ANNUAL REPORT 2013

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Annual Report 2013

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Letter from the Chairman

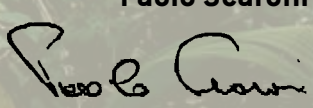
2013 saw the launch of two new initiatives by the Eni Foundation in the emerging countries of the African continent: Mozambique and Ghana. Focussing on improvement in mother and child medical services in rural and more isolated areas, the Foundation is taking part in actions in the two countries to improve rates of infant and maternal mortality, in line with the Millennium Development Goals established by the United Nations.

In Mozambique, in the Region of Capo Delgado, the construction of a new operating block for critical births has started at the Palma Health Centre, as well as construction of a protected residence for women about to give birth, the strengthening of laboratory and radiology services and the training of medical personnel and nursing staff.

In Ghana, in the coastal district of the Western region, the construction of eight community clinics, ten health centres and two operating blocks in local district hospitals is planned over the next three years, in addition to the supply of medical equipment and fittings, emergency vehicles, training for health workers and health education for the local community.
In 2013, in collaboration with the local Ghanaian institutions, worksites were opened for the construction of two community clinics in the districts of Jomoro and Ellembele and a new department for prenatal emergencies at the district hospital of S. Martin de Porres, in the urban centre of Eikwe.

Following the successful initiatives concluded in Congo, Angola and Indonesia, Eni Foundation is pursuing in Ghana and Mozambique its commitment to safeguarding the health of those most vulnerable, children, with concrete projects, open to active collaboration by local communities and institutions, conceived and implemented to produce long lasting effects.

Paolo Scaroni



Directors' Report on Operations

Eni Foundation profile

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

Human resources

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

Operational approach

Eni Foundation is an operational corporate foundation, which adopts a proactive approach in achieving its assigned objectives, focusing 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 surrounding context; transparent communication with stakeholders; long-term vision and commitment; dissemination and sharing of results and knowledge. The Foundation's main activity is the development of initiatives to benefit children. As a corporate foundation, it adopts business-oriented efficiency criteria: relevance of objectives and content; management control; sustainability; measurability of 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; to this end, it is open to cooperation and partnerships with other organizations (non-governmental associations, humanitarian agencies, local institutions and authorities), of proven experience and competence, in both the planning and development phases.

Scientific Committee

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

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

Organizational structure

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

Board of Directors:
Chairman Paolo Scaroni
Vice Chairman Raffaella Leone

Directors: Claudio Descalzi, Angelo Fanelli, Stefano Lucchini, Salvatore Sardo

Secretary General: Filippo Uberti

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

Overview of activities

In March 2013 the Foundation launched a new initiative in **Ghana**, with the aim of developing and strengthening primary healthcare services for children in the western region of the country, thus contributing to the reduction of infant and maternal mortality in partnership with the Ministry of Health and its two implementing agencies: Ghana Health Service (GHS) and the Christian Health Association of Ghana (CHAG).

The signing of a Memorandum of Understanding between Eni Foundation and the Ministry of Health of Mozambique on 3 March 2013, in the presence of the First Lady, Mrs. Maria da Luz Dai Guebuza, the Foundation marked the launch of a new project aiming at supporting mother and child emergency services at the Palma District Health Centre in the province of Cabo Delgado. The project will be carried out in cooperation with the Mozambique Ministry of Health and the provincial and district health authorities, under the patronage of the Cabinet of the First Lady.

Children's health

The Millennium Development Goals (MDGs) of the United Nations include a key parameter, which is the **reduction in child mortality (MDGs 4 and 5)**. In 1990, the goal of a two-thirds decrease by 2015 was set. The indicator has recorded constant overall progress, particularly since the year 2000. However this has been with significant disparities between geographical locations.

At the global level, deaths amongst children under the age of 5 decreased by one third between 1990 and 2009; falling from 12.4 million to 8.1 million. 80% of this total is concentrated in Sub-Saharan Africa, Southern Asia and Oceania, with about half of this in just five countries – India, Nigeria, the Democratic Republic of Congo, Pakistan and China. The highest rates are consistently reported in Sub-Saharan Africa, where 1 in 8 children dies before the age of five. This value is approximately 20 times greater than the average in developed regions (1 in 167).

The main causes of child mortality are malaria, diarrhoeal and infectious diseases. These are responsible for more than half of all deaths in Sub-Saharan Africa.
Malaria, despite a decline in new cases and in the related mortality rate, is one of the most widespread pathologies in the world: in 2009, 225 million cases and 780,000 deaths were reported, 85% of which were in African children under the age of five.
Amongst infectious diseases preventable through vaccination, **measles** was responsible for 164,000 deaths in 2008. This was in spite of a marked and general decline in mortality levels in recent years as a result of improvements in vaccination services, and, more generally, improved access to healthcare services for the child population.
Globally, the **rotavirus** is the most common cause of severe diarrhoea in children. Each year it kills over 500,000 children, half of whom are in Africa, and specifically between the ages of 6 and 24 months. Large-scale vaccination against rotavirus, combined with other measures (saline rehydration and zinc administration) aimed at increasing its effectiveness, would significantly reduce the number of deaths attributable to rotavirus-induced gastroenteritis, also in developing countries, and in particular in those areas where healthcare services are not easily accessible.

Finally, it should be noted that all childhood diseases are aggravated by **malnutrition** – globally responsible for at least one third of all deaths under the age of 5 – as well as other problems, such as Vitamin A deficiency, which causes stunted growth, reduced resistance to infections, and eyesight problems.

