



eni



foundation

ANNUAL REPORT 2009



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## ***Letter from the Chairman***

*This Annual Report highlights how, in the three years since it was created, Eni Foundation has been able to build a successful and distinctive approach to promoting children's health in challenging environments, achieving significant results from both a quantitative and a qualitative point of view.*

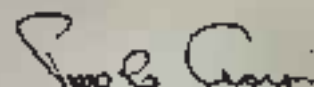
*Besides completely rehabilitating tens of health facilities in isolated rural areas throughout the Republic of Congo, the Foundation has contributed to carrying out over 80,000 vaccinations through its effective immunization strategy; screening 5,000 pregnant women for HIV to ensure virus-free newborns and training 400 local healthcare operators to guarantee the sustainability of projects.*

*The large number of acknowledgements from the beneficiary communities, which enjoy a transparent and open relationship with Eni Foundation, bear witness to the quality of the work carried out, as does the appreciation shown by local authorities, which have expressed their intention of adopting the Foundation's model of intervention as the standard for future health projects in the Country.*

*In offering the prospect of health and wellbeing to thousands of children living in poverty, Eni Foundation also intends to convey its vision of solidarity, which involves focusing on the tangible needs of the most vulnerable, and being open to collaboration and transferring competences.*

*Eni Foundation will tackle the challenges that lie ahead with undiminished passion, aware of the fact that the results obtained so far are only a stepping stone towards strengthening its role through constant improvement.*

**Paolo Scaroni**







## Operational report

### 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 protection of fundamental human rights: survival, social development, protection and education. In this respect, the Foundation focuses its attention on children and the elderly, who are among the most fragile and vulnerable categories and thus in great need of assistance and support. In line with the set of values that has always defined 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 and development"*.

#### Human resources

For its activities, Eni Foundation draws on the skills and know-how of Eni, with which it signed a service contract that includes the full-time assignment of corporate personnel for the implementation of the Foundation's activities.

#### Operational approach

Eni Foundation is an operational corporate foundation: it adopts a proactive approach to achieve its objectives and its initiatives are planned and carried 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 know-how.

The Foundation's primary activity consists in implementing initiatives aimed at meeting specific needs of children and the elderly. As a corporate foundation, it adopts business-oriented efficiency criteria, in terms of:

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

Although it operates within the limits of a non-profit organization, Eni Foundation draws on the wealth of experiences and know-how acquired by its founder Eni in widely diverse social and cultural settings. Eni Foundation also believes that complex problems often require an integrated approach: for this reason, it is open to collaborations and partnerships with other organizations (non-governmental associations, humanitarian agencies, local institutions and authorities) of proven experience and competence for both the planning and development stages.

### 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:

**President** Luigi Schiavello,  
Giuseppe Morrone, Pier Paolo Sganga

## Overview of the activities

In 2009, Eni Foundation continued in its strong commitment towards promoting children's health, in particular in the African continent, by implementing important initiatives in the Republic of Congo (**Salissa Mwana** and **Kento Mwana** projects) and in Angola (**Kilamba Kiayi** project).

These projects share a common vision and are structured around a number of features that are essential in guaranteeing their long-term sustainability, such as the strengthening of existing healthcare systems and the professional qualification of local personnel.

Moreover, the projects are carried out in operational contexts that, for a number of reasons, pose particularly far-reaching and complex challenges: isolated rural areas in the case of Congo, and a large metropolitan area in Angola.

**Salissa Mwana** (i.e. "Let's protect the children"), a project that has been operational since 2008 in collaboration with the Ministry of Health and Population of the Republic of Congo and the local non-governmental organization *Fondation Congo Assistance*, aims to improve healthcare for some 200,000 children between the ages of 0 and 5 living in remote rural areas of the Kouilou and Niari regions, both in the southwest, and Cuvette, in the north. In order to achieve its objective, the project involves wide-ranging vaccination and epidemiological screening programs against the major infant diseases, the rehabilitation and strengthening of 30 remote primary healthcare centers, the training of local health personnel at various levels and the sensibilization of the population on the prevention of transmissible diseases.

With respect to the infrastructural rehabilitation program, 10 new Health Centers have been renovated and equipped during the second year of activity, which means that the project can now rely on 22 facilities out of the 30 planned overall.

In terms of clinical-based activities, in 2009 some 630 vaccination sessions were conducted, during which a total of 60,000 vaccines were administered and over 600 villages were reached in the rural areas of the three regions.

At the same time, information, education and communication campaigns in favor of the population, were conducted in almost 200 villages.

Clinical activities are in fact carried out by health operators both in the Health Centers as well as directly in the communities, thanks to the project's 12 mobile land and water based medical units.

With reference to local personnel training, some 245 training sessions involving 75 people were conducted during the course of the year. Since the project started, 138 healthcare operators have been trained, including doctors, nurses, health technicians and obstetricians.

### Children's health

Life expectancy of children between the ages of 0 and 5 represents a key development indicator, as it reflects a number of other significant parameters – including the health and nutrition conditions of mothers, the possibility of accessing basic maternal reproductive and prenatal health services, environmental health, social and economic wellbeing. Worldwide, the annual mortality rate for children under the age of 5 has dropped by 28% in the period 1998-2008, i.e. from 90 to 65 deaths per 1,000 births. In most cases, these deaths can be attributed to preventable causes. In absolute terms, there has been a drop in deaths from 12.5 to 8.8 million: this means that in 2008, 10,000 fewer children died each day compared to 1990.

The positive trend has improved over the years: the drop in under-five mortality has gone from an average value of 1.4% for the years 1990 to 1999 to an average value of 2.3% in the period 2000-2008.

Notwithstanding the progress at a global level, differences between geographic areas have continued to increase, reflecting local populations' socio-economic conditions and the spread of extreme poverty. With the exception of Afghanistan, all 34 countries that recorded child mortality rates of over 100 deaths per 1,000 births are located in Sub-Saharan Africa.

The growing immunization coverage plays a decisive role in contributing to the drop in mortality rates in developing countries: in 2008, vaccination programs covered some 106 million children under the age of 5.

A significant example of the positive effects of vaccination is provided by measles-related deaths (one of the 5 diseases responsible for half of the deaths of children under the age of 5) which have dropped by 74% in the period 2000-2007, thanks to the implementation of periodic immunization campaigns. These results are also favored by the growth of local pharmaceutical manufacturers, which are now able to meet over 80% of the overall demand for vaccines against some of the most widespread and potentially lethal diseases: measles, whooping cough, tetanus and diphtheria.

The introduction of new vaccines designed specifically to prevent pneumococcal pneumonia and rotavirus diarrhea could contribute significantly to help defeating two of the main causes of death of children under the age of 5.

Despite this positive picture, however, at least 24 million children in that age group, and around one fifth of new born infants each year, are not administered life-saving vaccines. This aspect – a common feature of all developing countries – concerns in particular the outskirts of third world cities, remote rural villages and those regions affected by armed conflicts.

The **Kento Mwana** (i.e. "Mother-Child") project, promoted in collaboration with the local Ministry of Health and Population and the Clinic for Infectious Diseases of the University of Genoa, is aimed at preventing HIV transmission from mother to child, which can exceed 30% among HIV-positive pregnant women not receiving adequate treatment.

The project, which revolves around a molecular biology laboratory for advanced diagnosis of HIV infection, aims to reduce vertical transmission of the virus down to 2-3% through screening and prophylaxis, or treatment with antiretroviral drugs if patients test positive.

Intensive training of local healthcare personnel as well as sensibilization of the female population on sexually transmitted diseases are equally important measures included in the plan of intervention.

The initiative is developed in the Kouilou, Niari and Cuvette regions, and relies on the logistics and network of healthcare facilities already set up by Eni Foundation for the Salissa Mwana project.

