



foundation

ANNUAL REPORT 2008

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Letter from the Chairman

In 2008 Eni Foundation confirmed the strength and quality of its commitment to implementing the principles of solidarity and protection of the fundamental rights of individuals, which are at the heart of its mission.

With the aim of consolidating its distinctive approach, the Foundation has continued to place the wellbeing of children at the center of its activities, with particular focus on health, as this is a key factor for the future of every community.

In this context, it is currently tackling a number of projects in the Republic of Congo and Angola, following criteria of efficiency, clarity of objectives, measurability of results, managerial control and with the support of scientific partners.

These are wide-ranging initiatives that address specific serious issues. They have been designed to develop in an autonomous manner to become a point of reference for the beneficiary populations, generating long-term benefits.

In line with the values that have always inspired its Founder, Eni Foundation is committed to become a reliable partner in different contexts, capable of promoting collaboration and transferring competences and therefore building respect and trust over time.

Paolo Scaroni

Profile of Eni Foundation

Established at the end of 2006 with the objective of strengthening and improving Eni's capacity to provide coherent and effective answers to the expectations of civil society, Eni Foundation addresses issues concerning the protection of fundamental human rights: survival, social development, security and education. In this respect, the Foundation focuses its attention on children and the elderly, two groups that are particularly fragile and vulnerable and, therefore, in need of assistance and support.

In line with the core values that have always distinguished Eni's conduct, the mission of Eni Foundation is "...to promote the protection of the rights of children and the elderly by carrying out solidarity initiatives aimed at encouraging their overall wellbeing".

Organizational structure

The structure of Eni Foundation consists of the following bodies:

Board of Directors

Chairman Paolo Scaroni

Deputy Chairman Raffaella Leone

Directors

Angelo Caridi

Claudio Descalzi

Domenico Dispenza

Stefano Lucchini

Secretary General

Vincenzo Boffi

Scientific Committee

Pier Carlo Muzzio

Manuel Castello

Alessandro Lesma

Internal Auditors

Chairman Luigi Schiavello

Giuseppe Morrone

Pier Paolo Sganga

Human Resources

For its operations, Eni Foundation draws on the skills and know-how of Eni, with which it signed a contract for services and defined the full-time assignment of corporate personnel for the management of the Foundation's activities.

Operational approach

Eni Foundation is an operational corporate foundation: in order to achieve its objectives, it adopts a proactive approach, focusing its activity on initiatives that it plans and carries out autonomously.

All of Eni Foundation's projects are inspired by the following principles:

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

The main activity of the Foundation consists in implementing initiatives aimed at meeting the specific needs of children and the elderly. As a corporate foundation, it adopts criteria of efficiency that are those of business, in terms of:

- clarity of objectives and contents;
- management control;
- self-sustainability;
- measurability of expected results in the short and long term;
- replicability of the interventions in different contexts and environments.

Still within the limits of its status as a non-profit organization, Eni Foundation draws on the set of

experiences and know-how acquired by its founder Eni in widely different social and cultural environments.

With the belief that in some cases, complex problems require an integrated approach, the Foundation is also

open, during both the planning and implementation phases, to collaborations and partnerships with other organizations (non-governmental associations, humanitarian agencies, local institutions and governmental bodies) of proven experience and competence.



A young girl with dark skin and short hair is looking directly at the camera. She is holding a baby in a pink cloth. In the background, there is a blue and white striped tent.

Operational Report

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Summary of the ongoing projects

In 2008, Eni Foundation continued to focus its efforts to protect child health through far-reaching initiatives, characterized by a strong structural component and addressing highly critical issues, such as endemic diseases, vaccine preventable pathologies, malnutrition and HIV transmission.

Beyond their specific health-related content, these projects are based on a common approach and include, in addition to a strictly clinical component, other aspects that are essential for their long term sustainability, such as the strengthening and operational improvement of the available facilities and intensive training programs for local healthcare personnel.

A significant example is the Salissa Mwana project, started at the end of 2007 in the Republic of Congo, in cooperation with the local Ministry of Health, Social Affairs and Family and with the NGO *Fondation Congo Assistance* (FCA).

Salissa Mwana means "Let's protect children".

The name itself defines very clearly the objectives and contents of the initiative, which focuses on the promotion of effective measures of primary prevention (immunization programs against the main diseases and epidemiology screening) with the objective of improving health assistance for children living in remote rural communities.

The project is being implemented in the regions of Kouilou and Niari, in the southwest, and in Cuvette, in the north, and will involve a total of 200 thousand children, between the ages of 0 and 5, equal to almost 30% of the Country's infant population.

The initiative also includes infrastructural components, such as the strengthening of the operational capacity of the primary health centers and the improvement of the levels of skill of local healthcare personnel, and it relies on the scientific support of the Department of Pediatrics of the University of "La Sapienza" in Rome. During the year, the project has already achieved significant results in terms of clinical activities, training programs as well as promotion of awareness among the beneficiary communities.



Children's Health

In 2007, 9.2 million children died before the age of 5 (9.7 in 2006): almost half of them lived in Sub-Saharan Africa and almost one third in Southern Asia. The most significant results in the reduction of infant mortality rates were reported in Latin America, East-Central Europe, East Asia.

Globally, the infant mortality rate has been in constant decline between 1990 and 2007, from 93 to 68 per 1,000 live births. The fourth *Millennium Development Goal* (MDG 4) – 31 per 1,000 live births – has already been reached by 60% of the Countries and today 130 Countries are considered to be on track to achieve it.

Although this data is encouraging on the whole, the incidence of infant mortality remains closely related to poverty in less developed Countries, as well as in the most disadvantaged social groups of wealthier Countries, with the highest rates found in rural areas.

In regions characterized by high levels of poverty, poor health systems and inadequate basic infrastructure (drinking water supply, sanitation facilities), many children die due to a disease or a series of diseases that are normally preventable or treatable and almost always associated with malnutrition.

In the developing Countries, about 150 million children suffer from malnutrition and severe mineral and vitamin deficiencies, in particular vitamin A. Malnutrition is directly responsible for over one third, and in some Countries for half, of infant deaths. The risk of death is 2 to 5 times higher for underweight children who are also more prone in their adult life to pathologies such as diabetes and cardio-vascular diseases.

It has been estimated that two thirds of infant deaths are due to preventable causes. According to UNICEF, one million children could be saved each year with 1 billion US dollars invested in preventive care and with fairly simple, but effective, treatments: vaccinations, antibiotics, addition of micronutrients to food, treated mosquito nets, oral re-hydration against dysentery and intestinal infections.

A similar initiative in favor of children was planned in Angola and consists of a health-nutrition program to be implemented in the city of Luanda, where 10 million people live as a result of the civil war; most of whom coming from rural areas but now permanently settled there.

The main objective of the project is to reduce the incidence of vaccine-preventable diseases and the extent of malnutrition among mothers and children through the development of a healthcare system providing first and second level services. The intervention program includes vaccination campaigns, nutritional education and the monitoring of the main infant diseases, as well as the strengthening of healthcare services.

The objectives and contents of the project were approved and shared by the Angolan Ministry of Health, with which Eni Foundation signed a protocol of intent. On the basis of the agreement, the project will start with a two-year pilot phase in one of the Capital's 9 Municipalities.

In 2008, Eni Foundation also planned a project for the prevention of the transmission of HIV/AIDS from mother to child, to be implemented in the Republic of Congo, with the view to taking action against one of the most critical issues affecting child health.

This important mother-child initiative represents the development of a program, which was carried out in 2005-2008 by Eni in the city of Pointe Noire and recently integrated into the National health system of the Country.

The project uses the public pre-natal health centers where pregnant women are offered a number of services: prevention counseling, voluntary anonymous and free HIV testing and, in case of a positive result, assistance to mother and child couples in the first 4 weeks after birth. In the first phase, the application of the prevention protocol to HIV-positive pregnant women and to their newborns has reduced the transmission rate by more than 10 times.

In the development phase, which will last 4 years, Eni Foundation will extend prevention activities to new areas of the Country and to other diseases. The clinical aspects of the projects will be carried out by the Clinic for Infectious Diseases of the University of Genoa, which has already managed the first phase of the project. For the implementation of the initiative, Eni Foundation signed a Partnership Agreement with the Country's health authorities, the Ministry of Health and the National Council to Fight AIDS.

Finally, in 2008, Eni Foundation established a collaboration with Smile Train Italia, a humanitarian organization dedicated to the surgical treatment and rehabilitation of children affected by cleft lip and palate, a severe

AIDS and children

In 2007, some 33 million people were infected with HIV; of these, 2.5 million were children and adolescents under the age of 15, with 90% of them concentrated in Sub-Saharan Africa. In this age group the number of HIV-positive people increased from 1.6 to 2-2.5 million between 2001 and 2007, with the age when children become infected progressively falling. Each year, about 0.4 million of the newly registered cases of HIV, are children under the age of 15.

As a result of AIDS-related pathologies, 2 million people died in 2007. Pediatric AIDS deaths were more than 0.3 million, concentrated in areas with limited access to medical care.