When analysing child mortality, the percentage of **neonatal deaths** is particularly significant: of a total of about 135 million children born each year worldwide, almost 3 million die in the first week of life, and one million die in the subsequent three weeks. The main causes, as with maternal mortality, include a precarious health condition in the mother and specific pathologies which are not adequately treated during pregnancy. These can result in premature birth and severe permanent disabilities in the child.

Ghana

Country data

Population (thousands)	**25,366**
- under 18 years old (thousands)	11,423
- under 5 years old (thousands)	3,640
Life expectancy at birth (years)	**61**
Infant mortality rate (per 1,000 live births)	
- 0-5 years old	72
- 0-12 months old	49
- neonatal	28
% of underweight births (2006-2010)	**10.7**
% of underweight children 0-5 years old (moderate and severe 2006-2010)	**13.4**
% of children 0-5 years old with stunted growth (moderate and severe 2003-2009)	**22.7**
Maternal mortality rate (per 100,000 live births - 2008)	**350**
Lifetime risk of maternal death (2008)	**1 in 68**
Per capita GNP (US $)	**1,550**
Health care expenditure	
- as a % of gross domestic product (2010) Source: WHO	4.8
- as a % of government expenditure (2010) Source: WHO	11.9

Source: UNICEF 2012

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

Ghana, with a population of about 24.9 million inhabitants, is the second-most populous country in West Africa, after Nigeria. By 2020, it is estimated that the population will reach 27 million. Ghana possesses vast natural resources that make it the world's second biggest exporter of cocoa and the ninth for gold, as well as oil, gas, timber, diamonds, bauxite and manganese which, together with expatriate remittances are the primary source of valuable currency. International economic agencies estimate that Ghana will grow at an average of 7.5% per year over the next five years, despite the uncertainties surrounding international markets.

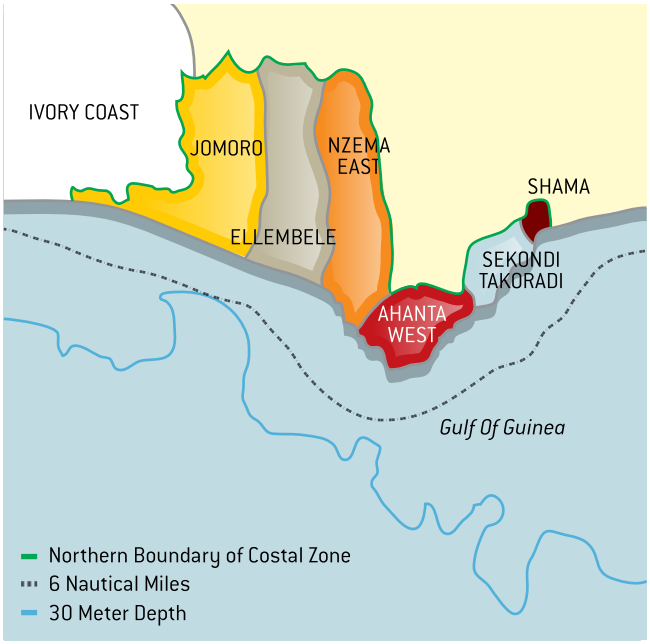
Ghana's economy has significantly improved over the past 25 years, during which time its trade competitiveness has increased and the average level of poverty decreased. In 2011 GDP rose by around 14% (primarily due to the induced economic activity associated with oil and gas production), although the estimate for 2012 is 8.2%. With an estimated per capita income of $1,550/year (UNICEF 2012), Ghana is now included among the countries of lower middle-income category

and by 2015 could reach the status of a middle income country. The severe depreciation of the local currency at the end of 2012 promises a degree of shelter from inflation that has seen peaks of 25%.

The number of people living below the poverty line halved between 1996 and 2006, although extensive areas of poverty remain in the country, particularly in the more remote and rural areas as compared to the main urban centres.

According to the most recent UNICEF report for 2012, the under-5 mortality rate recorded was 72 per 1000 births and the 2012 maternal mortality rate was 450/100,000. The data from 2011 indicate that about 87% of pregnant women make at least the recommended 4 pre-natal visits, and 68% are able to give birth with the assistance of qualified health personnel.

The population's access to drinking water sources has reached 80%, whereby Ghana has achieved the Millennium target for the availability of drinking water.



Intervention areas

The project intervention areas are distributed across the three coastal districts of the western region of Ghana: Jomoro, Ellembele and Ahanta West, where around 350,000 people live, distributed mainly in rural and isolated areas. Of these, more than 80,000 are children between the ages of 0 and 10, and around 70,000 are women of childbearing age. In Sekondi-Takoradi, the regional capital, the regional Health Directorate will be provided with support for the development of its planning capacity and assistance with monitoring and control of its programmes in the territory. The western region is one of the most disadvantaged areas of the country, both in terms of its physical configuration and the distribution of services, including health and social services. The 2008 data show that in the entire western region there are only 77 doctors (1 for every 33,000 residents) and 4 dentists (1 for every 638,000 residents).

The three districts of Ahanta West, Jomoro and Ellembele where the project is being developed have a recorded resident population of about 350,000 people (Ghana Health Service, 2009).

Ahanta West is a coastal district, located in the southernmost part of the western region to the east of the capital of Sekondi-Takoradi. Less than half (49%) of the geographical area of the district falls in the band where the population has access to health facilities within an estimated time of 25 minutes. This area contains 77% of the urban settlements and about 85% of the district's population. About 7% of the settlements and the corresponding 6% of the population live in areas where it takes over an hour to reach the nearest health facility. Ellembele is one of the 6 coastal districts in the region. Only 30% of its area lies within the zone with access to health facilities within an estimated time of 25 minutes, although this area does contain the majority of the resident population. About 17% of the urban settlements of Ellembele are located in areas with low accessibility, over 60 minutes from the nearest health facility.