At the beginning of 2009, the project got under way with the strengthening of the molecular biology laboratory in Pointe Noire, and with the activation of the counseling services for pregnant women in peripheral health facilities and obstetrical-neonatal wards in selected hospitals in the three regions.

Overall, more than 5,000 pregnant women received counseling during the course of the year and almost all accepted to be tested for HIV. Of the 300 women who tested positive, 239 were taken on by the project and followed by the protocol. With respect to training, 62 training sessions were conducted for 269 doctors and paramedics working in local healthcare facilities and 14 training internships were organized during the course of the year.

The **Kilamba Kiaxi** project in Angola is specifically aimed at reducing the incidence of preventable child diseases and of those caused by malnutrition in Kilamba Kiaxi, one of the 9 Municipalities which make up the capital, Luanda. Around 1.2 million people are estimated to live in the area and, of these, approximately 240,000 are children under the age of 5.

In order to achieve this objective, the initiative focuses on strengthening existing healthcare facilities, improving the monitoring systems for the major diseases and enhancing maternal-infant healthcare services – with a particular emphasis on prevention and nutritional education – as well as the improvement in the quality of services

provided by doctors and paramedics.

The project is being implemented in collaboration with the local non-governmental organization *Obra da Divina Providência*, on the basis of a partnership agreement signed by Eni Foundation and the Angolan Ministry of Health. In 2009, the project became fully operational with the start of construction work for two new Health Centers, the supply of equipment to first-level healthcare facilities and the purchase of ambulances for emergency transportation of patients.

Moreover, during the year, the maternal-infant healthcare activities program was also drawn up and the training and specialization program for the personnel working in the project's Health Centers was launched.

Finally, Eni Foundation actively participated in 3 polio vaccination campaigns organized by the Municipality's health authorities.

In addition to autonomously developed initiatives, the Foundation collaborates with the humanitarian organization Smile Train Italia on a project in **Indonesia** aimed at creating a center of excellence for the surgical treatment and therapy of cleft lip and palate in Tarakan, in the East Kalimantan province: the objective of this initiative is to help the Country become self-sufficient in treating facial malformations.

The three-year project became fully operational after the supply of the surgical and medical instruments required for the implementation of the first surgical-training mission of volunteer doctors of Smile Train Italia and, in the future, for the creation of the specialized center at the Tarakan Hospital.

The surgical mission, during which 61 patients were operated on, also marked the first stage of the training program based on internationally accredited standards and aimed at surgeons and local anesthesiologists, who were actively involved by the Smile Train team in all phases of the operations.

The collaboration with Eni's Pioneers and Veterans Association (APVE) continued in 2009 with the aim of promoting senior citizens' access to information technologies. In this context, Eni Foundation's donation of PCs decommissioned by Eni contributed to implementing a number of beginners and advanced level computer training micro-projects set up to support educational activities of associations, old age homes, universities and centers for the elderly.





## Republic of Congo

### Country data

(2008 unless otherwise indicated)

<b>Population</b> (thousands)	<b>3,615</b>
• under 18 (thousands)	1,716
• under 5 (thousands)	551
<b>Life expectancy at birth</b> (years)	<b>54</b>
<b>Child mortality rate</b> (per 1,000 live births)	
• 0-5 years	127
• 0-12 months	80
• at birth (2004)	30
<b>% born underweight</b> (2003/2008)	<b>13</b>
<b>% of underweight children under the age of 5</b>	<b>14</b>
(moderate and severe 2003/2008)	
<b>% of children under 5 suffering from stunted growth</b>	<b>30</b>
(moderate and severe 2003/2008)	
<b>Maternal mortality rate</b> (per 100,000 live births)	<b>780</b>
(2003/2008; registered cases)	
<b>Lifetime risk of maternal death</b> (2005)	<b>1 out of 22</b>
<b>Per capita GNP</b> (US \$)	<b>1,970</b>
<b>Total healthcare expenditure</b>	
• as % of GDP (2005)	1.9
• as % of Government expenditure (1998/2007)	4

Source: UNICEF

As part of its commitment to safeguarding children's health, Eni Foundation launched its first projects in the Republic of Congo by directing its efforts to supporting the healthcare system at the primary level.

The reason for adopting this approach has to do with Congo's particular demographic distribution, featuring few overcrowded urban areas with the rest of the Country having a very low population density, which translates into highly dispersed populated settlements, particularly in the northern regions.

The **Salissa Mwana** project was launched in 2007 to extend first-level healthcare services and assistance to children in isolated and hard-to-reach rural areas. The project includes wide-ranging vaccination and monitoring programs against the major child diseases and aims to strengthen the operational capacity of local healthcare facilities in the Country's three regions, with a view to ensuring long-term general sustainability. Moreover, since last year, in the same areas interested by the Salissa Mwana project, Eni Foundation has been addressing one of the most critical issues affecting children's health, namely the prevention of the transmission of HIV/AIDS from mother to infant, through the **Kento Mwana** project. The initiative follows on from a pilot project completed by Eni in Pointe Noire, in the Kouilou region.

## “Salissa Mwana”

### Child healthcare project in the rural areas

The **Salissa Mwana** (i.e. “Let’s protect the children”) project proposes to improve children’s healthcare through effective vaccination programs aimed at reducing the incidence of the major transmissible diseases. The project, which has a strong structural connotation, also aims to strengthen the operational capacity of primary peripheral healthcare centers, improve the skills and expertise of local healthcare personnel and sensitize the rural population on prevention.

Developed in accordance with the local health system management criteria, the initiative is being carried out on a regional basis in Kouilou, Niari and Cuvette, and involves primarily remote rural districts that are characterized by a shortage of permanent health facilities.

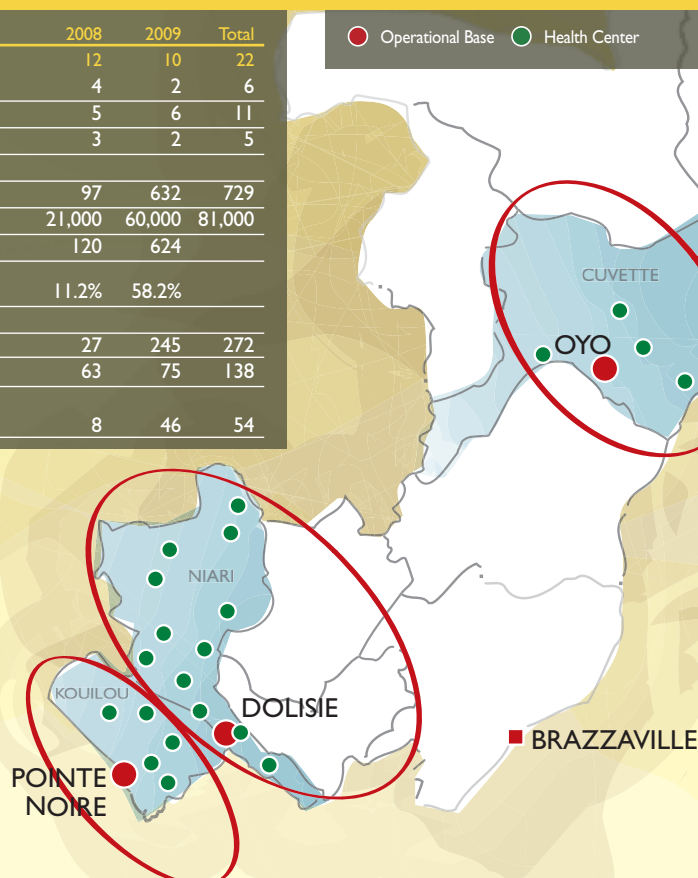
In compliance with World Health Organization standards and guidelines on the prevention of major transmissible diseases, the initiative is part of the Health Strategic Plan 2007-2001 (Plan Stratégique de Développement Sanitaire 2007-2011) and the Expanded Program on Immunization 2008-2011 (Programme Elargi de Vaccination - PEV 2008-2011)

developed and implemented by the Ministry of Health and Population of the Republic of Congo.