A particularly critical aspect is represented by the huge number of children who have been orphaned by the pandemic: in 2007, 15 million children worldwide lost one or both parents to AIDS, 78% of them in Sub-Saharan Africa.

Mother-to-child transmission is the main cause of HIV infection among the infant population: over 90% of the registered cases occur in babies born to HIV-positive women.

Children can acquire the virus during pregnancy, birth or later, through breastfeeding, but in most cases, at the time of birth. In this respect, the use of anti-retroviral drugs, as part of the PMTCT (*Preventive Mother to Child Transmission*) international protocol, and the promotion of other aspects of reproductive health, may significantly improve the survival rate of children born to HIV-positive mothers.

The frequency of transmission, in the absence of antiretroviral therapy, is estimated on average at 30%, but it can reach 40%. In 2007, access to services for the prevention of vertical transmission of the virus was over 95% for pregnant HIV-positive women in industrialized Countries, but only at 18% in medium- and low-income Countries and merely 4% in Sub-Saharan Africa.



congenital malformation that often, in the poorest Countries, may also lead to neglect and social isolation. As part of this cooperation, Eni Foundation will support a Smile Train project in Indonesia. This initiative includes surgical missions, supply of medical equipment, specialization and update training courses for local surgeons, with a view to creating a center of excellence

in the surgical treatment of cleft lip and palate and promoting the Country's full autonomy in the management of facial malformations.

These are, in brief, the main activities carried out in the course of 2008, which are described in further detail in the next sections.





Republic of Congo

Country data

(2007 unless otherwise indicated)

Population (thousands)	3,768
• under 18 (thousands)	1,825
• under 5 (thousands)	595
Life expectancy at birth (years)	55
Child mortality rate (per 1,000 live births)	
• 0-5 years	125
• 0-12 months	79
• infant (2004)	30
% of infants underweight (1999/2007)	13
% of underweight children under the age of 5 (moderate or severe 2000/2007)	11
% of children under 5 suffering from stunted growth (moderate or severe 2000/2007)	26
Maternal mortality rate (per 100,000 live births)	
(2000/2007; recorded cases)	780
Lifetime risk of maternal death (2005)	1 out of 22
Per capita GNP (US \$)	1,540
Total healthcare expenditure	
• as a % of the GDP (2005)	1.9
• as a % of Government expenditure (1997/2006)	10

Source: UNICEF

“Salissa Mwana” Child Healthcare Project

The project was launched in 2007 on the basis of an agreement signed by Eni Foundation with the Ministry of Health and Fondation Congo Assistance. The project, which became fully operational in 2008 and will be completed in 2011, is currently being carried out through annual intervention plans. The initiative is compliant with WHO standards and guidelines on the prevention of major transmissible diseases. It is also in line with the Health Strategic Plan 2007-2011 (*Plan Stratégique de Développement Sanitaire 2007-2011*) and the Expanded Program on Immunization 2008-2011 (*Programme Elargi de Vaccination - PEV 2008-2011*), developed and implemented by the Ministry of Health (see box below).

Objectives

The project aims to improve healthcare for children, in the Country's remote rural areas, in collaboration with national authorities and a local partner and as part of the Congo's National Healthcare Plan. This overall objective is pursued by implementing preventive measures, as well as social mobilization and health promotion initiatives.

Moreover, the project specifically aims to:

- implement effective immunization programs to reduce the incidence of major child diseases;
- enhance the capabilities of peripheral primary healthcare facilities through their progressive rehabilitation;
- contribute to improving the skills and competences of local healthcare personnel in vaccination and prevention;
- develop awareness among the population on prevention of transmissible diseases.

Areas of intervention

In accordance with the management practices of the local healthcare system, the project is being developed at the regional level, in the remote rural districts, where there is

Child immunization in the Republic of Congo

The Republic of Congo is strongly committed to implementing child immunization programs. The Population is provided with completely cost-free vaccines: in particular, all routine vaccinations included in the Expanded Program on Immunization (*Programme Elargi de Vaccination - PEV*) are fully funded by the Government through a dedicated budget. The new vaccines, instead, are financed in partnership with *Global Alliance for Vaccines and Immunization* (GAVI), the international organization that combines public and private resources in a common effort to promote access to immunization.

Under the co-financing agreement on immunization between GAVI and each single Government, whereby Countries are subdivided into 4 groups according to their estimated ability to meet financial obligations, the Republic of Congo contributes US\$ 0.10 per dose of the first vaccine, and US\$ 0.15 per dose of the second and third ones.

In addition to the first 6 routinely recommended vaccines included in the PEV from 1982 (BCG against TB, DTC against diphtheritis/tetanus/pertussis, VAR against measles, OPV against polio), in 2004 the Ministry of Health introduced the immunization against yellow fever and in 2007 one against hepatitis (HepB). It also decided to implement an immunization program against *Haemophilus influenzae* type B (HiB), as part of a pentavalent vaccination including 5 different antigens: diphtheria, pertussis, tetanus, hepatitis B and HiB.

This preventive measure is crucial, as HiB infections have shown to be responsible for most cases of meningitis and pneumonia in children under the age of 5. In Africa, and in particular in Congo, the latter is one of the leading causes of death in the infant population. According to WHO, pneumonia accounts for approximately one fifth of the annual deaths among children under 5, and more than 20% of the reported severe cases are caused by HiB.

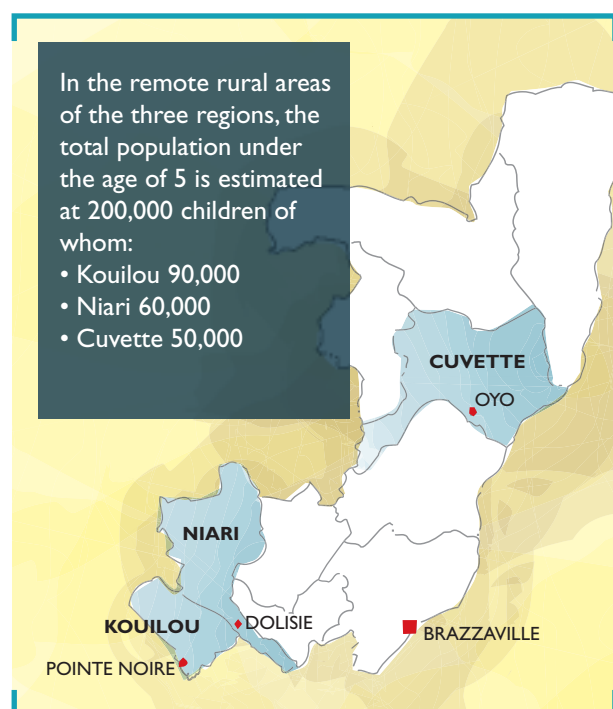
Thanks to the strategy adopted, immunization coverage in the Country is progressively increasing.

Significant differences persist, however, among regions and between urban and rural environments where the coverage rate is much lower.

This refers not only to the different types of vaccines, but above all to the correct implementation of the entire vaccine administration program that is needed to achieve immunization.

a general lack of permanent healthcare facilities and overall immunization rates are lower than the national average. The regions involved are:

- **Niari**, in the southwest, one of the Country's most populated regions (270,000 inhabitants) apart from the urban areas of Brazzaville and Pointe Noire, where the rate of immunization ranges between 60% and 80%, depending on the type of vaccination;
- **Cuvette**, in the north, with 200,000 inhabitants and an immunization rate of 48% to 65%, one of the lowest in the Country;
- **Kouilou**, in the southwest, and in particular in the areas on the outskirts of Pointe Noire, where some 300,000 people live.



Activities

To achieve the objectives, the project includes four major components.

1) REHABILITATION OF LOCAL HEALTHCARE FACILITIES

This component focuses on the upgrading of 30 Integrated Healthcare Centers (*Centres de Santé Intégrée* – CSI) identified as instrumental to the project, which are being completely restructured and fitted out to provide adequate vaccination services.

2) TRAINING

The training plan includes the selection of healthcare personnel involved in the initiative and the definition of

training areas, design of course curricula, delivery of courses (on-the-job training) and assessment of results.

3) COMMUNITY MOBILIZATION

Community education and communication focus on the promotion of vaccination programs and on the prevention of transmissible diseases. These activities are based on the proactive involvement of the population and are conducted by specifically trained personnel. In this respect, the following activities are regularly carried out:

- assessments on the degree of mothers' awareness about the importance of immunization;
- planning, organization and implementation of information and communication campaigns.

4) VACCINATION ACTIVITIES

The immunization support plan provides medical and logistic support to the national vaccination campaigns and to the *Programme Elargi de Vaccination* (PEV). Immunization is focused on the diseases included in the PEV, namely: TB, diphtheria, tetanus, pertussis, measles, poliomyelitis, yellow fever, hepatitis B, meningitis, *Haemophilus influenzae*, and pneumonia. As part of project activities, logistical support is also provided to the campaigns conducted by the Ministry of Health for the prevention of endemic pathologies such as malaria, malnutrition (through the distribution of vitamin A), and intestinal parasites (through the distribution of wide-spectrum anthelmintic drugs).