The Jomoro district is also coastal and borders on the Ivory Coast. About 30% of its territory falls within the band of 25-minute access to reach the nearest health facility for the resident population, who for the most part, reside on this strip of the land. About 18% of the settlements are in the band of 60 minutes and more, particularly the communities lining the banks of the many lagoons where, especially during the rainy season, access is extremely difficult.

Planned activities

The project, in line with local Ministry of Health strategies, aims to support action by the Healthcare Authority to achieve the Millennium Development Goals, in particular Goals 4 and 5, targetting at the reduction of child mortality and improvement of maternal health respectively. The project plans to carry out the following activities:

- Extension of basic healthcare services to underserved areas, in line with the planning and healthcare services strategy at community level, promoted by the Ministry of Health. This activity involves the construction of 8 new Community-based Health Planning and Services, CHPS Compounds (rural clinics) equally distributed across the districts of Ellembele and Jomoro, in line with the strategy of the local Ministry of Health. Since 2000 in fact, the Ministry has developed plans to support and expand primary level health activities in rural environments through the spread of this type of facility to promote door-to-door prevention and treatment. These CHPS are fully equipped according to standards provided by the Ghanaian Health Ministry and have been provided with "enduro" motorcycles that can be used by health staff to reach their communities. Professional refresher courses will be given to all personnel who are to serve in these new facilities, and community activities will be implemented in the field of information, education and communication. Finally, vocational courses will be organized for Traditional Birth Attendants (TBAs) for use by personnel traditionally present in the community to identify high-risk pregnancies and spread the practice of "clean" births (kit provided) and assisted delivery.

- The same CHPS will also enable an increase in vaccine coverage, monitor and support for rural areas, professional update of health staff and supply essential means of transport for resident personnel to cover a wide area.

- Improvement of maternal and child medical services (prenatal, obstetrics, neonatal and paediatric services in general) and emergency obstetrical and basic neonatal services at the intermediate level (Health Centres). As part of the project, the rehabilitation and/or upgrading of 10 Health Centres is planned (1 in Ahanta West, 4 in Jomoro and 5 in Ellembele). The Health Centre in Agona Nkwanta (Ahanta West) and Aidoo Suazo (Ellembele) will increase the number and quality of the services provided, by implementing an Accident & Emergency Unit (Agona) and a Maternity block (Aidoo). The personnel of these health centres will also be provided with professional refresher courses to improve the quality of services provided. All the health centres will have the opportunity to complete their medical equipment with the replacement of any missing or broken equipment. The provision of 4 ambulances is also provided to guarantee access in emergency situations as well as a boat ambulance for the Jomoro district, the lagoon area, where land routes are often difficult to access, especially during the rainy season.

- Expansion of in-patient and emergency services, relating to obstetric and neonatal assistance, at the district hospital level. As part of this activity, a new operating room will be built at the District Hospital of Half Assini (Jomoro), complete with all the necessary equipment; the maternity block will also be renovated and expanded as well as the inpatient wards, including provision of any medical equipment not yet provided or no longer operational. The construction of a new pre-natal area at the Hospital of St. Martin de Porres in Ellembele is also planned as well as the complete supply of equipment for the operating room. The Hospital of St. Martin de Porres will also receive the donation of an auto and support to strengthen prevention and health care in underserved villages in the region.

- Strengthening of the planning, monitoring and assessment capabilities, and training, of medical, surgical, nursing and administrative personnel at regional and district levels. Retraining courses will be organized for management staff, with the participation of international institutions. The areas of interest are health management, research, obtaining and processing health and epidemiological data, planning, monitoring & evaluation involving both the regional and district levels. The Nurse Training Schools of Asante and Essiama will be provided with educational and multimedia equipment. The Ghana Health Service regional offices will be provided with computer equipment to modernize data management. For project monitoring and local impact assessment, an AKAP baseline survey for the collection of selected basic health indicators, attitudes and habits of the local population will be carried out in areas where the newly built CHPS Compound will be located. At the end of the project, a comparative survey will also be conducted.

Partners and roles

Eni Foundation finances the project, and is responsible for its management. The Ghanaian Ministry of Health plays a fundamental role in the project, by making available, through the public Ghana Health Service Agency, the facilities involved, the technical healthcare personnel, medicines, and any other additional support required.
The Christian Health Association of Ghana (CHAG) will be involved as the Executing Agency of the Ministry and also as a party of great importance as regards obstetric and neonatal emergencies in the Ellembele district.
Among the project's scientific partners, the Bambino Gesù Paediatric Hospital will provide technical support in matters related to specialist training for medical, surgical and nursing personnel.

Duration and costs

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

Activities carried out in 2013

The first activities of note in 2013 include the opening and organization of the project headquarters at Sekondi-Takoradi and the recruitment of human resources.
Visits were organized to the communities and sites where construction is planned for the new Community-Based Health Planning and Services (CHPS) Compounds. The visits were conducted by the Eni Foundation team along with representatives of local authorities and representatives of the Ghana Health Service. The aim of these visits is to:

- confirm the health needs of the communities where the CHPS will be built, also allowing the engineers to make technical assessments of the sites designated for construction;
- share planned interventions with representatives from the communities in order to obtain the donation and availability of the land parcels through donation letters signed by the village heads;
- detect via satellite the exact location of the future CHPS in order to map project sites.

The Hospital of St. Martin de Porres in Eikwe, Ellembele district, was donated a 4WD land cruiser with which to start providing, from the hospital, prevention and basic healthcare activities as well as health information, education and communications to the communities of the underserved villages within their own user pool.