For the project’s implementation, Eni Foundation signed a partnership agreement with the Ministry of Health and initiated a collaboration with the non-governmental organization *Fondation Congo Assistance*. Scientific support for the project is provided by the Department of Pediatrics of the University “La Sapienza” in Rome. In just over two years, the **Salissa Mwana** project has reached important results in strengthening both the Country’s healthcare system as a whole and its vaccination program in particular. Following a recent visit to several healthcare facilities that had been rehabilitated thanks to the project, the Congolese Minister of Health expressed satisfaction at the work carried out with respect to the overall sustainability of the model adopted by Eni Foundation which, according to the Minister, “will be adopted as the reference standard for future health projects in the Country”.

#### Results at the end of 2009

	2008	2009	Total
<b>Rehabilitated Health Center</b>	12	10	22
Kouilou	4	2	6
Niari	5	6	11
Cuvette	3	2	5
<b>Vaccination activities</b>			
Vaccination campaigns	97	632	729
Vaccinations	21,000	60,000	81,000
Villages reached	120	624	
Village coverage ratio (villages reached over total villages)	11.2%	58.2%	
<b>Training and awareness building</b>			
Training sessions & supervision	27	245	272
Trained personnel	63	75	138
Information, education & communication sessions	8	46	54



## Project description

### AREAS OF INTERVENTION AND BENEFICIARY POPULATION

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

### OBJECTIVES

- Reduce the incidence of the major child diseases through vaccination programs.
- Strengthen the capacity of primary peripheral health centers.
- Improve the skills of healthcare personnel with respect to vaccination and prevention.
- Promote awareness among the population on the prevention of transmissible diseases.

### ACTIVITIES

- Rehabilitation of 30 peripheral Health Centers, that will be completely restructured and equipped and provided with solar panels for electricity and wells for drinking water.
- Vaccination campaigns against the main diseases, to be carried out both at the Health Centers as well as directly in the remote villages, thanks to mobile vaccination units.
- Epidemiological screening of the child population.
- Training of local technical-healthcare personnel.
- Information, education and communication campaigns aimed at the beneficiary communities.

### STRUCTURE AND ORGANIZATION

- A coordination center in Pointe Noire for the organizational, administrative and logistic activities.
- 3 logistic-operational bases, in Pointe Noire (Kouilou), Dolisie (Niari) and Oyo (Cuvette), to manage health-related activities and the storage and transportation of vaccines.
- 30 Health Centers (16 in Niari, 7 in Cuvette and 7 in Kouilou), acting as bases for the vaccination, training and sensibilization activities in the rural communities.
- 12 mobile medical units and vaccination centers (9 on land, 3 on water) to link the operational bases, the public vaccine storage centers and the Health Centers, and to reach the villages.

### PARTNERS AND ROLES

- Eni Foundation finances the project and is responsible for its management and general coordination.
- The Ministry of Health is responsible for the health facilities, the medical personnel, the vaccines and the essential drugs.
- *Fondation Congo Assistance* guarantees operational support, particularly in terms of human resources for the information, education and communication aimed at the communities.
- The Department of Pediatrics of the University "La Sapienza" in Rome provides scientific support for personnel training, epidemiological screening and community mobilization.

### DURATION AND COST

The project lasts 4 years (2007-2011) and has an estimated cost of 8.5 million euro.

## Activities

### REHABILITATION OF PERIPHERAL HEALTHCARE FACILITIES

Thanks to the project, by the end of 2009 a total of 22 Health Centers were restructured and rendered fully-operational out of the 30 planned for the four-year period. In addition to the 12 centers that became operational in 2008, during 2009 the requalification program for the peripheral healthcare facilities involved 10 new Centers, 2 of which based in Kouilou (Kakamoeka and M'vouti), 6 in Niari (Banda, Nyanga, Makabana, Mayoko, Mossendjo and M'binda) and 2 in Cuvette (Kouyou Ganza and Boundji).

### TRAINING

The training activities during the year were fully extended throughout the project's three regions: in total, 112 training days were held, 14 of which in Kouilou, 72 in Niari and 26 in Cuvette. 75 healthcare operators were trained during the sessions, which were carried out in 16 Health Centers. By the end of the year, the project had trained a total of 138 people, including healthcare agents, obstetricians, midwives, laboratory technicians and agents in charge of promoting awareness.

The training program involved first those facilities rehabilitated at the end of 2008, and later the newly completed centers. Training activities in the Health Centers completed at the end of 2009 were activated in the first quarter of 2010. In order to ensure a base level of expertise in the areas of intervention, the training sessions involved, in addition to the voluntary personnel working in the Health Centers on a permanent basis, personnel employed at the dispensaries located in the districts covered by the project. Learning tests were utilized to assess the effectiveness of the activities carried out. Moreover, the training sessions were almost always followed by supervising sessions and, where necessary, completed by on-the-job training sessions.

Over the year, 133 supervising sessions were held, 36 of which saw the participation of personnel from local healthcare facilities (Departmental Board of Health), while 7 on-the-job training sessions were organized.

In order to ensure a high-level medical care at the Health Centers, in 2009 the project also launched a *Programme Amelioration Qualité* (PAQ), aimed at assessing both the correct management and maintenance of the rehabilitated healthcare facilities, as well as the quality of the professional services provided by the personnel.

## COMMUNITY MOBILIZATION

Information, education and communication activities for the population on the prevention of transmissible child diseases and on the importance of vaccinations are carried out in collaboration with *Fondation Congo Assistance*.

In the first phase of the project these activities were conducted almost exclusively at an institutional level, through meetings with local authorities and village leaders aimed at promoting and supporting the involvement of the population. In 2009, however, these activities were primarily directed at the beneficiary communities in all districts. Overall, 198 villages were involved through 46 sensibilization sessions.

The effectiveness of information, education and communication activities is usually measured through questionnaires (over 2,000 forms were distributed in 2009). However, in areas where a widespread distribution is hindered by either the features of the territory or the great number of widely-scattered villages (especially in Niari and Cuvette), a sampling method is employed.

In particular, a pilot program aimed at the entire target population was activated in the Kouilou region. Besides testing knowledge on vaccinations, the program will allow for mapping the family composition in the villages and districts involved in the project, thus integrating official statistics with current data obtained on the territory that are usually very difficult to collect. The Kouilou region also witnessed the launching of an

experimental topic-based mobilization campaign on the major infant diseases, with informative sessions specifically dedicated to tuberculosis, measles, polio, tetanus, diphtheria, hepatitis B, meningitis and yellow fever.

## VACCINATION ACTIVITIES

At the beginning of the year, vaccination activities were first launched in the districts where the Health Centers had been completed in the previous year, and subsequently, in those districts where the centers were restructured during the first semester. In 2009, a total of 632 vaccination sessions (483 fixed-site strategy vaccination days and 149 mobile/advanced strategy sessions) were conducted, during which 60,000 vaccine doses, integrated with vitamin A supplements, were administered. According to the indications of the Ministry of Health, the vaccination coverage included all the main antigens.

At a regional level, the activity is as follows:

REGION	FIXED-SITE STRATEGY	MOBILE/ADVANCED STRATEGY	TOTAL CAMPAIGNS
Kouilou	94	44	138
Niari	121	74	195
Cuvette	268	31	299
<b>Total</b>	<b>483</b>	<b>149</b>	<b>632</b>

Overall, 729 campaigns have been completed since 2008, for a total of 81,000 administered vaccinations. The activities have reached 624 villages covering the 780 currently falling under the scope of the project, and amounting to almost 60% of the over 1,000 villages located in the three regions.