Organizational structure

The project is based on the following organizational structure:

Coordination

- A **Coordination Center** in Pointe Noire, which is responsible for:
 - coordinating the organizational, administrative and logistic aspects of the project;
 - evaluating and monitoring the implementation of activities;
- **Technical Committee** (*Comité Technique*), in charge of providing technical support to the Project Manager;
- **Monitoring Committee** (*Comité de Suivi*), responsible for monitoring and evaluating results and for planning activities.

Operational structures

■ **3 Operational Bases** in Pointe Noire (Kouilou), Dolisie (Niari) and Oyo (Cuvette), for the management and coordination of activities in the respective regions.

In particular, they are responsible for:

- directing and monitoring the rehabilitation of the selected CSIs;
- coordinating and supervising, with the support of mobile units, vaccination and health promotion activities carried out in the communities;

■ **30 CSIs**, located in the districts involved in the initiative, of which 15 in Niari, 10 in Cuvette and 5 in Kouilou; the Centers are strategic to the vaccination, education and training activities to be conducted in the remote communities;

■ **10 dedicated Healthcare Teams**;

■ **12 mobile units**, of which 9 land based and 3 water based, to ensure that remote communities are regularly visited by teams of social-health operators for the implementation of the following activities:

- strengthening the traditional child vaccination strategy (in the field, that is at the CSIs);
- conducting vaccinations directly in the communities;
- supporting the organizational and Operational capabilities of the CSIs.

Partners

Eni Foundation manages, coordinates and finances the project.

The Ministry of Health, Social Affairs and Family provides the healthcare facilities instrumental to the project, the technical and medical personnel, as well as the vaccines and essential drugs.

Fondation Congo Assistance provides human resources involved in raising awareness among the beneficiary population. It also ensures operational support in terms of human resources, with specific regard to the Healthcare Teams.

Scientific support is provided to the project by the Department of Pediatrics of the University of "La Sapienza" in Rome, with which Eni Foundation has entered into a cooperation agreement.

As the scientific partner in the project, the University ensures the presence in the project areas of physicians involved in training local healthcare personnel, conducting epidemiological screening of the child population, supervising as well as developing awareness among the families on the prevention of transmissible diseases.

For the implementation of the project, Eni Foundation also draws on the know-how of its Founder and its well-established presence in the Country, in particular the logistical support from the subsidiary Eni Congo at the local level and the medical competences and skills of Eni SpA International Medical Service.

Method of intervention

Project activities (rehabilitation of the CSIs, training, awareness building and support to vaccination programs) are planned and conducted according to a gradual method under which specific attention is paid to the integration of and interaction among the different project components in order to maximize results.

Activities in the different districts start with rehabilitating the Centers and promoting awareness at the institutional level, which is a crucial step toward the involvement of the population in the project activities.

Once the rehabilitation work has been completed, each Center is staffed by the Ministry of Health with previously trained personnel.

In the next phase, the support provided by the project aims at strengthening the Center's operating capacity with respect to the management and delivery of health services as well as to the promotion of the activities that are conducted in the surrounding remote areas.

This model, which is to be applied to all Centers involved, aims at implementing effective vaccination programs in the target areas, starting from the development of services at each single facility and in the surrounding areas, until full coverage of all districts is achieved throughout the project's life.

Cost

The overall cost of the project is estimated at 8.5 million euro. The expenditure for 2008 amounted to approximately 2.7 million euro.



Progress – Results

1) STRUCTURAL ACTIVITIES

According to the criteria adopted for the development of the project, structural activities come before training, education and support of vaccination programs. For this reason, in 2008 activities were mostly focused, in terms of both work progress and financial commitment, on rehabilitating the CSIs and setting up the Coordination Center and the Operational Bases.

a) Rehabilitation of peripheral healthcare facilities

During the year, the plan for the operational upgrading of the first 12 Integrated Health Centers, out of a total of 30, was completed: of these, 4 are in Kouilou, 5 in Niari and 3 in Cuvette.

As a result, at the end of 2008 the project's Operational capacity was greater than 30%. After identifying the target CSIs, according to the criteria defined in the feasibility study, assessments were conducted to determine the requirements in terms of structural rehabilitation, plants supply and furnishing. The operational upgrading plan included:

- complete restoration of the wall structures;
- supply of laboratory instruments and basic medical equipment;
- supply of electricity by means of photovoltaic panels, water supply system, incinerators for medical waste compliant with international standards;
- strengthening of the cold chain for the appropriate conservation of vaccines, through the supply of refrigerators and isothermal containers for transportation.

Salissa Mwana Project - Results for 2008

1 Coordination Center

- Pointe Noire

3 Operational Bases

- Pointe Noire
- Dolisie
- Oyo

12 Integrated Healthcare Centers (CSI)

- 4 in Kouilou
- 5 in Niari
- 3 in Cuvette

8 Mobile Medical Units

- 6 on land
- 2 on waterways

4 Mobile Vaccination Centers

- 3 on land
- 1 on waterways

63 People trained

- 9 physicians
- 24 nurses
- 6 obstetricians
- 24 medical technicians

VACCINATION ACTIVITIES

97	Vaccination days
120	Villages reached
21,000	Vaccinations administered
+39%	Vaccination coverage rate compared to 2007

42	Medical training and on-the-job days
44	Communities reached by mobilization campaigns and meetings with local authorities

- Operational Bases
- Healthcare Centers

POINTE
NOIRE

DOLISIE

BRAZZAVILLE

OYO

b) Establishment of the project's functional structure

The entire project's coordination structure was completed in 2008 with the construction of the Coordination Center in Pointe Noire, in charge of planning, coordinating and managing the project in general, and of the 3 Operational Bases, in Kouilou, Niari and Cuvette, which are responsible for managing and coordinating activities in the respective regions. This structure plays a key role in planning, managing and processing data of the activities that have to be carried out at the same time in 3 different regions according to a single plan and, therefore, in a consistent and integrated manner.

The Coordination Center not only coordinates the activities as a whole and the partners involved in the project, but is also responsible for financial management, procurement and reporting.

The Operational Bases coordinate the activities at the regional level. Their role is crucial, when considering the number of activities to be implemented in each region and the number of CSIs located in remote target areas.

As for the mobile units, three land mobile vaccination centers (one in each region) and six land mobile medical units are currently operational. Moreover, in the Cuvette region the project is equipped with three ambulance boats, one of which has been converted into a mobile vaccination center, to meet the needs of the Integrated Healthcare Centers that are accessible only by waterways.

In the Kouilou region, the first operational network was activated in March after the establishment of the Coordination Center and the Operational Base in Pointe Noire and after the rehabilitation of two Centers in M'Boukou and N'Kola, which provide vaccination coverage for the child population of the area (approximately 7,500 children under the age of 5). A third Center in Hinda was added in October and a fourth one in Tchitanzi at the end of the year. Clinical activities in the region started in April.

In Niari, after the Operational Base was set up in Dolisie, the first two Centers, at Louvakou and Kimongo, were rehabilitated and fitted out. Two additional Centers were then renovated at Kibangou and Divinie, and a vaccination Center was set up in Dolisie as part of the Expanded Program on Immunization (*Programme Elargi de Vaccination*). Clinical activities began in early October, after the completion of the personnel training programs carried out by Ministry of Health experts.

In the Cuvette region, the Oyo Operational Base and the first CSI (in Boukuele) were completed in September. In October, vaccination activities were launched in that region as well, after the restructuring of three Healthcare Centers (one in Ngoko and two river-based in Loukolela and Mossaka).



2) TRAINING AND COMMUNITY MOBILIZATION

Since training of CSI personnel and awareness building among the communities take place after the rehabilitation of the Centers, in 2008 both activities were carried out at the Kouilou and Niari facilities and only started at those in the Cuvette region.

A total of 42 healthcare training and on-the-job training days were organized also with the support of the Department of Pediatrics of the University of "La Sapienza" in Rome.

Training activities involved medical and paramedical personnel from the different Centers, for a total of 63 people (9 physicians, 24 nurses, 6 obstetricians, and 24 medical technicians).

Social mobilization is aimed at informing the rural population, especially the mothers, about the importance of vaccinations for child health. A critical issue for achieving this objective is a timely awareness building at the institutional level to ensure the support from local authorities.

The implementation of this project component requires, particularly in the remote areas, the presence in each district of a functioning CSI as a reference and connection point among the Operational Bases and the surrounding villages.

For this reason, in 2008 social mobilization was carried out mainly at the institutional level, while waiting for the gradual rehabilitation of the Centers and the availability of adequate means of transportation to reach the more isolated communities.

In all the three regions, *Fondation Congo Assistance*, after selecting the staff, in March started meetings at the institutional level with local authorities and village chiefs of the districts involved in the project to promote, by establishing Health Committees (*Comités de Santé*), their support for the activities of the Healthcare Centers. Overall, 44 communities were involved during the year.

3) VACCINATION ACTIVITIES

The national vaccination plan is based on a 3-tier strategy.

- Fixed-site strategy: conducted in each CSI under the supervision of the Center's director; it is often conducted through a monthly vaccination day.
- Advanced strategy: organized by the CSI, it is conducted outside the Center and among the population: on scheduled days, healthcare teams reach the surrounding villages and administer vaccines.
- Mobile strategy: managed at the district level, it is conducted in remote areas by means of mobile units adequately equipped for vaccine transportation.



