YEAR			(10,231)	(5,872)
OPERATING RESULT			(4,990,371)	(4,058,728)

Explanatory notes to the financial statements at 31.12.2015

Composition criteria

The Foundation's financial statements for the year ending 31 December, 2015 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 the financial statements every year.

In the absence of specific regulatory standards, the template adopted follows the structure provided in Article 2423 and subsequent articles of the Italian Civil Code, adapted to the specific characteristics of non-profit organizations. In this regard, 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 are comprised of the Balance Sheet, the Income Statement and the Explanatory Notes, which form an integral part of the document.

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 the Memorandum of Association requirements were met.

Valuation criteria

The financial statement entries have been 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 by the Foundation which are not subject to income tax as they are associated with the attainment of social and humanitarian goals. The tax deductions due on interest earned on bank deposits are considered tax and therefore they cannot be refunded or offset against other taxes.

With reference to IRAP (Regional Tax on Productive Activities), a 4.82% rate is applied to the Foundation for the year 2015. The tax base for determining the income tax comprises pay for independent workers engaged under continuous coordinated work contracts and seconded personnel.

Since the Foundation does not carry out its activities as a business, art or profession, it is not subject to VAT requirements because this subjective condition does not exist.

Employment information

The Foundation does not have any permanent employees.

Notes to financial statement entries and other information

Balance Sheet

Fixed Assets

1) TANGIBLE FIXED ASSETS

These include three personal computers received from Eni SpA free of charge in 2009.

They are stated at their normal value of 60 euros and fully amortized.

Current assets

2) TAX RECEIVABLES

These amount to 5,088 euros and relate entirely to the tax credit for IRAP in the financial year 2015, equal to the difference between the credit resulting from previous return plus the payment of the second instalment of the advance and the amount of tax allocated for the year.

3) CASH AND CASH EQUIVALENTS

Cash and cash equivalents are 2,737,359 euros and are entirely represented by the funds deposited at the BNL Bank, BNP Paribas Group account No. 451 - Eni Rome branch and include the provision for net financial income as at 31.12.15.

Shareholders' 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 39,000,000 euros;
- the negative operating result for the previous financial years amounting to 33,318,004 euros;
- the negative operating result for the current financial year amounting to 4,058,728 euros.

5) ENDOWMENT FUND

The endowment fund is 110,000 euros, paid up by the founding member Eni SpA.

Payables

6) PAYABLES TO SUPPLIERS

Payables to suppliers amount to 814,055 euros of which:

- 532,695 euros to Prolink Ghana;
- 186,890 euros to Eni Ghana Exploration & Production;
- 40,000 euros to the Opera S. Francesco CUAMM;
- 30,729 euros to Eni Mozambique SpA;
- 18,807 euros to Jomoro District Assembly;
- 4,934 euros to Eni International Resources Ltd

and relate to services rendered under the related contracts during the financial year.

7) PAYABLES TO FOUNDER

Payables to Eni for 55,486 euros are the payables relating to seconded personnel and services contract.

8) OTHER PAYABLES

Other payables amounting to 139,638 euros mainly 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 4,256 euros consists of the interest earned on the bank deposit at the BNL Bank, 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 739,713 euros, these relate to purchases of materials and equipment for the health centres and operational bases of projects conducted by the Eni Foundation in Ghana and Mozambique, essentially made by Eni Ghana Exploration & Production and Eni Mozambique on the basis of the services contracts signed with the Foundation:

- 583,346 euros for the Ghana project;
- 156,367 euros for the Mozambique project.

11) SERVICES

These amount to 2,857,455 euros and relate to expenses incurred for the projects referred to the previous note, for renovating and equipping health centres; medical and technical services rendered by specialist personnel; research and support for health activities, training and awareness-raising activities, of which:

- 1,125,920 euros for the Mozambique project;
- 1,731,535 euros for the Ghana project.

12) LEASE AND RENTAL EXPENSES

There are no leases and rental expenses for the year 2015 (7,067 euros in 2014).

13) OTHER OPERATING EXPENSES

Amounting to 36,700 euros, these include donations to non-profit organizations and associations.

General support expenses

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

14) SERVICES

Amounting to 423,165 euros, these include:

- services provided by seconded personnel for 178,637 euros;
- services rendered by Eni SpA under the services contract for 90,032 euros;
- services rendered by members of the Governing Bodies for 147,235 euros;
- banking services for 7,261 euros.

15) OTHER EXPENSES

Amounting to 79 euros, they primarily include other fiscal expenses.