As in 2008, in August Eni Foundation, invited by the Ministry, supported the “*Semaine de la Mère et de l'Enfant*”, an initiative involving a week of blanket vaccinations throughout the Country with the participation of the health authorities and facilities at all levels. For this initiative, the project provided equipment and personnel to ensure the best outcome of the activities in its areas of operation.

### Vaccination strategy

The project carries out vaccination activities that support the national vaccination program (Programme Elargi de Vaccination – PEV) promoted by the Ministry of Health.

The vaccination sessions are implemented according to the three methods of intervention outlined in the PEV, namely:

- fixed-site strategy: conducted in every Health Center under the supervision of the doctor in charge, according to a monthly calendar laid down together with the Ministry of Health;
- advanced strategy: organized by the Health Center, by mobilizing healthcare personnel in neighboring villages to carry out vaccinations on scheduled dates;
- mobile strategy: managed at the departmental level and carried out by reaching the remote areas with mobile units specifically equipped for vaccine transport.

Both the mobile strategy and the advanced strategy, which are often carried out jointly, involve Health Center personnel as well as operators of the local Departmental Board of Health. Thanks to this strategy, it is possible to gradually cover the entire project area.

Moreover, it is worthwhile emphasizing that the project offers valuable support to the national vaccination campaigns that are regularly organized by the Ministry of Health.






Dr. Edouard Ndinga - Director of the vaccination program of the Ministry of Health

“One of the project's key qualitative aspects was the choice to intervene in distant and hard-to-reach areas, thus fully meeting our goal of bringing healthcare to the most remote communities. The project has enabled us to mobilize the population and increase the vaccination coverage by organizing regular immunization strategies in all the departments of intervention. It represents, therefore, an important and indispensable contribution to strengthening our healthcare system.”



## Results at the end of 2009 for the 3 regions

	<p><b>KOUILOU</b></p> <table> <tr> <th colspan="2">Indicators</th></tr> <tr> <td>Vaccination campaigns</td><td>173</td></tr> <tr> <td>Vaccinations</td><td>19,300</td></tr> <tr> <td>Villages reached</td><td>105</td></tr> <tr> <td>Village coverage ratio (villages reached over total villages)</td><td>44.5%</td></tr> <tr> <td>Training sessions &amp; supervision</td><td>65</td></tr> <tr> <td>Trained personnel (Health Centers &amp; dispensaries)</td><td>32</td></tr> <tr> <td>Information, education &amp; communication sessions</td><td>37</td></tr> </table>	Indicators		Vaccination campaigns	173	Vaccinations	19,300	Villages reached	105	Village coverage ratio (villages reached over total villages)	44.5%	Training sessions & supervision	65	Trained personnel (Health Centers & dispensaries)	32	Information, education & communication sessions	37
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"The project plays an important role in supporting the communities that used to feel neglected with respect to vaccinations and I have also learned a lot since I started working on the project. Salissa Mwana has done a lot for the community of N'kola, not only by rehabilitating its Health Center, which is now fully fitted, but also by equipping it with solar panels, a power generator and a well to meet the population's water needs."

Guy G. M. Makosso - Departmental Board of Health (Kouilou)

"In the Cuvette, the role played by the project has led to an increase in the district's vaccination coverage. For our Health Centers it has translated in the strengthening of their equipment as well as of a number of services, such as drinkable water, electricity and sanitation facilities."

Dr. Rigobert Mbouka - Director, Departmental Board of Health (Cuvette)

"Eni Foundation and Fondation Congo Assistance work as a synergic team. Our collaboration at the local level is open and dynamic. The visits organized at the locations in the project's districts have enabled the team to become well acquainted with the complex reality of the area and therefore prepare intervention strategies aimed at maximizing the activities' results."

Gaston Mouila - Fondation Congo Assistance (Niari)

"The rehabilitation of our Health Center has improved the quality of medical care. Thanks to information campaigns we have learned that it is important to vaccinate our children. Before we were afraid of vaccinations because they caused fever, now we know what to do when this happens."

Flavienne Ndembi - Citizen of Banda (Niari)

## *“Kento Mwana”*

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

With the **Kento Mwana** (i.e. “Mother-Child”) project, Eni Foundation develops a pilot project carried out by Eni in 2005 in the city of Pointe Noire (Kouilou), with the aim of reducing maternal-fetal transmission of the virus down to 2-3%; a figure that can exceed 30% when HIV-positive pregnant women lack access to adequate preventive treatment.

The project for the prevention of vertical transmission of HIV (*Prévention de la Transmission Mère-Enfant - PTME*) revolves around an advanced diagnostics laboratory for HIV infection, which was specifically set up and equipped according to the highest international standards at the *Hôpital Régional des Armées (HRA)* in Pointe Noire, and has been included in the National Health Development Plan and the National Health Plan for the Fight against AIDS of the Republic of Congo.

Through public prenatal consultation centers, the **Kento Mwana** project provides pregnant women with a series of specific, free-of-charge and voluntary services for detecting HIV, as well as prophylaxis or treatment in case they test HIV positive. The project also includes training of healthcare and laboratory personnel, as well as sensibilization campaigns aimed at the female population. The pilot project produced a tenfold reduction in the risk of mother-to-child transmission among women that accepted prophylaxis or treatment with antiretroviral drugs (ARV).

The development phase, carried out by the **Kento Mwana** project, is still aimed at reducing vertical transmission of HIV down to 2-3% in the beneficiary population, through the full implementation of the preventive protocol, and includes a series of clinic-based and training-related improvements coupled with an expansion of the area of intervention. The activities of the **Kento Mwana** project rely on the logistics and the network of healthcare facilities previously set up by Eni Foundation and involve the three regions covered by the **Salissa Mwana** project (Kouilou, Niari and Cuvette). The Clinic for Infectious Diseases of the University of Genoa, which was responsible for the clinic and laboratory based activities during the pilot phase, is the scientific partner of the project.

#### AIDS in Congo

##### STATISTICAL-EPIDEMIOLOGICAL DATA

In 2007, over 79,000 people in the Republic of Congo were living with HIV: of these, 73,000 were adults over the age of 15, the majority of which were women (59%), while children under the age of 14 numbered 6,600. The prevalence rate in the 15-49 year age group, which started dropping from the second half of the 1990s, amounted to 3.5%. According to estimates, in 2007, some 6,400 AIDS-related deaths occurred and almost 70,000 children were deprived of one of their parents due to the epidemic.

As for the clinical aspects, some 5,000 people received the antiretroviral therapy (ART) in 2007: coverage amounted to only 17% of the estimated need (29,000 people), though this was a large improvement on the 2004 figure which did not exceed 2%. Of the 6,600 HIV-positive children, 2,300 required ART but fewer than 500 had access to treatment (20% coverage).

One of the main problems is represented by the vertical transmission of the virus, also due in part to the limited availability of HIV screening services at prenatal healthcare facilities. The number of pregnant HIV-positive women was estimated at 4,300 in 2008, and only 1 out of 10 had access to antiretroviral drugs (ARV) to prevent transmission of the virus to their newborn children.

##### STRATEGIES IN THE FIGHT AGAINST AIDS

In 2002, the Congolese Government set up the National Council for the Fight against AIDS (Conseil National de Lutte contre le SIDA - CNLS) to coordinate and direct strategies against HIV/AIDS and sexually transmitted diseases.

In this context, in 2003 an initiative was launched to guarantee access to antiretroviral drugs in the Country (Initiative Congolaise d'Accès aux Anti-Retroviraux - ICAARV). COMEG (Congolaise des médicaments essentiels génériques) was given the task of managing the initiative and ensuring the availability of essential drugs and medical equipment, high-quality laboratory diagnostics, reagents and consumables at accessible prices.