As regards the activities to be carried out with the GHS, in cooperation with the local authorities, the necessary technical documentation has been developed (designs and technical specifications of buildings, hospital furnishings and equipment) for the preparation of technical specifications for the health centres to be built or renovated. These works will be commissioned through a selection procedure with some of the non-governmental organizations in Ghana.

Agreements have been signed with the public administrations of Ellembele and Jomoro (District Assemblies) for the construction of a CHPS Compound, and with the Hospital of St. Martin de Porres in Ellembele district for the construction of a new area dedicated to pre-natal care services. The three agreements include the simultaneous realization of Information, Education and Communication (IEC) activities as part of mother and child care for their respective user pools of over 20 communities and 36 schools of various levels by the Hospital of St. Martin de Porres. All the facilities will be provided with a treated water supply through artesian wells, electrically powered reservoir water, connections to the electric mains and medical equipment according to the standards of local health authorities, and they will receive a final certification of conformity from the Ghana Health Service.

The agreement between Eni Foundation and the District of Ellembele was signed on 20 August 2013 and the community chosen to host the first building was Nyamebekyere, in accordance with the priority list supplied by the Regional Office of the Ghana Health Service. The worksite was opened in November 2013, and the work is expected to be completed by May 2014. At the end of 2013, 21% of the works planned had been completed. The agreement with the Jomoro district administration was signed on 21 August 2013 and the community involved was Jaway Wharf, likewise in accordance with the priority list issued by the Ghana Health Service. The worksite was opened on 11 November 2013, and delivery of the CHPS is scheduled by the end of April 2014. At the end of 2013, 37% of the planned works had been completed.
The agreement with the Hospital of St. Martin de Porres in Eikwe, Ellembele district, was signed on 21 August 2013. This Hospital is managed directly by the Ghanaian Christian Health Association of Ghana (CHAG), which together with the Ghana Health Service (GHS) and Eni Foundation are partners in implementing the project. The worksite was opened on 4 November and work is scheduled to conclude in May 2014. At the end of 2013, 36% of the planned works had been completed.

To provide a system for monitoring the effects on final beneficiaries, two separate surveys have been scheduled, one on starting the project (pre) and one after its conclusion (post). The conduct of

the survey, on the advice of the Regional Office of the Ghana Health Service, was assigned to the University of Cape Coast, an academic and scientific institution of indisputable reputation in Ghana, and in particular the Department of Community Medicine. The objectives of the survey are:

- the evaluation of selected bio-indicators of maternal, neo-natal and child health before exposure to the activities envisaged within the communities identified where the CHPS compounds are to be built, both in the Jomoro district and in Ellembele.
- the evaluation of certain key elements in terms of awareness, knowledge, attitude and practice (AKAP) of the women of reproductive age residing in selected communities regarding the topics of childhood and maternal health and access to health services.

In November 2013 the Community Medicine Department conducted the awareness surveys in the areas where the communities involved live.

In the Ellembele district, the sites where the survey was carried out were Sanzule, Adubrim, Nyamebekyere and Asomase, which include 18 other smaller communities, still using the same health care facilities, for a total of 13,431 people. For the Jomoro district, the communities concerned were Fawoman, New Ankasa, Tweakor II and Jaway Wharf which include 23 other small communities for a total of 15,889 residents.
Thus out of a cumulative total of almost 30 thousand residents, the sample selected for the survey was 250 households, divided into 100 for Ellembele and 150 for Jomoro, distributed proportionally depending on the number of inhabitants for each site where a CHPS will be built. For the trial of the questionnaires a pilot study was conducted with the Kwapro community in the Cape Coast area, during which the 3 questionnaires in English were successfully tested with mixed groups of men and women interviewers. The three questionnaires were targeted at and designed for different types of interviewees: a family group as a whole but with more attention on the head of the family; for mothers and women of reproductive age (15-49 years); and the last addressed to the mother of children under 5 years of age.
In addition to the questionnaires, for children under 5 years old, a quick test was proposed to detect the prevalence of malaria among the groups and a MUAC measurement (Middle-Upper-Arm Circumference) to identify the rate of severe/moderate malnutrition for the sample.

In order to correctly locate households, often resident in geographical areas with no stable reference points, the use of satellite mapping for all the homes involved in the survey was promoted to enable them to be located again in the future and when the final survey is carried out at the end of the project.
The indicators selected at design stage of the survey design were identified from among those most representative of the real situation in terms of women's and children's health in the various districts. The list of key indicators for children includes:

- vaccination coverage for DPT3 (diphtheria-tetanus-pertussis);
- prevalence of diarrhoeal diseases and use of rehydration salts among children under five years old;
- distribution of extra doses of vitamin A among children under 5 years old;
- prevalence of malnutrition (severe/moderate);
- exclusive maternal breastfeeding up to sixth months and type of nutrition used in weaning;
- prevalence of malaria among children under 5 years and use of artemisinin-based combination treatment (ACT);
- prevalence of acute respiratory tract infection and the treatment of choice.

For monitoring of maternal health:

- number of pre-natal visits (at least 4);
- presence of qualified medical personnel at delivery;
- childbirth in protected structures;
- post-natal health care (where/when/by whom);
- appropriate use of contraceptives and their diffusion (prevalence).

To make best use of the presence of the interviewers at the homes of the families involved, the characteristics of the homes were also recorded (availability of drinking water, type of sanitation, construction material of floors and roof, supply of electricity and any consumption goods) and the availability of impregnated mosquito nets and their use.