The project is committed to supporting the vaccination plan at all three strategy levels.

Activities conducted in 2008 focused on:

- development of a support plan;
- support to fixed-site, mobile and advanced vaccination strategies as part of the *Programme Elargi de Vaccination*;
- support to the national vaccination campaigns and initiatives for the prevention of endemic diseases.

The vaccination support plan was organized around the 3-tier strategy described above.

After the opening of each Center, the project supports fixed-site strategy activities conducted at the facility according to a monthly schedule provided by the Ministry.

Afterwards, the project supports vaccinations in the surrounding areas by means of the mobile units. This activity is conducted by involving the CSI staff and personnel from local health facilities (Health Department Directorate), who travel along predetermined routes to reach small dispensaries specifically identified in the villages and used as bases for the mobile strategy vaccinations.

In the advanced strategy, the project supports vaccination programs in the remotest areas around the dispensaries, again by means of mobile units. Mobile and advanced strategies are often implemented simultaneously. Through this process, the project is able to cover the entire district and, eventually, the entire region.

During the first year of clinical activity, 97 vaccination days were organized in 120 villages, where a total of 21,000 vaccines were administered, with a 39% increase in vaccination coverage.

Particular attention was paid to including children who had remained undetected before the start of the project: by the end of the year, their share was 12.7%.

At the same time, the creation of an experimental database was started in Kouilou in the last quarter of 2008 with the aim of keeping a constant control of the activities.

As part of its involvement in national vaccination campaigns and initiatives for the prevention of endemic diseases, the project supported two weeks dedicated to mother and child health ("*Santé de la Mère et de l'Enfant*"), which were organized by the Ministry in August and December. Within this framework, the project conducted fixed-site, mobile and advanced vaccinations in the target districts and also distributed treated mosquito nets provided by the Ministry.



These results are quite remarkable, in view of the fact that they were achieved in remote and very isolated areas, usually not reached by immunization campaigns. Moreover, it should be noted that the project has

introduced significant improvements in the process of administering vaccinations, such as controls on correct vaccine storage, monitoring of the pediatric population and tracking of the vaccines administered.

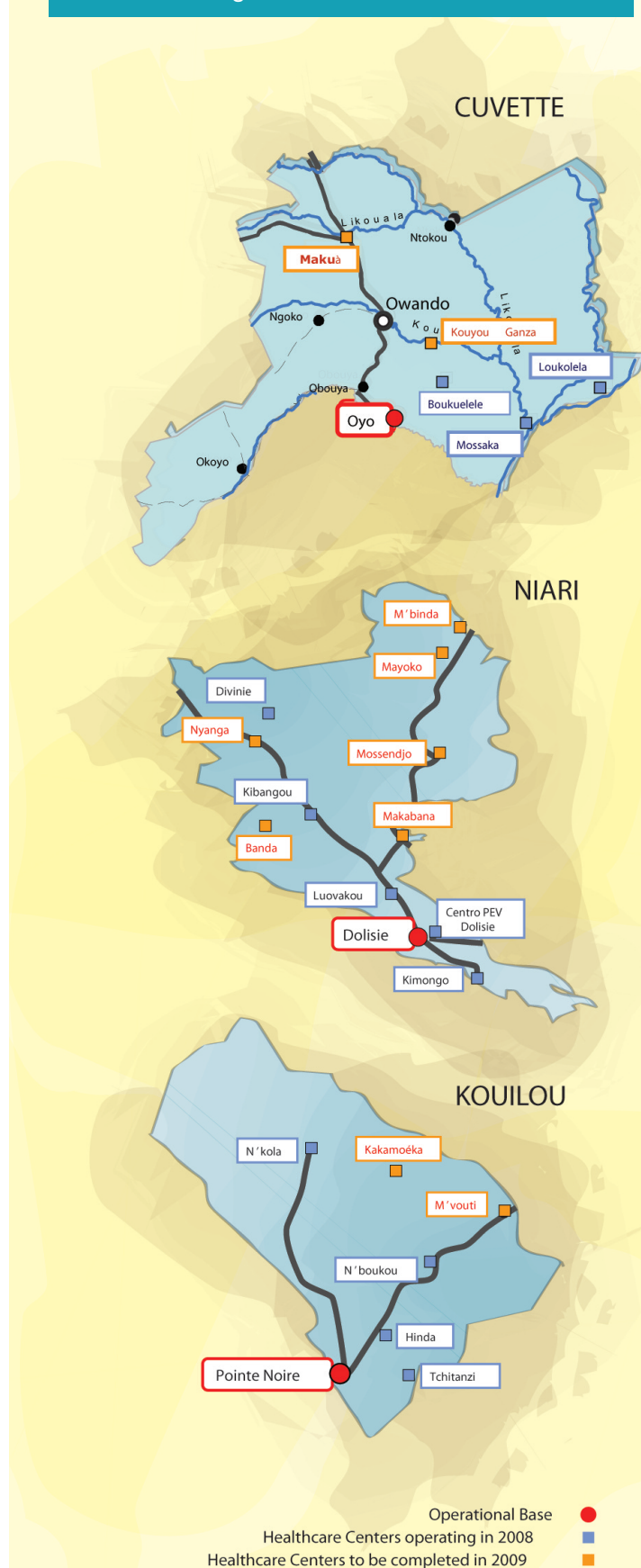


Developments in 2009

In 2009, all project activities will be further developed and extended to all target regions, in particular:

- during the year, another 10 CSIs (2 in Kouilou, 6 in Niari and 2 in the Cuvette) will be completely rehabilitated and fitted out. By the end of the year, the project's network will therefore include a total of 22 Centers (see map);
- training programs will be conducted at full capacity in all target regions and in all CSIs. Training modules will be homogeneously carried out in the three regions; one on-the-job training session will also be conducted every month in each region, for a total of 36 over the year;
- as for community mobilization, special attention will be paid to standardizing the activities in all 3 regions; information/communication campaigns are expected to be doubled compared with 2008;
- as for immunization, in 2009, approximately 700 vaccination days are planned, 40% of which are to be conducted with the mobile strategy, which should cover at least 500 villages.

Evolution of the operating network in the 3 regions



“Kento-Mwana” (Mother-Child) Project for the prevention of the vertical transmission of HIV-AIDS

The project is the development of a pilot initiative that Eni launched in the city of Pointe Noire in 2005 as part of its program to benefit local communities.

The initiative is consistent with the plan of actions taken by the Country's health authorities to address the spread of HIV infection, the prevalence of which among adults (15-49) is currently estimated, at the national level, at 3.5%, with higher peaks in some provinces.

The initiative will allow useful synergies to be achieved through activities carried out as part of the Salissa Mwana project.

Background and activities carried out during the “pilot” phase (2005-2008)

The project revolves around a molecular biology, immunology and serology laboratory for the advanced diagnosis of HIV infection, specifically established and equipped according to the highest international standards at the *Hôpital Régional des Armées* (HRA) in Pointe Noire. With the goal of reducing mother-to-child transmission in the target population and ensuring new HIV-free generations, pregnant women in 4 prenatal health centers of the city of Pointe Noire were offered:

- anonymous, free and voluntary screening for HIV infection;
- prophylaxis or treatment, according to the immune system conditions, for pregnant HIV-positive women with triple-combination anti-retroviral (ARV) drugs;
- assistance during natural childbirth;
- prophylaxis for the child with ARV treatment during the first 4 weeks of life;
- assistance to the mother according to the chosen feeding method;
- early biomolecular diagnosis of HIV infection in the child.

From the very beginning, the scientific partner of the project has been the Clinic for Infectious Diseases of the University of Genoa, which ensured the constant assistance in Pointe Noire of specialized doctors, or doctors acquiring their specialization, for the management of the clinical activities and the training of the local health care and laboratory personnel.

The laboratory activity was managed by doctors and biologists from the Department of Health Sciences of the University of Genoa.

Periodic information and awareness-building activities were also carried out as part of the project among the female population in selected healthcare centers.

Results

Thanks to the initiative, a system of excellence was created for preventing vertical transmission of the virus. The synergy between the various components of the project – advanced diagnosis, training, awareness-building among the population, integration with health authority programs – produced remarkable results.

- A total of 10,300 women underwent screening (out of 10,800 women who came to the selected facilities).
- Among the women who accepted prophylaxis and correctly followed the protocol, the risk of mother-to-child transmission, which is about 30% without adequate preventive measures, was reduced to 2%.
- A large number of local health operators (110 doctors, biologists, midwives, nurses and social workers) were trained to perform clinical and laboratory activities.
- The project was included in the Republic of Congo's National Healthcare Development Plan and the National Healthcare Plan for the Fight against AIDS.

Development phase (2009-2012) and transfer of the project to Eni Foundation

Objective

The main goal is the same as that of the pilot phase, that is to reduce vertical transmission of the virus to 2% in the target population of mothers and children.

Transfer to Eni Foundation and development phase (2009-2012)

The project, which will draw on the logistics and the network of healthcare facilities of the Salissa Mwana project, will be implemented throughout the region of Kouilou and extended to the regions of Niari and Cuvette.