Moreover, since 2007 several centers throughout the Country have been providing free-of-charge counseling services and HIV screening tests. Due to the poor reliability of the national health information system, one of the critical concerns of an HIV response strategy is epidemiological screening, particularly with respect to certain crucial aspects such as sentinel serological surveillance of pregnant women benefiting from prenatal health services.

## Project description

### AREAS OF INTERVENTION

The project is extended to the entire Kouilou region, as well as to the Niari and Cuvette regions. The Health Centers to be involved in the project are selected jointly with the National Council for the Fight against AIDS (CNLS) of the Republic of Congo.

### BENEFICIARY POPULATION

Based on the experience of the pilot project and the epidemiological data provided by local health authorities, some 1,025 mother-child pairs are expected to be treated (between January 2009 and June 2011).

### OBJECTIVES

- Develop the coverage of the pilot project activities.
- Improve the specialist diagnostics capabilities of the laboratory.
- Strengthen the expertise of personnel of the peripheral healthcare facilities.
- Gradual transfer to the Congolese healthcare personnel of know-how on prevention of mother-to-child transmission.

### ACTIVITIES

In addition to the activities already carried out during the pilot phase, the project includes the following:

- Integration of new healthcare facilities to conduct HIV screening and radiological and instrumental tests.
- Supply of new instrumentation for the laboratory in Pointe Noire.
- Extension of prevention of other mother-to-fetus transmitted diseases, in particular HBV (hepatitis B) infection and implementation of early vaccination protocol for newborns, in the event of HIV-positive mothers.
- Training of the local personnel (on-site training sessions, internships at Pointe Noire for personnel from other departments and internships in Italy). The project also includes on-site training of about 320 people, including doctors, health center managers, counseling personnel, obstetricians, male nurses and delivery room attendants, laboratory technicians.
- Assessment of skills acquired by Congolese healthcare personnel with respect to the prevention of mother-to-child HIV transmission.

### PARTNERS AND ROLES

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

### DURATION AND COST

The project lasts 4 years (2009-2012) and has an estimated cost of 1.8 million euro.

## Activities

### EXTENSION OF THE COVERAGE

Following the project extension to the Kouilou, Niari and Cuvette regions, and thanks to the logistics network and facilities set up by Eni Foundation for the **Salissa Mwana** project, it has been possible to provide local counseling and voluntary screening services (at the integrated Health Centers) by offering rapid tests and subsequent confirmation of the positive results by the central laboratory. Immunologic surveillance is carried out by the local reference laboratories of each Department, while quality control is guaranteed by the central laboratory. This operational system is implemented in coordination with the National Council for the Fight against AIDS and with the other organizations involved in the same prevention activities.

At a territorial level, during the year new healthcare facilities were selected and gradually activated: 11 primary facilities (first-level Health Centers for treating women), including the 4 Centers in Pointe Noire operational since the pilot phase; and 5 reference facilities, i.e. hospitals where the mother-child pairs continue to be treated in the respective maternity and pediatric wards.

With respect to the health facilities, the Mouissou Madeleine Center was opened in Pointe Noire, while the Mandingo Kayes Center was inaugurated in Kouilou. The project then incorporated the Dimebeko Health Center, the *Hôpital Régional des Armées* and the *Armée du Salut* – all located in Dolisie (Niari), as well as two Health Centers in Owando (Cuvette).

Of the five reference facilities activated during the year, two are located in Pointe Noire, namely the *Hôpital Régional des Armées* and the *Hôpital de Base de TiéTié*, two in the Niari region, the *Hôpital de Référence* and the *Hôpital Régional des Armées* in Dolisie, and one in the Cuvette region, the *Hôpital de Référence* in Owando.

On the whole, 5,094 women received counseling during the year and 5,077 of them (over 99%) agreed to undergo HIV screening: of these, some 300 tested positive. As of today, 239 women are being followed by the project, along with 466 mother-child pairs being treated since the pilot phase.

All the women and children following the protocol benefited from essential antiretroviral drugs for either prevention or therapy. Moreover, all the women received vitamin and mineral (iron) supplements. Eight women were hospitalized and treated for infections related to the virus.

## DEVELOPMENT OF THE CAPABILITIES OF THE LABORATORY

The advanced diagnostics laboratory in Pointe Noire has been strengthened and equipped with a machine for measuring the viral load (amount of HIV per unit of blood volume): this parameter – crucial for assessing the effectiveness of the antiretroviral therapy – allows for a more effective treatment of mother-child pairs through the virological control of HIV-positive pregnant women and the bio-molecular diagnostics of newborns.

## TRAINING

A total of 5 general training and continuing vocational training areas were identified and activated:

- pre-post test counseling;
- treatment of HIV-positive women during pregnancy;
- treatment of the HIV-positive women at childbirth;
- pediatric treatment of children born to HIV-positive women;
- infant feeding methods.

On the whole, 284 healthcare operators were selected for training, in agreement with the Health Board of each Department: 203 in the Kouilou region (181 of whom in Pointe Noire), 60 in Niari and 21 in the Cuvette. The following professionals were involved: obstetricians, gynecologists, pediatricians, delivery room personnel, pediatric nurses and laboratory technicians.

Over the year, 62 training sessions were held on the different refresher areas, for a total of 269 participants, and 14 internships were conducted.

## TRANSFER OF KNOW-HOW

The transfer of know-how to local doctors for the treatment of pregnant and post-partum HIV-positive women, represents one of the key aspects in promoting the correct and autonomous implementation of prevention activities and, therefore, the overall sustainability of the project. The process is coordinated by a specialist, assigned to the project by the Departmental Board of Health of Pointe Noire, who during the year has activated the mentorship phase for personnel operating in the Health Centers involved. Thanks to this activity, transfer of know-how was completed by the end of the year at those healthcare facilities in Point Noire that had an established logistics system in place and an adequately trained personnel operating since the pilot phase. For the Mouissou Madeleine Center opened in 2009, transfer of know-how is due to be completed in 2010. A critical role in this respect was played by the specialist doctors assigned to the project by the University of Genoa, who conducted an important supervising activity at the pediatric ward of the General Hospital in TiéTié, thus enabling local doctors to autonomously conduct all the prevention activities. They also assessed the know-how acquired by pediatric personnel of the different Health Centers involved in the project, by conducting supervision twice a month. On the whole, the transfer of know-how involved 27 doctors and paramedics, of whom: 2 prescribing doctors for antiretroviral drugs during pregnancy; 6 counseling operators (2 supervisors and 4 collaborators); 14 obstetricians; 2 pediatric doctors; 3 pediatric nurses.