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 old	90
- 0-12 months old	63
- neonatal	30
% of underweight births (2006-2010)	**16.9**
% of underweight children 0-5 years old (moderate and severe 2006-2010)	**14.9**
% of children 0-5 years old with stunted growth (moderate and severe 2006-2010)	**42.6**
Maternal mortality rate (per 100,000 live births - 2006-2010)	**410**
Lifetime risk of maternal death (2008)	**1 in 43**
Per capita GNP (US $)	**510**
Health care expenditure	
- as a % of gross domestic product (2010) Source: WHO	6.6
- as a % of total health expenditure coming from external sources (2010) Source: WHO	7.7

Source: UNICEF 2012

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

Intervention Areas

Mozambique is situated in the south-eastern part of the African continent. The country is divided into 10 provinces. Cabo Delgado is the northernmost province of the country, and is also the site of some critical healthcare indicators. Located in the north-east area, on the border with Tanzania, it has a total population estimated at around 1,700,000 inhabitants. The distribution of different age groups shows a high proportion of the younger population: 46% of the population are below the age of 15, of whom 17% are below the age of five. Malaria, diarrhoea, pneumonia, malnutrition, HIV, and tuberculosis are the major causes of child morbidity and mortality. Maternal mortality is high. HIV seropositivity is increasing. Leprosy, filariasis and schistosomiasis are among the neglected diseases to be taken note of. The lack of financial and human resources in particular is by far the biggest obstacle to development in the health sector and constitutes a major barrier to achieving the Millennium Development Goals (MDG): with less than 3 doctors and

21 nurses per 100,000 residents, the country has one of the lowest densities of health professionals in the world.
The province of Cabo Delgado, shown in Figure 1, is divided into 17 districts; its capital is the city of Pemba.

Health activities in the province are characterized by averages below the national levels due to the extreme scarcity of financial and human resources and lack of technical capacity in the clinical area and in terms of management and administration. This explains the low rates of coverage of maternal health services.

The specific context for the project is the District of Palma, a coastal area that faces the Indian Ocean. The population is made up of slightly less than 60,000 inhabitants, half of whom are concentrated in the city of Pemba, while the remainder is scattered over the territory. The communications and transport network is very poor. The main economic activity is fishing. The healthcare network in the Palma district consists of 6 health centres: Palma, Pundanhar, Quionga, Olumbe, Maganja and Mute with a total of 54 beds and 49 health workers, only a third of whom are qualified (Table 2). The Palma health centre is the main facility targetted by the initiative, which aims to transform the facility into a district hospital. It consists of 42 beds distributed across the departments of medicine, maternity and paediatrics. The laboratory is equipped with limited instruments and equipment; it has no radiology unit. The district has no service available for obstetric and neonatal emergencies.

The direct beneficiaries of the initiative are pregnant women and infants in the district of Palma (about 3,000). The initiative will also benefit healthcare staff in the Department of obstetrics, gynaecology and neonatology of the relevant Health Centre (just over 50 people) and the staff of the 6 Health Centres (about 20 people) in charge of providing the emergency obstetrics service. The indirect beneficiaries are all inhabitants of the district of Palma, who will be able to use the improved healthcare services (about 52,000 people).

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.

The expected results are:
- Improvement of hospital services of the district Health Centre of Palma and in particular the obstetric/neonatal and paediatric emergencies.
- Strengthening of the diagnostic support services (radiology, ultrasound and laboratory services).
- Increased access and improved quality of care for high-risk pregnancies.
- Improvement in the organizational capacity of those managing the Palma Health Centre.
- Improvement in the organizational capacity of the Palma District Health Office in terms of managing the remote system of Primary Health Care services.

Activity
Improve access to and the quality of comprehensive obstetric and neonatal services (C-EmONC) at the Health Centre of Palma, through:
- Construction and commissioning of a fully equipped operating block at the Palma District Health Centre, capable of responding to all types of obstetric emergencies, including those that require surgical intervention.
- Acquisition and supply of radiological, laboratory and ultrasound equipment
- Construction of accommodation for expectant mothers (Casa de Espera). As the only facility capable of delivering these services, the new operating block will be flanked by a house for pregnant women waiting to give birth who come from remote areas with a high obstetric risk.
- Strengthening of clinical and management capabilities. To ensure the effectiveness and continuity of care services, the project will work to improve technical and organizational quality in the Health Centre, through the provision of materials and diagnostic equipment and training of local medical, nursing, technical and administrative personnel.
- Development of institutional capacity: the project will also support the district's Public Health Office, in particular with regard to the monitoring and supervision of maternal, neonatal and child services provided by remote healthcare facilities and the setting up of a reference system.

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

Duration and costs
The project has duration of 18 months. The total cost of project execution is estimated at 2.5 million Euro.

Activities carried out in 2013

During 2013, preliminary feasibility studies were completed and a Memorandum of Understanding was signed with MISAU for the implementation of the initiative.

The project activities started in June:

- Two structures were renovated to encourage the on-the-spot presence of health professionals at the Health Centre of Palma. At the end of the project these will be used as Casa de Espera (see below).

- The water supply system has been completely restored (61m well and electromechanical immersion pump 55m deep) as well as the water system of the Palma hospital, which has not worked for years, and the local staff required for preventive maintenance of the system have been trained.

- The electrical plant for the water supply system has been completely renewed and equipped with a grounding system to protect it from lightning.

- The design has been completed for the construction of an operating block, which by the end of the project will deliver comprehensive surgical and obstetric services (C-EmONC). Work started in November 2013.

- The operational design is complete and contracts are being defined for the construction and furnishing of a "Casa de Maes Espera" to accommodate women about to give birth with possible complications in the health facility.