Target population

65,000 mother-child pairs

Expected clinical improvements

- Increase in the percentage of compliance with the protocol and reduction in the percentage of mother-child pairs who don't take part in the follow-up activities.
- Improvement of the diagnostic capabilities of the Pointe Noire laboratory, primarily for determining the viral load of HIV.
- Extension of the preventive action to other mother-to-fetus transmitted diseases, particularly the Hepatitis B virus.
- Development of the skills of local medical personnel and biologists, with training courses, both locally and in Italy, to achieve a gradual transfer of skills.

Planned activities

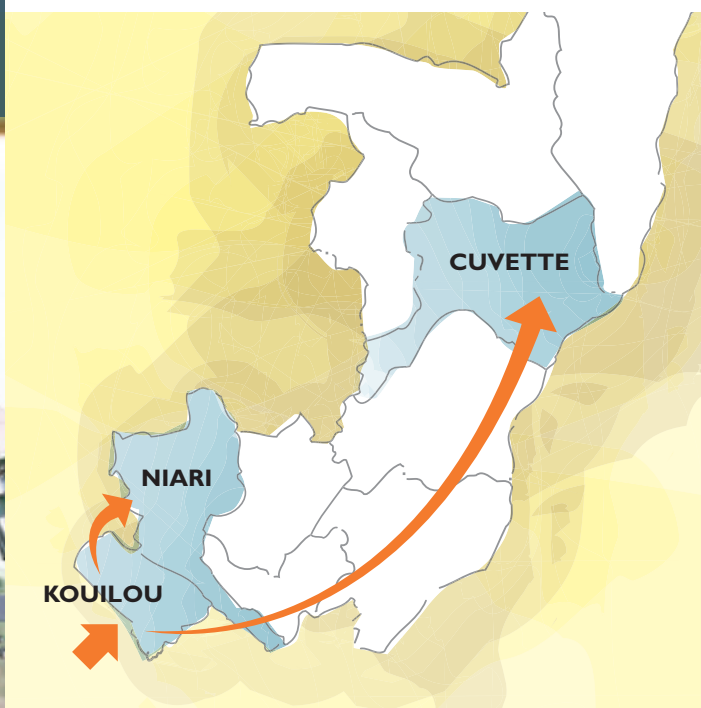
Eni Foundation will expand project activities throughout the Kouilou region, extending them, at the same time, into the regions of Niari and Cuvette. The project will rely on the logistics and the network of healthcare facilities – planned and implemented – by the Salissa Mwana project (see map).

The Centers to be integrated into the initiative will be selected in close coordination with the Republic of Congo's National Council for the Fight against AIDS.

In addition to the geographical extension, the development phase will include significant improvements from the clinical and training point of view:

- strengthening of the diagnostic capabilities of the Pointe Noire laboratory, in particular for the determination of the viral load of HIV, a key parameter for assessing the effectiveness of the anti-retroviral therapy;
- extension of the preventive action to other mother-to-child transmitted diseases, particularly the HBV (hepatitis B virus) infection, with the application of an early vaccination protocol against HBV in the event of the mother being tested positive;
- development of the skills of local medical personnel and biology technicians through internships, both on site and in Italy, for a gradual transfer of skills.

The total target population is estimated at around 65,000 mother-child pairs.



Partners

Eni Foundation's partners during the development phase of the project will be the Ministry of Health, Social Affairs and the Family and the National Council for the Fight against AIDS of the Republic of Congo. The agreement among the parties is regulated by a specific Partnership Agreement (*Convention de Partenariat*).

Roles and organizational structure

Eni Foundation will supply the financial resources and will be responsible for the management of the project.

The Republic of Congo's Ministry of Health will provide the facilities involved in the project, the technical healthcare personnel, the anti-retroviral drugs and any further support that may be required.

The National Council for the Fight against AIDS of the Republic of Congo will guarantee coordination with the other activities aimed at fighting the infection.

The Clinic for Infectious Diseases of the University of Genoa will once again be the clinical and scientific manager of the project, particularly for managing the laboratory, conducting technical and scientific activities, training, purchasing drugs and healthcare materials and the relevant logistics.

The project management bodies will consist of a Management Committee (*Comité de Pilotage*) and a Technical Committee, with the participation of all the parties involved.

For the implementation of the project, Eni Foundation will rely on the know-how of the Founder and its consolidated presence in the Country, in particular benefiting from the logistical support from the Eni Congo subsidiary at the local level and the skills of Eni SpA International Medical Service.





Angola

Country Data

(2007 unless otherwise indicated)

Population (thousands)	17,024
• under 18 (thousands)	9,022
• under 5 (thousands)	3,162
Life expectancy at birth (years)	42
Child mortality rate (per 1,000 born alive)	
• 0-5 years	158
• 0-12 months	116
• infant (under 1) (2004)	54
% of infants with low birthweight (1999/2007)	12
% of underweight children under the age of 5 (moderate and severe)	26
% of children under 5 suffering from stunted growth (moderate and severe 2000/2007)	45
Maternal mortality rate (per 100,000 born alive)	1,400
(2000/2007; recorded cases)	
Lifetime risk of maternal death (2005)	1 in 12
Per capita GNP (US \$)	2,560
Total % of Central Government expenditure allocated on health (1997/2006)	34

Source: UNICEF

Mother and child health and nutrition Project in the Municipality of Kilamba Kiayi, Luanda

Objectives

The general objective of the project is to improve the health conditions of mothers and children in the metropolitan area of Luanda, supporting the work done by the Angolan Ministry of Health.

In particular, the project aims to reduce the incidence of childhood diseases – especially those that can be prevented by immunization – and malnutrition in children and mothers by strengthening and extending primary health services (health posts and health centers) and secondary ones (hospital facilities).

In order to implement this initiative, in July 2008, Eni Foundation signed a protocol of intent with the local Ministry of Health.

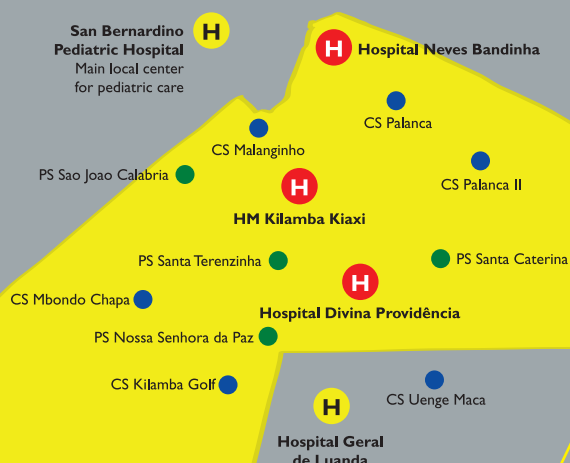
Area of intervention

The project will be carried out in the metropolitan area of Luanda, where around 10 million people (about half of the Country's population) live in extremely precarious conditions. The health indicators recorded are among the most critical in Sub-Saharan Africa, with high levels of child mortality, often as a result of preventable or easily treatable causes (respiratory and gastro-enteric diseases, malaria, measles, etc.) and with over 30% of children under the age of 5 suffering from malnutrition or underweight.

More specifically, the action planned with the Angolan Ministry of Health will rely on the Municipality as an administrative entity and as the smallest functional unit of the local healthcare system.

Municipality of Kilamba Kiayi – Healthcare network

Area measuring 64 km² with approximately 800,000 inhabitants, including 150,000 children (0-5 years)



Organization of the healthcare system

I° LEVEL

HP (health posts): basic units providing advice, treatment, pharmacy, pediatric nursing, prenatal care and vaccinations as permanent services and, occasionally, sterilization and laboratory services.
Resources: paramedics and technical staff.

HC (health centers): ongoing healthcare (promotion, prevention, basic care), occasionally assistance with childbirth, with a few specialized services (e.g. TB/DOTS, HIV/AIDS).
Resources: general practitioners, availability of pediatricians and gynecologists.

II° LEVEL

RHC (reference health centers): in addition to continuity of services, includes laboratory, childbirth assistance, hospitalization; MH (municipal hospitals): similar to RHCs but with the capacity to admit over 30 people.
Resources: intermediate level technical staff, general practitioners and a few specialists.

III° LEVEL

GH (general hospitals): in addition to basic care, includes specialized medical care, emergency surgery, diagnostic services, blood bank.
Resources: doctors specialized in pediatrics, gynecology and obstetrics, internal medicine, surgery.



The healthcare systems in the 9 Municipalities into which the metropolitan area of the Capital city is divided, consist of a number of peripheral health centers (first-level facilities) and one or more medium-sized hospitals (second-level facilities). There are also general hospitals (third-level facilities) which offer specialized healthcare in addition to basic care.

On this basis, an agreement has been reached to implement a "pilot" project in the Municipality of Kilamba Kiayi, to be used as a model for the future expansion of the initiative.

Kilamba Kiayi was chosen because of its mid-range position in terms of size (over 800,000 inhabitants, including 150,000 children between the ages of 0 and 5), population density and health indicators.