*"From a qualitative point of view, the clinical activities and the supervisory work conducted on the territory by the project are first-rate and the results reached so far are quite encouraging, seeing that hundreds of children born to HIV-positive mothers have not been infected with the virus. Another important aspect of Kento Mwana is the transfer of know-how from the Italian team to the medical supervisory personnel at Pointe Noire. For these reasons I believe that the project has played an indispensable role in supporting the Ministry of Health efforts in the prevention of mother-to-child transmission of HIV."*

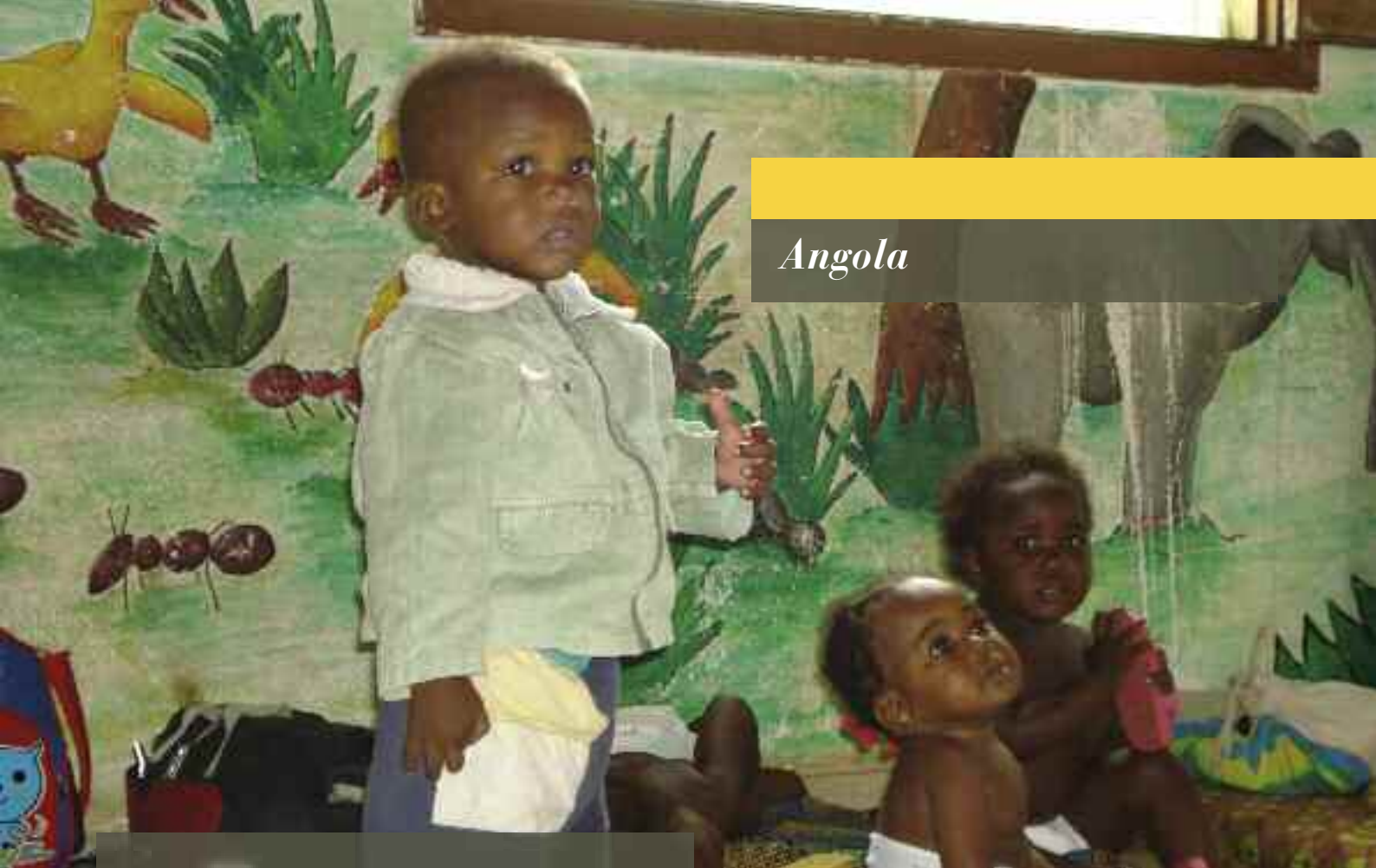
Dr. Joseph Moutou - Director, Departmental Board of Health (Pointe Noire)

*"Kento Mwana's strengths for the Madeleine Mouissou Health Center lie in the open and positive collaboration between the project team and our HIV transmission prevention team as well as in two other critical aspects: the regular distribution and correct management of antiretroviral drugs and the steady supply of the other instrumentation."*

Dr. Jean Denis Boumba - Supervising doctor in charge of the Madeleine Mouissou Health Center (Pointe Noire)







## Angola

### Country data

(2008 unless otherwise indicated)

<b>Population</b> (thousands)	<b>18,021</b>
• under 18 (thousands)	9,405
• under 5 (thousands)	3,170
<b>Life expectancy at birth</b> (years)	<b>47</b>
<b>Child mortality rate</b> (per 1,000 born alive)	
• 0-5 years	220
• 0-12 months	130
• at birth (2004)	54
<b>% born underweight</b> (2003/2008)	<b>12</b>
<b>% of underweight children under the age of 5</b>	<b>31</b>
(moderate and severe 2000/2007)	
<b>% of children under 5 suffering from stunted growth</b>	<b>45</b>
(moderate and severe 2000/2007)	
<b>Maternal mortality rate</b> (per 100,000 live births)	<b>1,400</b>
(2005; registered cases)	
<b>Lifetime risk of maternal death</b> (2005)	<b>1 out of 12</b>
<b>Per capita GNP</b> (US \$)	<b>3,450</b>
<b>Total healthcare expenditure</b>	
• as % of Government expenditure (1998/2007)	6

Source: UNICEF

### *“Kilamba Kiaxi”*

### *Mother and child healthcare-nutritional project in Luanda*

The project aims to improve the health conditions of the child and maternal population in the Municipality of Kilamba Kiaxi, one of the 9 municipalities comprising the metropolitan area of Luanda. According to the most recent estimates, Kilamba Kiaxi is home to more than 1.2 million people (almost 7% of the Country's entire population), 240,000 of whom are children between the age of 0 and 5.

The objective of the project is to reduce the incidence of preventable diseases and of those caused by malnutrition, by strengthening existing primary healthcare facilities, conducting epidemiological screening and implementing vaccination and nutrition education programs.

For the development of the project, Eni Foundation signed a partnership agreement with the Angolan Ministry of Health, as well as a collaboration agreement with the non-governmental organization *Obra da Divina Providência*,

## Project description

### AREAS OF INTERVENTION

The project is being developed in the Municipality of Kilamba Kiaxi, whose healthcare system includes 7 Health Centers (first-level facilities) and 2 Hospitals (second-level facilities) equipped with pediatrics wards, one of which is the Municipal Hospital providing surgical services.

### OBJECTIVES AND ACTIVITIES

The project pursues 4 main results to be achieved through a detailed intervention plan.

- Strengthening of the healthcare service network through activities involving first-level assistance Health Centers and the hospitals referring to these, to ensure adequate coverage of the area:
  - building and fitting of 2 new Health Centers along with the functional support to the 7 existing Health Centers through the supply of equipment, instruments and furniture;
  - building of a Therapeutic and Preventive Nutrition Center at the Hospital da Divina Providência and strengthening of those already present at 2 Health Centers managed by the same Hospital;
  - setting up of an emergency transportation system for patients in the Municipality's 6 districts through the supply of ambulances.
- Improvement of the technical-managerial skills of healthcare personnel at various levels of the service network through the training of doctors and paramedics of the Municipal Health Department, and the supply of suitable material for carrying out the training activities.
- Strengthening of the epidemiological screening system through the specific training of the Municipality's healthcare operators (collection, analysis and interpretation of epidemiologically significant data), and the supply of materials and equipment required for epidemiological screening.
- Strengthening and extension of maternal-child healthcare services through information, education and communication sessions at the community level, with the aim of raising awareness among families, in particular mothers, on prevention and nutritional education issues. The scheduled activities also include the active detection of high-risk pregnancy cases, malnutrition and lack of vaccination coverage.

### PARTNERS AND ROLES

- Eni Foundation manages, coordinates and finances the project.
- The Angolan Ministry of Health – the project's institutional partner – provides the healthcare facilities involved in the project, the technical-healthcare personnel, medicines and any other necessary support.
- The non-governmental organization *Obra da Divina Providência* contributes to carrying out a number of project activities and represents the main operational reference for the implementation of the initiative.
- In addition, the project will draw on the collaborations promoted by Eni Foundation with a wide number of local institutions at different levels.