In strictly medical terms, the technical assistance to the Health Centre of Palma took the form, in this first phase, of specialist medical support and professional on-the-job training from expatriate paediatricians and gynaecological obstetricians being offered to the local staff. In order to improve the quality of paediatric care at the Palma Centre, the outpatient activities and department have been regularly supervised, with case discussions and oversight of clinical documentation. The support activities of the obstetric specialists have been geared to improving the clinical management of pregnant women, support for delivery and newborn care and the prevention of hospital infections.

In addition, training courses were organized on emergencies involving bleeding during pregnancy and post-partum, sepsis and prenatal infections, for the benefit of 34 health practitioners at the Health Centre and remote Centres.

The purchase of a 4WD vehicle has enabled the team to support the implementation of activities by mobile clinics within the district. Twenty trips were made to remote villages to enable the activities of the outlying centres to be supervised and the number of children and pregnant women vaccinated to be increased.

The Organization has also supported the national campaign against neglected diseases (filariasis, schistosomiasis and helminthiasis) allowing the distribution of specific drugs such as invermectin, praziquantel and albendazole to more than 20,000 people at risk.

The healthcare network in the Palma district consists of 6 health centres: Palma, Pundanhar, Quionga, Olumbe, Maganja and Mute with a total of 22 beds and 69 health professionals, only a third of whom are qualified.

Overview of the health network of the District of Palma

Health Centre	Distance in km of CDS from Palma	Reference population	Human resources for health service
Palma	-	22,404	42
Olumbe	47	13,609	2
Quionga	25	5,835	2
Maganja	38	2,931	1
Pundanhar	55	3,734	1
Mute	28	3,262	1
Total		**51,784**	**49**

The health centre of Palma is the main facility targeted by the initiative, which aims to transform it into a district hospital. It consists of 42 beds distributed across the departments of medicine, maternity and paediatrics. The laboratory is equipped with limited instruments and equipment; it has no radiology unit.

Health Centre of Palma year 2011: epidemiological surveys

	Patients	Deaths	Fatality rate (%)
In-patient episodes	2,680	72	2.7
Diarrhoea	59	1	1.7
Malaria	451	10	2.2
Pneumonia	76	3	4.1
Malnutrition	14	2	16.7
Anaemia	69	2	2.9
Tuberculosis	12	2	16.6
HIV/Aids	135	6	4.4
Other	534	9	1.6
Paediatric in-patient episodes	445	13	2.9
Outpatient visits	47,633		

There is no service available in the district at the moment for emergency obstetric and neonatal patients.

Health Centre of Palma year 2013, Maternity department

	Number of events	percent
In-patient episodes	1,131	-
Deliveries	867	-
Births	867	-
Infant deaths	26	2.9
Maternal deaths	2[a]	-
HIV+ Mothers	39	4.2
Low birth weight	83	8.8

(a) Maternal mortality corresponds to 213 per 100,000 live births.

The training activities at the initial stage of the initiative have been coordinated so as to contribute to the reorganization of the departments and allow the integration of continuous training to support operators during ongoing activities with genuine refresher courses.

Type	Trained personnel	Number of women part.	Hours
1 training course "obstetric emergencies" on "bleeding in pregnancy and post-partum"	**21 health professionals** (13 from the Health Centre of Palma and 8 from the Remote Health Units)	7	8 hours
1 training course on "puerperal sepsis"	11 health professionals from the Health Centre of Palma	3	4 hours
On-the-job training in paediatrics (paediatric patient and newborn care, respiratory emergencies)	**17 health professionals** from the Health Centre of Palma	4	15 hours per week
On-the-job training in obstetrics (childbirth and newborn care, spontaneous and internal miscarriage and antibiotic therapies)	**14 health professionals** from the Health Centre of Palma	4	30 hours per week

Expenditure summary 2013

The financial statements at the year end, 31 December 2013, showed a total expenditure of €2,184,253 (including interest earned on the bank account, gains on exchange rate differences and adjustments of charges), including in particular:

- €1,748,063 for costs related to characteristic Foundation activities;
- €661,098 for management costs;
- €17,061 for taxes;

The costs for the realization of the health projects in Ghana and Mozambique amounted to €1,311,031 and relate to:

- the project in Mozambique for €730,979 for expenses relating to the construction of the new surgical block at the Health Centre of Palma (province of Cabo Delgado), on-the-job training for health personnel and project operating costs;
- the project in Ghana for €580,052 for expenses relating to the realization of the new 2 community Health Centres, a prenatal department in the hospital, purchase of vehicles and the operating costs of the project.

Donations to non-profit third parties amounted to €16,300.

Operating costs amounted to €661,098 and primarily relate to:

- costs of seconded personnel (€236,800);
- services provided by Eni SpA under the services contract (€191,952);
- services provided by Statutory Bodies (€229,025).

Taxes totalled €17,061.

Breakdown of 2007-2013 expenditure

Since it became operational in 2007, Eni Foundation has spent a total of €28,327,253. Of this expenditure, €22,982,063 relates to costs incurred for the Foundation's typical activities, such as project initiatives promoted in the countries in which it operates and, to a far lesser extent, donations.
The remainder of the overall expenditure, €5,730,000, relates to general support costs, which were incurred to allow the Foundation itself to operate (primarily costs related to seconded personnel, services provided to Eni Foundation by Eni SpA and Eni Adfin SpA, as well as services from Statutory Bodies).