The Municipality's Healthcare System includes:

- 2 second-level hospitals with pediatric departments;
- 6 Health Centers for first-level healthcare, to which the health posts refer patients, when required.

Expected results

The main expected result is the development of a healthcare system that can effectively respond to the childhood disease immunization needs and provide health and hygiene education to mothers living in Kilamba Kiayi, with the aim of later extending this experience to other Municipalities selected in agreement with the Angolan Ministry of Health. The expected results in the context of the project can be summarized as follows:

- strengthening of the network of municipal healthcare services;
- improvement in the technical and managerial skills of medical and paramedical staff at the various levels of the network of services involved in the project;
- strengthening of the epidemiological screening system at the municipal level;
- development and extension of mother and child healthcare services, and particularly: prenatal medicine, childbirth assistance, postnatal medicine, management of sick children, extensive vaccination programs.

Planned activities

In order to achieve the objectives, the project will strengthen the municipal healthcare system through three areas of intervention.

CREATION OF A COORDINATION CENTER

The facility will be responsible for managing the healthcare activities as a whole, which include: vaccination programs, mother-child healthcare services, epidemiological screening (malnutrition, respiratory diseases, diarrhea, malaria, etc.), health and hygiene and nutritional education initiatives, active identification of shortcomings in vaccination coverage.

TRAINING

In this context, training/specialization courses for medical and paramedical staff are planned in various areas (Gynecology and Obstetrics, Neonatology, Pediatrics, Nutrition and Biology/Laboratory). A collaboration agreement will be set up with a highly qualified Italian scientific partner in order to organize these activities.

STRENGTHENING OF THE NETWORK OF MUNICIPAL HEALTHCARE SERVICES

The plan will cover peripheral health centers providing first-level healthcare as well as second-level hospitals to which the centers refer patients in order to meet healthcare needs and territorial coverage requirements. The plan will include:

- structural expansion and functional support for 6 Health Centers selected in agreement with the local health authorities;
- building of 2 Health Centers in areas that are poorly served with healthcare services;
- development of facilities dedicated to children at the “Hospital Divina Providencia”, that are essential to the project;
- supply of equipment and furniture for each Health Center renovated or built;
- supply of ambulances for urgent transport of patients.

In response to the severe problems affecting children and for a greater effectiveness of the services delivered, the strategies defined by WHO and UNICEF for an integrated management of sick childhood diseases and pregnant woman will be adopted.

Collaboration with local organizations

Project activities will be carried out in collaboration with the “Hospital Divina Providencia”, run by the Obra da Divina Providencia NGO, whose pediatric unit, which was built thanks to Eni in 2000, has become an important local point of reference for child healthcare, particularly for the prevention of malnutrition and the treatment of infectious diseases.

The “San Bernardino” Pediatric Hospital, which is the main local center for pediatric care, will also play an important role in determining the project’s success. Located in the nearby municipality, the “San Bernardino” will be able to support the activities of the scientific partner that will be working with Eni Foundation to implement the project.

Duration

The pilot phase in the Municipality of Kilamba Kiaxi will last for 2 years.

Partners and roles

The Angolan Ministry of Health, which approved the project’s objectives and implementation methods, is the institutional partner and will provide the facilities involved, the technical and healthcare staff, the drugs and any additional support required.

In addition to providing the financial resources, Eni Foundation will be responsible for managing the project. For its implementation, the Foundation will again draw on the Founder’s healthcare expertise and consolidated presence in Angola.

Organizational structure

The aforementioned Coordination Center will be responsible for the general coordination of the project. The management bodies will consist of a Management Committee and a Technical Committee, with the participation of the parties involved.

Collaboration with Smile Train Italia Project for the treatment of cleft lip and palate in Indonesia

Cleft lip and palate

Cleft lip and palate are congenital malformations caused by anomalous facial development during gestation, which can be corrected by relatively simple, fast and inexpensive surgery.

In industrialized Countries, infants affected by the malformation automatically undergo reconstructive surgery a few months after birth, which allows them to live a normal life.

In developing Countries, where the highest number of cases is recorded, millions of children affected by cleft lip and palate are not operated on because their families cannot afford the cost for it, and are forced to lead a life of hardship and sometimes neglect.

The project

Indonesia has the third highest incidence of cleft lip and palate in the world: the condition affects around 8,500 newborn babies every year and is the most common facial anomaly. Local health facilities, which do not provide free care, generally have a shortage of doctors specialized in this specific sector and are unable to offer appropriate surgical and therapeutic solutions.

Eni Foundation has decided to deal with this very critical problem for the Country by supporting a project run by Smile Train Italia Onlus, an organization that is specifically dedicated to the surgical treatment and rehabilitation of children affected by cleft lip and palate.

The project, which will last for three years, includes surgical missions, with the transfer to Italy of the most serious cases that cannot be treated locally, the supply of medical equipment and specialized intensive training for the local healthcare staff.

The final objective is to create a center of excellence that offers surgical solutions and therapy for cleft lip and palate and thus become a point of reference for the Country.

Progress

Following the collaboration agreement with Eni Foundation for the implementation of the initiative, Smile Train carried out assessment missions in Indonesia to establish the conditions of hospital facilities and the medical skills available. The assessment also aimed at defining the procedures for the implementation of the project in view of, amongst other things, the geographical features of the Country, which is the world's largest archipelago state.

Based on the results of the assessment, Smile Train decided that the reference facility for the project will be the Provincial Hospital in the city of Tarakan, East Kalimantan, the second largest province in Indonesia, on the island of Borneo.

The number of congenital malformations involving cleft lip and palate in the region, which is very high, is further aggravated by the lack of doctors and healthcare facilities. The Tarakan Hospital, in particular, has a serious shortage of plastic surgeons.

After signing the agreements with the local health authorities, Smile Train drew up the intervention plan and the program to train medical personnel according to internationally accredited surgical standards.

The project will enter its operational phase by the end of the first half of 2009, when a surgical mission of Smile Train volunteer doctors will be going to the Tarakan Hospital. This will also represent the first phase of the program for the training of Indonesian doctors and anesthesiologists.

In order to promote effective synergy among the healthcare facilities dealing with the problem, the specialization process will also involve surgical personnel from other centers around the Country, who will later be involved in the project through specific collaboration agreements.

Contributions

Even though its activities consist essentially of independent projects, Eni Foundation can support initiatives promoted by non-profit organizations that are consistent with its own objectives and priorities. Listed below are the main contributions for 2008.

Support for the G. B. Bietti Foundation

In 2008, Eni Foundation donated 150,000 euro to support the research activities conducted by the G. B. Bietti Foundation for Study and Research in Ophthalmology, centered on diseases that lead to severe hypovision or blindness, such as glaucoma, diabetic retinopathy and age-related macular degeneration (AMD). Moreover, in reference to this last disease, which is the principal cause of blindness in people over the age of 50, the Foundation is conducting a research project in collaboration with the Italian National Health Institute (*Istituto Superiore di Sanità*).

Computer literacy project for the elderly

In agreement with *Eni's Pioneers and Veterans Association* (APVE), Eni Foundation has launched a program to promote access to IT technologies for the elderly, an important factor in promoting their greater integration into society. In this respect, the "Internet Corner" project was set up in Rome with the assistance of the *Fondazione Mondo Digitale* (FMD), a non-profit foundation set up by the Municipality of Rome and private companies with the goal of promoting computer literacy in the population.

The project involved the installation of 50 Internet access points in as many centers for the elderly. Eni Foundation contributed to the setting-up of the 50 Internet corners by donating 150 PCs. It also covered the costs of setting up the Internet access points, installing the ADSL lines (including the payment of the annual fee) and the training and information activities carried out by FMD.

Three IT training micro-projects were also carried out in collaboration with APVE, involving the donation of PCs to support training activities by associations and centers for the elderly. The initiatives benefited from the active involvement of the local sections of APVE, which identified the beneficiaries and defined the initiatives thanks to their presence on the territory and their relationship with institutions.

Two projects launched in San Donato Milanese, respectively with ALTE (*Associazione "La Terza Età"*) and with the local Municipality, include the installation of Internet access points and the organization of basic and advanced IT training for the elderly. The third initiative, which was launched with the *Università della Terza Età* (UNITRE) of Venice Mestre, intends to contribute, with the installation of new Internet access points, to the development of teaching activities in the University's IT laboratory.

Donation to the "Fondo Carta Acquisti"

In 2008, Eni Foundation and Eni signed an agreement with the Ministry of the Economy and Finance and with the Ministry of Economy and Welfare, by which they take part in the "Fondo Carta Acquisti" (Purchase Card Fund) set up by the Italian Government (Legislative Decree of June 25, 2008) to contribute to the support of needy families.

The card, which has a prepaid and rechargeable magnetic strip, is intended to allow the purchase of food and the payment of utility bills, while allowing holders to benefit from reduced rates on their electricity consumption.

Eni decided to contribute to the initiative with a payment of 200 million euro, entrusting its disbursement to its Foundation, which is specifically dedicated to solidarity initiatives.

In 2008, Eni Foundation therefore received from Eni and paid out a first installment of 100 million euro for that financial year. A second installment – for the remaining 100 million euro – will be paid out by June 30, 2009.