### DURATION AND COST

The project lasts 2 years (2009-2011) and has an estimated cost of 5.4 million euro.

whose Pediatric Hospital in Luanda has been a reference point for the Municipality's population for some years. The initiative thus aims at supporting the Ministry of Health in its efforts to reach the Millennium Development Goals 4 and 5 – respectively the reduction of child mortality and the protection of maternal health – and is part of the socio-economic development and child protection strategy laid out by the Angolan Government with UNICEF.

Once completed, the project will represent a valid reference model for implementing similar initiatives in the future in other health districts of the Capital.

### Activities

The initiative became fully operational during the course of the year with the start of construction work at the two new Health Centers and the supply of equipment, instruments and furniture for the full restoration of the functionality of the first-level healthcare facilities in Kilamba Kiaxi.

In addition, during 2009 the project was equipped with 6 ambulances for the emergency transportation of patients in the respective 6 Municipality's districts.

At the same time, an intensive training program for medical and paramedical personnel got under way with training and specialization courses in Gynecology and Obstetrics, Neonatology, Pediatrics, Nutrition and Laboratory Biology.

With respect to nutrition, an intervention program was developed at the *Hospital da Divina Providência*, aimed at upgrading assistance at all levels, from personnel training to raising awareness among families.

With respect to sensibilization – which plays a key role in

*"Local health authorities recognize the humanitarian role played by Eni Foundation through this project, which increases the Health Centers' ability to respond to patients' needs, contributes to reducing the morbidity and mortality of children and mothers and improves the working conditions of the Centers' personnel."*

Dr. Domingos Q. Cristóvão

Head of services of the Kilamba Kiaxi Municipality

*"The personnel training program and the improvement of medical and prevention services implemented by this project are part of a winning strategy aimed at delivering a healthcare system capable of effectively meeting the needs of the population. I am also convinced that the community nutrition information program is quite important given the low level of schooling of mothers attending our Center, which is unfortunately a common condition in this area".*

Ana Maria de Souza Ribeiro

Head of the S. João Calábria Health Center

removing the cultural barriers that often hamper access to official healthcare facilities – several health information and education sessions were held on the major sensitive topics (disease prevention, basic hygienic rules, nutrition education) for outpatients at the *Hospital da Divina Providência* and the Health Centers of the Municipality.

Moreover, during the year, Eni Foundation actively participated with its own personnel and equipment in the 3 polio vaccination campaigns carried out by the Municipality's health authorities through a mobile strategy, in conformity to the recommendations of the World Health Organization.

### Social-health context

The long civil war that devastated Angola up until 2002, severely damaged basic services, in particular the healthcare system, which is affected by lack of infrastructure and personnel. This situation, despite the significant economic development recorded in recent years, is highlighted by all the social indicators.

The population – estimated between 13 and 17 million inhabitants, about half of which under the age of 14 – has a life expectancy at birth of 47 years.

Over two-thirds of all Angolans live below the poverty line, while less than half have access to drinkable water and basic medical care.

Decades of armed conflict have forced millions of people to abandon rural regions and seek refuge in urban areas, thereby causing further poverty and social unrest. The urbanization rate is at around 60%, and is particularly significant in Luanda, where almost half of the city's population lives in overcrowded and highly insecure conditions. The difficulties in accessing healthcare services primarily affects the maternal-infant population, which often resorts to traditional or home-based remedies that are inappropriate to treat diseases.

As a result, infant mortality in children under the age of 5 is very high: 220 deaths per 1,000 live births (the second highest in the world after Afghanistan). The main causes of mortality and morbidity are malaria, acute respiratory infections, gastro-enteric diseases, tetanus and, in general, diseases that are easily preventable with vaccines, such as measles. About half of the children suffer from chronic malnutrition and stunting, which can be considered as a social disease and the main cause of death in many outlying areas of the capital. The difficulties in accessing healthcare facilities, aggravated by cultural factors, are also responsible for the high maternal mortality rate – some 1,400 deaths per 100,000 live births: only 1 out of 3 women receives medical assistance and examinations during pregnancy, while delivery care coverage in public and private facilities is below 60%.

### Municipality of Kilamba Kiaxi Local healthcare network

Area of 64 Km<sup>2</sup> with an estimated population of 1.2 million of which 240,000 children (0-5 years)



#### Organization of the healthcare system

##### 1<sup>ST</sup> LEVEL

- PS (Health Posts)** - primary unit for consults, treatment, pharmacy, prenatal and infant care and vaccination services and at times laboratory and sterilization services.  
Personnel: paramedics & technicians.
- CS (Health Centers)** - continuous healthcare (promotion, prevention, basic treatment), at times birth delivery assistance, with a few specialized services (i.e. TB/DOTS, HIV/AIDS).  
Personnel: general practitioners, availability of pediatricians & gynecologists.
- New Health Centers planned by the project**

##### 2<sup>ND</sup> LEVEL

- CSR (Reference Health Centers)** - in addition to continuous care, there are laboratories, birth delivery assistance, hospitalization.
- HM (Municipal Hospitals)** - similar to CSRs but with a capacity to admit over 30 persons.  
Personnel: midlevel technicians, general practitioners & a few specialists.

##### 3<sup>RD</sup> LEVEL

- HG (General Hospital)** - in addition to primary care, it offers specialized medicine, emergency surgery, diagnostic services, blood bank.  
Personnel: specialist physicians in pediatrics, gynecology & obstetrics, internal medicine, surgery.

## Indonesia

### *Collaboration with Smile Train Italia*

### *Project for the treatment of cleft lip and palate in Indonesia*

Eni Foundation decided to tackle cleft lip and palate, a condition particularly widespread in Indonesia, by launching a project in collaboration with Smile Train Italia, a humanitarian organization specialized in the surgical treatment and rehabilitation of children affected by this pathology. The three-year project aims to ensure the Country's full autonomy in the correction of facial malformations, by creating a center of excellence for the surgical and therapeutic treatment of cleft lip and palate.

#### Activities

After activating partnerships with the local institutions, defining the plan of intervention and setting up the training program for local medical personnel, in 2009 Smile Train Italia launched the project's operational phase.

In this respect, surgical-medical instruments and material were supplied to set up the Center and the first surgical-training mission of Smile Train volunteer doctors was conducted at the Tarakan Hospital.

90 children were examined and 61 of them underwent surgery during the mission: in most cases, given the complexity of the clinical situation, combined surgical operations were carried out to correct the cleft lip and palate, nose deformity and dental arch.

The rest of the patients that could not be operated due to their precarious overall health conditions, will be treated during a following mission, after receiving adequate therapy.

The mission also represented the first step of the training program for Indonesian surgeons and anesthesiologist, who actively participated in the preliminary phase of patient examination and selection, in addition to all subsequent surgical operations.

Moreover, a number of communication initiatives were promoted in collaboration with the local media, to raise awareness about the initiative's aims and contents among the population.

### Project description

#### AREAS OF INTERVENTION

The local reference structure for implementing the project is the Provincial Hospital of the city of Tarakan, in East Kalimantan, the second largest Indonesian province, located on the island of Borneo. In this region, the incidence of congenital malformations involving cleft lip and palate is aggravated by the lack of doctors and adequate facilities: in the Tarakan Hospital, in particular, there is a severe shortage of plastic surgeons. The new Center for cleft lip and palate will be set up in the city's new Hospital, which is currently being completed.

#### OBJECTIVES AND ACTIVITIES

In order to achieve the final objective – the creation of a center of excellence for treating cleft lip and palate – the project involves:

- surgical missions, with the transfer to Italy of the most critical cases that cannot be treated locally;
- supply of medical and surgical equipment and instruments;
- intensive specialized training programs for local medical personnel according to international surgical standards.

#### PARTNERS AND ROLES

- Eni Foundation finances the project.
- Smile Train Italia is responsible for carrying out project activities and, to this aim, signed a number of agreements with the Tarakan's administrative and health authorities.