Financial statements for the year 2013

Statements

Balance Sheet

	ASSETS (euro)	Note	31.12.2012	31.12.2013
A	RECEIVABLES FROM ASSOCIATES FOR PAYMENT OF DUES			
B	FIXED ASSETS			
I	*Intangible fixed assets*			
II	*Tangible fixed assets*	1	0	0
III	*Financial fixed assets*			
C	CURRENT ASSETS			
I	*Inventories*			
II	*Receivables*			
	Receivables from founding member			
	Tax receivables	2	24.878	11.749
			24.878	**11.749**
III	*Financial assets (other than fixed assets)*			
IV	*Cash and cash equivalents*			
	Bank and postal deposits	3	67.602	5.867.905
			67.602	**5.867.905**
D	ACCRUALS AND DEFERRALS			
	TOTAL ASSETS		**92.480**	**5.879.654**

	LIABILITIES AND NET EQUITY (euro)	Note	31.12.2012	31.12.2013
A	NET EQUITY			
I	*Unrestricted equity*	4		
	Operating fund (Article 6 of the Memorandum of Association)		23.000.000	33.000.000
	Operating result from previous financial years		(21.494.170)	(26.143.379)
	Operating result from current financial year		(4.649.209)	(2.184.253)
II	*Endowment fund*	5	110.000	110.000
			(3.033.379)	**4.782.368**
B	PROVISIONS FOR RISKS AND CHARGES			
C	EMPLOYEE SEVERANCE INDEMNITY			
D	PAYABLES	6	2.350.281	624.228
	Payables to suppliers	7	722.603	364.372
	Payables to Founder			
	Tax payables			
	Payables to pension funds and social security agencies	8	52.975	108.686
	Other payables			
	Payables to Ministry of Economy and Finance		**3.125.859**	**1.097.286**
E	ACCRUALS AND DEFERRALS			
	TOTAL LIABILITIES AND NET EQUITY		**92.480**	**5.879.654**
F	MEMORANDUM ACCOUNTS			
	Goods held by third parties			

Income Statement

INCOME (euro)	Note	2012	2013
Income from typical activities			
Income from secondary activities			
Other operating income			
Financial income and capital gains			
Financial income from bank deposits	9	14.897	543
Other financial income	10		241.474
TOTAL INCOME		**14.897**	**242.017**

EXPENSES (euro)	Note	2012	2013
Expenses for typical activities			
Purchases	11	598.361	368.709
Services	12	3.436.413	1.348.318
Lease and rental expenses	13	107.620	10.486
Other operating expenses	14	11.050	20.550
		4.153.443	**1.748.063**
Financial expenses and capital losses			
Financial expenses on bank deposits			48
Other financial expenses	15	48.768	
General support expenses			
Services	16	440.746	659.915
Lease and rental expenses			
Depreciation and amortization			
Other expenses	17	1.497	1.183
		442.243	**661.098**
TOTAL EXPENSES		**4.644.454**	**2.409.209**
RESULT BEFORE TAX		**(4.629.557)**	**(2.167.192)**
INCOME TAX	18		
Taxes from previous financial years	19	9.927	796
Taxes for the current financial year		(29.579)	(17.857)
TOTAL INCOME TAX FOR FINANCIAL YEAR		**(19.652)**	**(17.061)**
OPERATING RESULT		**(4.649.209)**	**(2.184.253)**

Explanatory Notes to the financial statements as at December 31, 2013

Composition criteria

The Foundation's financial statements for the year ended December 31, 2013 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 the preparation of the organization's annual financial statements when 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 requirements of non-profit organizations. In this respect, it was decided to adopt the template proposed in Recommendation No. 1 (July 2002) of the Italian Council of Certified Chartered Accountants.

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

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

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

Auditing of financial statements

The financial statement entries 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).

Valuation criteria

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

Balance Sheet

The following valuation criteria were adopted for the balance sheet entries:

- Tangible fixed assets: recorded at their normal value;
- Payables: entered at their nominal value.

Income statement

The following accounting principles were adopted in evaluating the income statement entries:

- Income and expenses: allocated according to the accruals concept and in compliance with the principle of prudence.

Tax aspects

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

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

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

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

Employment information

The Foundation does not have any permanent employees.

Notes to financial statement entries and other information

Balance Sheet

Balance Sheet Fixed Assets

1) TANGIBLE FIXED ASSETS

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

Current assets

2) TAX RECEIVABLES

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

3) CASH AND CASH EQUIVALENTS

Cash and cash equivalents amount to €5,867,905 and consist entirely of deposits at the BNL Gruppo BNP Paribas account 451 - Eni Rome branch.

Net equity

4) UNRESTRICTED EQUITY

The unrestricted equity consists of the following:

- the operating fund, as per Article 6 of the Foundation's Memorandum of Association, currently amounting to €33,000,000;
- the negative operating result for the previous financial years amounting to €26,143,380;
- the negative operating result for the current financial year amounting to €2,184,253.

5) ENDOWMENT FUND

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

Payables

6) PAYABLES TO SUPPLIERS

Payables to suppliers amount to €624,228, including:
€325,502 to Eni Ghana Exploration & Production;
€167,979 to Eni SpA Mozambique;
€42,941 to Eni International Resources Ltd;
€29,534 to St. Martin de Porres Hospital;
€20,591 to Eni Congo;
€15,854 to the Jomoro District Assembly;
€13,258 to University of Cape Coast;
€10,509 to Ellembele District Assembly

These relate to services provided within the scope of the related contracts and are partially offset by adjustment credits for the administrative service carried out in the first five months of the year by Eni Adfin (incorporated into Eni on June 1, 2013).

7) PAYABLES TO FOUNDER

Liabilities to Eni amounting to €364,372 include payables relating to seconded personnel and the services contract.

8) OTHER PAYABLES

Other payables amount to €108,687 and essentially relate to allocations for the remuneration of the members of the Corporate Bodies.

Income Statement

Financial income and capital gains

9) FINANCIAL INCOME FROM BANK DEPOSITS

The financial income amounting to €543 consists of the interest earned on the bank deposit at the bank BNL, BNP Paribas Group.