Review of the spending for 2008

The balance, closed as of December 31, 2008, shows an overall spending of 4,288 thousand euro (not including the financial proceeds of 222 thousand euro), of which:

- 3,038 thousand euro went to cover the costs of the Foundation's standard activities;
- 208 thousand euro went to grants in response to/following applications from third parties;
- 1,040 thousand euro were disbursed to cover operating costs;
- 2,000 thousand euro were paid in taxes.

Listed below is a breakdown of the spending by purpose:

A The expenses for the implementation of the healthcare projects in Congo and Indonesia and for the project feasibility study in Angola amount to 3,038 thousand euro and essentially refer to the following:

- the "Salissa Mwana" project in Congo – 2,747 thousand euro:
 - the Operating Bases in the regions of Kouilou, Cuvette and Niari, for which a total of 541 thousand euro were disbursed to pay for services provided by personnel from Group Companies (159 thousand euro), logistical and transport costs for materials and vehicles (114 thousand euro), professional services by technical personnel (94 thousand euro), training activities (50 thousand euro), building maintenance (23 thousand euro), charges for funding medical and healthcare activities (22 thousand euro), vehicle maintenance (3 thousand euro), vehicle leasing (43 thousand euro), office leasing (28 thousand euro) and purchases of office materials and equipment and vehicles (5 thousand euro);
 - the Healthcare Centers in the regions of Kouilou, Cuvette and Niari, for which a total of 1,342 thousand euro were disbursed, primarily for the purchase of healthcare equipment (412 thousand euro), the refurbishment of centers (430 thousand euro), the construction of drinking water facilities (255 thousand euro), the construction of solar power installations (244 thousand euro) and the installation of a medical waste incinerator (1 thousand euro);

- the mobile units, for which a total of 782 thousand euro were disbursed for the purchase of vehicles, ambulances and boats (773 thousand euro) and to cover maintenance costs (9 thousand euro);
- scientific research and support projects, for which a total of 60 thousand euro were disbursed, refer to research activities carried out by the University of "La Sapienza" in Rome;
- the residual costs of the feasibility study for the Salissa Mwana project in Congo, amounting to 18 thousand euro;
- the administrative costs for vehicle registrations of 4 thousand euro;
- the feasibility study for the project to be implemented in Angola, amounting to 111 thousand euro;
- the project for the treatment of children affected by cleft lip and palate in Indonesia, amounting to 180 thousand euro.

B Contributions made to third party non-profit organizations amount to 208 thousand euro.

C Operating expenses amount to 1,040 thousand euro and refer primarily to the following:

- cost of personnel assigned (496 thousand euro);
- services provided by Eni SpA under the service contract (197 thousand euro);
- administrative services provided by Sofid SpA (76 thousand euro);
- technical and administrative services provided by third parties (67 thousand euro);
- services provided by Statutory Bodies (121 thousand euro);
- leasing of the head office in Rome (79 thousand euro);
- other miscellaneous charges and duty stamps (3 thousand euro);
- banking services (1 thousand euro).

D Taxes amount to 2 thousand euro and refer to IRAP (regional production tax).



A young boy in a school uniform stands on a beach, holding a large, colorful umbrella. The scene is set during sunset, with warm, golden light illuminating the sky and the boy's silhouette. In the background, another person is visible running on the beach. The overall mood is peaceful and nostalgic.

Balance Sheet for the year 2008

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Outlines

(EURO)

ASSETS		NOTES	12.31.2007	12.31.2008
A	RECEIVABLES FROM MEMBERS FOR DUES			
B	FIXED ASSETS			
C	WORKING ASSETS			
I	Inventories			
II	Receivables			
	receivables from the Founder	I		100,000,000
	receivables from others	2	25,356	-
			25,356	100,000,000
III	Financial assets (that are not fixed assets)			
IV	Cash and cash equivalents			
	bank and postal deposits	3	9,261,816	7,792,009
			9,261,816	7,792,009
D	DEFERRALS AND ACCRUALS			
	TOTAL ASSETS		9,287,172	107,792,009
LIABILITIES AND NET EQUITY		NOTES	12.31.2007	12.31.2008
A	NET EQUITY			
I	Unrestricted equity	4		
	Operating fund (art. 6 of the By-Laws)		10,000,000	10,000,000
	Operating result for previous years		(1,496,388)	(1,496,388)
	Operating result for the year underway			(4,066,012)
II	Endowment fund	5	110,000	110,000
			8,613,612	4,547,600
B	PROVISIONS FOR RISKS AND CHARGES			
C	EMPLOYEE TERMINATION INDEMNITIES			
D	PAYABLES			
	payables to suppliers	6	358,856	3,021,583
	payables to the Founder	7	296,719	165,257
	tax payables	8	1,488	1,162
	payables to pension and social security institutes	9	1,400	1,488
	other payables	10	15,097	54,919
	payables to the Ministry of the Economy and Finance	11		100,000,000
			673,560	103,244,409
E	DEFERRALS AND ACCRUALS			
	TOTAL LIABILITIES AND NET EQUITY		9,287,172	107,792,009
F	MEMORANDUM ACCOUNTS			

(EURO)

OPERATING SUMMARY	NOTES	12.31.2007	12.31.2008
PROCEEDS			
Proceeds from typical activities			
Financial and equity proceeds			
Financial proceeds from bank deposits	12	89,893	222,688
TOTAL PROCEEDS		89,893	222,688
CHARGES			
Charges from typical activities			
Purchases	13		1,189,999
Services	14	443,733	1,773,765
Use of third-party assets	15	47,566	70,964
Miscellaneous operating charges	16	202,305	211,963
		693,604	3,246,691
General support charges			
Services	17	841,726	958,181
Use of third-party assets	18	49,463	79,168
Other charges	19		2,624
		891,189	1,039,973
TOTAL CHARGES		1,584,793	4,286,664
PRE-TAX RESULT		(1,494,900)	(4,063,976)
TAXES FOR THE YEAR			
Taxes for previous years	20		(349)
Current taxes	21	(1,488)	(1,687)
TOTAL TAXES FOR THE YEAR		(1,488)	(2,036)
OPERATING RESULT		(1,496,388)	(4,066,012)

Supplementary Note to the Balance Sheet as of December 31, 2008

Formulation criteria

The Foundation's Balance Sheet for the period closed on December 31, 2008 is compliant with the directives provided under article 20 of Presidential Decree No. 600/73, which makes it mandatory, even for non-profit organizations, that all management operations follow general and systematic accounting procedures that make it possible to draw up an annual Balance Sheet, in all those cases where the Board of Directors is required under the By-Laws to approve a Balance Sheet for every financial year.

The template adopted, in the absence of specific regulatory standards, follows the structure specified in articles 2423 and subsequent articles of the Italian Civil Code, adjusted to reflect the specific characteristics of non-profit organizations. To this end, it has been decided to base the Balance Sheet on the template proposed by the National Council of Certified Public Accountants in its Recommendation No. 1 (July 2002).

The template used for the Financial Statement is the one recommended for non-profit organizations that do not carry out activities which are collateral to their institutional purpose. In the case of the Foundation, the activities it conducts fall within its direct objectives, as provided for in its By-Laws.

The Operating Report presents an outline based on a classification of the charges by type. Operations were broken down into typical activities, financial activities and those of general support.

In light of the above mentioned considerations, the Balance Sheet consists of the Financial Statement, the Operating Report and the Supplementary Note, which are an integral part of the document.

Auditing of the Balance Sheet

In accordance with the Foundation's By-Laws, the Board of Auditors, composed of three members, verified that the accounting records were properly kept during the financial year; and that all the required procedures regarding civil law, taxes, social security and the By-Laws were properly met.

Evaluation criteria

The entries of the Balance Sheet have been evaluated in accordance with the principle of prudence, with the view that activities would continue, as well as on an accrual basis, under which the effects of operations and other events were entered in the accounting records and attributed to the financial year to which the operations refer, rather than to the year in which the related cash flows (funds received and payments) actually took place.

Financial statement

The following criteria were employed in evaluating the items on the financial statement:

- Receivables and payables: entered at their face value.

Operating report

The following criteria were used to evaluate the items of the economic operating report:

- Proceeds and charges: charged to the income statement, based on an accrual basis and in accordance with the principle of prudence.

Fiscal aspects

The Foundation is subject to the special tax regulations established for non-commercial entities.

The main benefit is that income resulting from the institutional activities carried out in the course of the life of the Foundation is not subject to taxation, given that they are connected with the achievement of its social and humanitarian solidarity objectives. Consequently, the tax withholdings on the interest earned from bank deposits are not required to be refunded.

With respect to IRAP (regional production tax), the Foundation is subject to a rate of 4.82% for 2008. The taxable figure used to calculate the tax is the amount of remuneration paid to staff members who work on a coordinated and continuous basis.

There are no VAT-related benefits, given that the Foundation is liable for VAT as an end consumer.