Income taxes

16) TAXES FOR CURRENT FINANCIAL YEAR

The taxes for the current financial year amount to 5,872 euros and consist of 4,765 euros for IRAP allocated for the year 2015 and 1,107 euros for the tax deductions on interest earned for bank deposits, considered tax under Article 26, paragraph 4, of the Decree of the President of the Italian Republic No. 600/73.

The operating result as of 31 December 2015 amounts to a loss of 4,058,728 euros.

Report of the Board of Auditors on the financial statements for the year ending 31.12.2015

Dear Mr. Chairman and Directors,

during the course of the financial year ending 31 December 2015 we carried out our supervisory activities in compliance with the regulations in force, applying the principles of conduct for Boards of Auditors recommended by the Italian National Council of Chartered Accountants and Accounting Experts, when ensuring compliance with the law and with the Memorandum of Association.

With regard to activities carried out during the course of the 2015 financial year, we note the following:

We have ensured compliance with the law and with the Memorandum of Association.

We have obtained from the Directors the information regarding the activities carried out and regarding those operations of greatest economic, financial and capital importance, which have been approved and implemented during the year, and which are fully represented in the Management Report, to which reference is made. 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 monitored, during our five meetings, the adequacy of the Institution's organizational structure, the internal control system, the administrative accounting system and its reliability in correctly representing the operational events.

During the year, the Watch Structure, established in accordance with Italian Legislative Decree 231/2001 and appointed on 18 December 2013, issued the first half-year report on 16 July 2015 and the second half-year report on 2 February 2016.

The Organization and Control Model is currently not up-to-date with the newly introduced offences since this updating is preparatory to the Implementation Programme that must be sent by Eni SpA.

The Board of Auditors met the Watch Structure twice during the year: on 22 October 2015 and on 20 April 2016.

No violations of the Model nor events of note have emerged from the reports received and the above meetings above.

The Foundation, while not falling under the category of persons required to implement Management System Guidelines issued by Eni for itself and for its subsidiaries, has decided to adopt this system. The Board of Directors therefore implements the documents issued from time to time by Eni with proper board resolutions and by making any appropriate adjustments to the Foundation's organization.

During the supervisory activities described above, we have verified that no complaints have been lodged in accordance with Article 2408 of the Italian Civil Code, and no atypical and/or unusual transactions have been carried out with related parties and/or third parties, nor 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, equal to 4,058 thousand euros, is largely determined by expenses incurred for costs and services inherent in typical activities, primarily incurred for the benefit of the healthcare projects.

In particular, during the year the following expenses were incurred for typical activities divided between the two current projects:

	Ghana	Mozambique	Total
Purchases	€ 583,346	€ 156,367	€ 739,713
Services	€ 1,731,535	€ 1,125,920	€ 2,857,455
Total	€2,314,881	€1,282,287	€ 3,597,168

The general support expenses amounted to € 423 thousand, of which € 178 thousand for seconded personnel, € 90 thousand for services received by Eni SpA and € 147 thousand for fees to Corporate Bodies.

At the invitation of the Board of Auditors, during the year management control reports have been completed for each project, highlighting the authorized budget, implementation times, costs incurred to date and percentage completed.

With regard to the financial statements for the year ending 31 December 2015, we have monitored aspects and formalities unrelated to the statutory audit of accounts, its formulation and its general conformity with the law as regards its formation and structure; we have been able, in particular, to ascertain that the financial statements have been drawn up in accordance with the provisions of Article 20 of the Decree of the President of the Italian Republic No. 600/73 and by Article 2423 and subsequent articles of the Italian Civil Code, adapted to the specific characteristics of the non profit organization as per the template suggested by the National Council of Certified Chartered Accounts in its Recommendation No. 1 dated July 2002.

We have verified compliance with the rules pertaining to preparation of Management Reports.

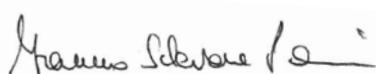
The Board of Directors has provided the information referred to in Article 2497-bis of the Italian Civil Code in the Explanatory Notes to the Financial Statements.

The Board of Auditors, for that which falls under its area of responsibility, having duly noted the results of the financial statements as at 31 December 2015, and having taking into account the observations contained in this report, has no objection to approval of the financial statements which record a loss of € 4,058,728 that will be covered by payment of the Operating Provision to be approved by the Board of Directors.

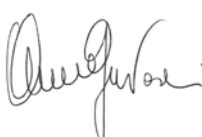
Rome, 29th April 2016

The Board of Auditors

Dr. Francesco Schiavone Panni - Chairman



Prof. Anna Gervasoni



Dr. Pier Paolo Sganga





foundation

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