10) OTHER FINANCIAL INCOME

Other financial income of €241,474 consists of the exchange difference on invoices in USD from Eni Angola for €15,278 and an accounting adjustment due to the cancellation of appropriations recorded in 2012 for a total of €226,196.

Expenses for typical activities

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

11) PURCHASES

Purchases amounted to €368,709 and relate to purchases of materials and equipment for the health centres and operational bases for the projects implemented by Eni Foundation in Ghana and Mozambique, made essentially by Eni Ghana Exploration & Production and Eni Mozambique on the basis of service contracts signed with the Foundation:

- €253,223 for the Mozambique project;
- €115,486 for the Ghana project;

12) SERVICES

These amount to €1,348,318 and relate to the expenses incurred for the projects referred to in the previous note, for restructuring and equipping health centres; medical and technical services rendered by specialist personnel; research and support for health activities, training and awareness-raising activities, including:

- €474,044 for the Mozambique project;
- €453,543 for the Ghana project;
- €420,731 for the Bambino Gesù project.

13) LEASE AND RENTAL EXPENSES

These amount to €10,486 and include rental of vehicles for activities carried out in Ghana.

14) OTHER OPERATING EXPENSES

Amounting to €16,300, these include donations made to non-profit organizations.

Financial expenses and capital losses

15) FINANCE CHARGES ON BANK ACCOUNTS

These amounted to €48 and are liabilities for interest on the bank account.

General support expenses

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

16) SERVICES

Amounting to €659,915, these include:

- services provided by seconded personnel for €236,800;
- services rendered by Eni SpA under the services contract for €191,952;
- services rendered by members of the Governing Bodies for €229,025;
- banking services for €1,497
- other services €641.

17) OTHER EXPENSES

Amounting to €1,183, these primarily include other fiscal charges.

Income taxes

18) TAXES FROM PREVIOUS FINANCIAL YEARS

The amount of €796 relates to recovery of an IRAP quota from previous years.

19) TAXES FOR CURRENT FINANCIAL YEAR

Amounting to €17,857, these essentially consist of the allocation of the Regional Tax on Productive Activities (IRAP) for the financial year 2013.

The operating result as of December 31, 2013, amounts to a loss of €2,184,253.

Report of the Board of Internal Auditors on the financial statements as at 31 december 2013

Dear Chairman and Members of the Board

During the course of the financial year ending December 31, 2013, we have carried out our control activities as required by law, also by taking into account the principles of conduct recommended by the Italian National Council of Chartered Accountants and Accounting Experts, when ensuring compliance with the law and the Memorandum of Association.

With regard to activities carried out during the course of the 2013 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 required information regarding the activities carried out, and regarding those operations of greatest economic and financial importance, also in terms of their impact on company assets, which have been approved and implemented throughout the course of the year; and which are fully represented in the Directors' Report on Operations which refers to them. Based on the information made available to us, we may reasonably assure that the transactions carried out by the Institution are in accordance with the law and the Memorandum of Association, and are not manifestly imprudent, risky or contrary to decisions taken by the Board or such that they compromise the integrity of company assets;
- we have acquired knowledge and ensured, to the best of our ability, through meetings held at least once every three months, the adequacy of the Institution's organizational structure, of the internal control system, of the administrative accounting system, and its reliability as regards the correct presentation of operational events.

During the year the single member Supervisory Body constituted under Italian Legislative Decree 231/2001 has regularly issued six-monthly reports on 19 September 2013 and 18 December 2013. No violations of the Model or facts worthy of note have emerged from the reports.

On 12 December 2013 the Secretary General approved the new document "Sensitive activities and specific control standards" which includes the offences introduced in November 2012 concerning corruption involving private individuals and environmental crimes.

On 18 December 2013 the new Supervisory Body was appointed in the person of Dr. Antonella Frigoli.

Although not one of the entities required to adopt the regulations issued by ENI in its Management System Guidelines for itself and its subsidiaries, the Foundation considers it appropriate to adopt this system with the necessary adaptations. The Board of Directors therefore regularly resolves to adopt the documents issued from time to time by ENI.

In the course of our monitoring activities, as described above, we have verified that no complaint has been lodged in accordance with Article 2408 of the Italian Civil Code, as well as that no atypical and/or unusual transactions with related and/or third parties, exposures, omissions or censurable events have emerged for disclosure or mention within this report.

The Board of Auditors hereby notes that the loss for the year is largely determined by expenses incurred for costs and services inherent in typical activities, and equal to €2,184,000; these were primarily incurred in favour of healthcare projects in Ghana (€580,000) and in Mozambique (€730,000). Costs for services and general support expenses were equal to €661,000.

With regard to the financial statements closed on December 31, 2013, we have monitored aspects and formalities unrelated to the statutory audit of the accounts, their formulation and general conformity with the law with regard to formation and structure; we have been able in particular to ascertain that the report has been drawn up in accordance with statutory provisions regarding the application of international accounting principles.

We have verified compliance with standards pertaining to the preparation of operational reports.

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

The Board of Internal Auditors, for the areas falling under its competence, having duly noted the results of the financial statements for the year ending December 31, 2013, and having taken into account the observations contained in the present report, has no objection to approval of the financial statement which records a loss of €2,184,253 and the proposed resolution as presented by the Board of Directors.

The Board of Internal Auditors

Dr. Francesco Schiavone Panni
Chairman

Dr. Anna Gervasoni

Dr. Pier Paolo Sganga

The 2013 edition of the Eni Foundation Annual Report was prepared by Filippo Uberti, Stefano Cianca and Barbara Fiorelli,
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