Specific aspects

During the financial year in question, in the context of the existing service contract, Eni Foundation requested from Eni Congo SA the purchase of road vehicles and boats required for the Salissa Mwana project. While waiting for a solution to the problems related to the registration of the aforesaid vehicles in the name of Eni Foundation, in accordance with local regulations, the vehicles have been registered in the name of Eni Congo and granted for use by the Foundation.

Information on employment

The Foundation has no direct employees.

Notes on the Balance Sheet items and other information

Financial statement

Working assets

1) RECEIVABLES FROM THE FOUNDING SHAREHOLDER

The aforesaid receivables of 100,000,000 euro consist of Eni's commitment to pay to Eni Foundation the solidarity contribution in favor of the Ministry of the Economy and Finance by June 30, 2009, based on the agreement signed on December 19, 2008 between the Ministry of the Economy and Finance, the Ministry of Work, Health and Social Policies, Eni Foundation and Eni SpA. A debt to others for the same amount is recorded among the liabilities. A complete illustration of the aforesaid agreement is contained in the Management Report.

2) RECEIVABLES FROM OTHERS

There are no receivables from others.

3) CASH AND CASH EQUIVALENTS

Cash for 7,792,009 euro consists of funds on deposit at the *Banca Nazionale del Lavoro*.

Net equity

4) NET EQUITY

The net equity consists of the following:

- the operating fund of 10,000,000 euro, as set forth in article 6 of the Foundation By-Laws. The fund in question was fully paid in by the Founder Eni SpA on December 14, 2006 (2,000,000 euro) and on October 30, 2007 (8,000,000 euro);
- the negative operating result of 1,496,388 euro for the previous financial year;
- the negative operating result of 4,066,012 euro for the year under examination.

5) ENDOWMENT FUND

The endowment fund amounts to 110,000 euro, paid by the Founder Eni SpA.

Payables

6) PAYABLES TO SUPPLIERS

The payables of 3,021,583 euro to suppliers consist of payables to Eni Congo SA for services rendered in Congo under the service contract.

7) PAYABLES TO THE FOUNDER

The payables of 165,257 euro to Eni SpA consist of the debits received for the cost of personnel lent out on assignment and the services contract.

8) TAX PAYABLES

The tax payables of 1,162 euro consist of the money allocated for the IRAP (regional production tax) for 2008.

9) PAYABLES TO PENSION AND SOCIAL SECURITY INSTITUTES

The payables of 1,488 euro owed to institutes consist of payables to the INPS (Social Security Institute) for advance taxes paid on the remuneration of staff members.

10) OTHER PAYABLES

The other payables of 54,919 euro consist of the following:

- the amount of 19,278 euro set aside for the fees of the members of the Corporate Bodies;
- the amount of 35,641 euro set aside for the contribution arising from the collaboration agreement between Eni Foundation and the *Fondazione Mondo Digitale*.

11) PAYABLES TO THE MINISTRY OF THE ECONOMY AND FINANCE

The debt of 100,000,000 euro refers to the solidarity contribution, already shown in the corresponding receivables item under assets.

Economic summary of operations

Financial and equity proceeds

12) FINANCIAL PROCEEDS FROM BANK DEPOSITS

The financial proceeds of 222,688 euro consist of interest earned on the bank deposit.

Charges from typical activities

The charges in question refer to the costs specifically incurred by the Foundation in carrying out its institutional activities.

13) PURCHASES

They amount to 1,189,999 euro and consist of purchases made by Eni Congo SA, under the service contract signed with Eni Foundation, as part of the context of the Salissa Mwana project currently under way in the Country:

- mobile units of the Operating Bases amounting to 772,690 euro and consisting of motor vehicles, ambulances and boats;
- materials for equipping the healthcare centers amounting to 412,621 euro;
- office equipment and motor vehicles amounting to 4,688 euro.

14) SERVICES

They amount to 1,773,765 euro and consist of:

- expenses and services rendered as part of the Salissa Mwana project (1,482,409 euro) and particularly:
 - cost for restructuring the Healthcare Centers in the regions of Kouilou, Cuvette and Niari of 430,409 euro;
 - costs for building drinking water installations in the Healthcare Centers in the regions of Kouilou, Cuvette and Niari of 254,560 euro;
 - costs of constructing solar power installations of 244,217 euro;
 - services provided by staff employed by the Group (Eni Congo SA) amounting to 158,649 euro;
 - feasibility study for the project (residual amount) amounting to 18,000 euro and carried out by Eni Divisione E&P;
 - logistical and transport costs for materials and vehicles of 113,997 euro;

- technical services provided by specialized personnel amounting to 93,549 euro;
- contribution for research and development activities in the context of the childhood healthcare project in Congo (Salissa Mwana) carried out by "La Sapienza" University of Rome and amounting to 60,000 euro;
- medical and healthcare training for local staff amounting to 50,449 euro;
- maintenance of buildings amounting to 23,471 euro;
- medical and healthcare services amounting to 22,006 euro;
- maintenance of means of transport amounting to 11,765 euro;
- installation of medical waste incinerator in Kouilou amounting to 762 euro;
- telephone amounting to 575 euro;

■ and 291,356 euro of:

- costs incurred to pay for services provided by third parties in the context of the project to treat children affected by cleft lip and palate in Indonesia, amounting to 180,000 euro;
- feasibility study for the healthcare and nutrition project to be carried out in Angola, amounting to 111,356 euro and implemented by Eni Divisione E&P.

15) UTILIZATION OF THIRD-PARTY ASSETS

They amount to 70,964 euro and consist of rentals in the context of the Salissa Mwana project for:

- vehicles amounting to 42,532 euro;
- office premises for the operational centers amounting to 28,432 euro.

16) MISCELLANEOUS OPERATING EXPENSES

They amount to 211,963 euro and consist of:

- grants made to non-profit organizations of 207,941 euro;
- administrative costs of 4,022 euro.

Expenses for general support

The expenses in question refer to the costs incurred to manage and coordinate the Foundation management and operating activities.

17) SERVICES

They amount to 958,181 euro and consist of:

- services by staff received on assignment (495,631 euro);
- services provided by Eni SpA under the service contract (197,498 euro);
- services provided by members of the Governing Bodies (121,122 euro);
- administrative services provided by Eni Group companies (76,486 euro);
- technical and administrative services provided by third parties (66,952 euro);
- banking services (492 euro).

18) UTILIZATION OF THIRD-PARTY ASSETS

They amount to 79,168 euro and refer to lease payments on the headquarter offices in Rome.

19) OTHER CHARGES

They amount to 2,634 euro and consist primarily of miscellaneous charges and purchases of duty stamps.

Taxes

20) TAXES FOR PREVIOUS FINANCIAL YEARS

They amount to 349 euro and consist of IRAP (regional production tax) payable for the 2007 financial year:

21) CURRENT TAXES

They amount to 1,687 euro and consist of the allocation for IRAP (regional production tax) payable in 2008.

The operating result as of December 31, 2008 is 4,066,012 euro.

Report of the Board of Internal Auditors on the Balance Sheet for the year closed on December 31, 2008

The Board of Internal Auditors examined the Balance Sheet, for the year closed on December 31, 2008, drawn up by the Board of Directors in accordance with all applicable laws and transmitted to the Board of Internal Auditors along with the Operating Report and the Supplementary Note.

This Balance Sheet is the second to be drawn up since the institution of Eni Foundation and it refers to the period from January 1, 2008 to December 31, 2008.

During the year, the Board of Internal Auditors carried out the following tasks:

- it monitored and ensured the compliance with the laws and deeds of incorporation;
- it participated in the meetings of the Board of Directors and obtained all relevant information on the activities conducted and on the operations that are more important from an economic, financial and equity point of view carried out by the Foundation;
- it acquired knowledge and monitored, within the areas of its competence, the adequacy of the Foundation's organizational structure, its system for internal auditing, its administrative accounting system as well as its reliability in correctly reporting on the operations, by obtaining information from the relevant responsible parties of the respective units and by reviewing the documentation that was submitted;
- it carried out the evaluations within the scope of its responsibility, always verifying the compliance with the laws and By-Laws, as well as ensuring that the books and the accounting records were properly kept;
- it acknowledged the Model sent by the Watch Structure set up pursuant to Legislative Decree No. 231/2001.

No significant elements worth mentioning in this report have emerged from the regulatory and auditing operations carried out by the Board of Internal Auditors.

The Supplementary Note provides the same information required under the existing regulations in force for companies (art. 2426 of the Civil Code), as well as that deemed necessary to provide a true and correct representation of the Foundation's equity, income and financial situation.

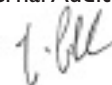
The Operating Report describes, among other elements, the economic-financial situation, the activities conducted during the year 2008 and the programs for the year 2009.

The Board wishes to take particular note of the fact that the negative result for the year was largely determined by the costs and services pertaining to the typical activities, for an amount of 3,246,691.00 euro, which refer to the healthcare project in the Republic of Congo, as well as for 1,039,973.00 euro for costs and services related to general support activities.

In conclusion, we wish to express our favorable recommendation concerning the approval of the Balance Sheet for the year closed on December 31, 2008.

April 15, 2009

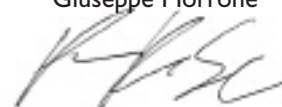
The Board of Internal Auditors



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