#### DURATION AND COST

The project lasts 3 years (2009-2011) and has an overall cost of 0.5 million euro.

#### Cleft lip and palate

Cleft lip and palate are congenital malformations caused by an anomalous facial development during gestation, which can be corrected through a relatively simple and inexpensive operation. In industrialized countries, all newborn children affected by the malformation automatically undergo reconstructive surgery a few months after birth, allowing them to lead a normal life. In developing countries, where the highest number of cases is recorded, this malformation affects the quality of life and hampers social integration. Millions of children affected by cleft lip and palate are not operated because their families cannot afford to pay for the surgical treatment and consequently lead a life of hardship and neglect. In Indonesia, the disease is widespread and affects approximately 8,500 newborn children each year. Local healthcare facilities, which operate on a charge-basis, generally do not have a sufficient number of specialized doctors and are unable to offer adequate surgical or therapeutic solutions.



## Overview of expenditure for 2009

The balance as of December 31, 2009 closed with an overall expenditure of 5,394 thousand euro (including income for 59 thousand euro), of which:

- 4,452 thousand euro for costs relating to the Foundation's typical activities;
- 926 thousand euro for operating costs;
- 75 thousand for taxes.

Listed below is a breakdown of the expenditure by purpose.

The costs for the continuation of the healthcare projects in the Republic of Congo, Angola and Indonesia amounted to 4,435 thousand euro and refer to:

- the **Salissa Mwana** project in Congo for 2,415 thousand euro, of which:
  - 1,280 thousand euro for rehabilitating and equipping Health Centers, and building drinkable water facilities, generators and incinerators;
  - 37 thousand euro for training and supervisory activities of healthcare and technical personnel employed in the Health Centers;
  - 15 thousand euro for sensibilization activities aimed at the communities;
  - 21 thousand euro for supporting vaccination activities;
  - 1,061 thousand euro for structure-related, operating and personnel costs.
- the **Kento Mwana** project – also in Congo – for 443 thousand euro, of which:
  - 165 thousand euro for increasing coverage of counseling and screening services;
  - 23 thousand euro for developing diagnostic and specialist expertise;
  - 46 thousand euro for improving skills of healthcare personnel employed in healthcare facilities;
  - 107 thousand euro for transferring know-how to local healthcare personnel, with respect to prevention of vertical transmission of HIV;
  - 102 thousand euro for structure-related and operating costs.

- the **Kilamba Kiayi** project in Angola for 1,457 thousand euro, of which:
  - 833 thousand euro for strengthening the healthcare system by constructing new Health Centers, equipping existing ones and purchasing ambulances;
  - 4 thousand euro for improving the technical-managerial skills of healthcare personnel;
  - 25 thousand euro for strengthening and expanding maternal-infant medicine services;
  - 595 thousand euro for structure-related, operating and personnel costs.

- the **cleft lip and palate treatment project** in Indonesia, amounting to 120 thousand euro.

Donations made to non-profit third parties amounted to 17 thousand euro.

Operating costs amount to 926 thousand euro and refer primarily to:

- costs of seconded personnel (487 thousand euro);
- services provided by Eni SpA under the service contract (96 thousand euro);
- administrative services provided by Sofid SpA (78 thousand euro);
- technical and administrative services provided by third parties (24 thousand euro);
- services provided by statutory bodies (138 thousand euro);
- other services (15 thousand euro);
- leasing of the head office in Rome (78 thousand euro).

Taxes amount to 75 thousand euro and refer to IRAP (regional production tax).





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## Statements

### Balance sheet

(EURO)

ASSETS		NOTES	31.12.2008	31.12.2009
A	RECEIVABLES FROM MEMBERS FOR DUES			
B	FIXED ASSETS			
I	Intangible fixed assets			
II	Tangible fixed assets	I		
III	Financial fixed assets			
C	CURRENT ASSETS			
I	Inventories			
II	Receivables			
	receivables from the Founder	2	100,000,000	100,000,000
	receivables from others		-	-
			100,000,000	100,000,000
III	Financial assets (other than fixed assets)			
IV	Cash and cash equivalents			
	bank and postal deposits	3	7,792,009	7,016,531
			7,792,009	7,016,531
D	ACCRUALS AND DEFERRED INCOME			
	TOTAL ASSETS		107,792,009	107,016,531
LIABILITIES AND NET EQUITY		NOTES	31.12.2008	31.12.2009
A	NET EQUITY			
I	Unrestricted equity	4		
	Operating fund (Art. 6 of the By-Laws)		10,000,000	15,000,000
	Operating result from previous financial years		(1,496,388)	(5,562,400)
	Operating result from current financial year		(4,066,012)	(5,393,542)
II	Endowment fund	5	110,000	110,000
			4,547,600	4,154,058
B	PROVISIONS FOR LIABILITIES AND EXPENSES			
C	EMPLOYEE SEVERANCE INDEMNITY			
D	PAYABLES			
	payables to suppliers	6	3,021,583	2,462,065
	payables to Founder	7	165,257	305,572
	tax payables	8	1,162	73,349
	payables to pension funds and social security agencies	9	1,488	1,487
	other payables	10	54,919	20,000
	payables to the Ministry of the Economy and Finance	11	100,000,000	100,000,000
			103,244,409	102,862,473
E	ACCRUALS AND DEFERRED INCOME			
	TOTAL LIABILITIES AND NET EQUITY		107,792,009	107,016,531
F	MEMORANDUM ACCOUNTS			
	Goods held by third parties	12		4,000



*Income statement*

(EURO)

INCOME	NOTES	31.12.2008	31.12.2009
<b>Income from typical activities</b>			
<b>Income from secondary activities</b>			
Other operating income	13		4,000
<b>Financial income and capital gains</b>			
Financial income from bank deposits	14	222,688	55,074
<b>TOTAL INCOME</b>		<b>222,688</b>	<b>59,074</b>
EXPENSES	NOTES	31.12.2008	31.12.2009
<b>Expenses from typical activities</b>			
Purchases	15	1,189,999	674,723
Services	16	1,773,765	3,577,175
Lease and rental expenses	17	70,964	62,833
Other operating expenses	18	214,163	136,859
		<b>3,248,891</b>	<b>4,451,590</b>
<b>General support expenses</b>			
Services	19	958,181	838,569
Lease and rental expenses	20	79,168	77,622
Depreciation	21		4,000
Other expenses	22	424	5,966
		<b>1,037,773</b>	<b>926,157</b>
<b>TOTAL EXPENSES</b>		<b>4,286,664</b>	<b>5,377,747</b>
<b>RESULT BEFORE TAXES</b>		<b>(4,063,976)</b>	<b>(5,318,673)</b>
<b>INCOME TAX</b>			
Taxes from previous financial years		(349)	
Taxes for current financial year	23	(1,687)	(74,869)
<b>TOTAL INCOME TAX FOR THE FINANCIAL YEAR</b>		<b>(2,036)</b>	<b>(74,869)</b>
<b>OPERATING RESULT</b>		<b>(4,066,012)</b>	<b>(5,393,542)</b>

## *Supplementary Note to the financial statements as of December 31, 2009*

### **Composition criteria**

The Foundation's financial statements for the year closed on December 31, 2009 is compliant with the directives provided under Art. 20 of the Decree of the President of the Italian Republic (D.P.R.) no. 600/73 (also applicable to non-profit organizations), whereby all transactions must be recorded through general and systematic accounting systems that allow for drawing up the organization's annual financial statements, in all those cases where the Board of Directors is required under the By-Laws to approve a financial statements every year.

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

The template adopted for the Balance Sheet is the one recommended for non-profit organizations that do not carry out activities that are collateral to their institutional ones. Indeed, the activities carried out by the Foundation fall within its direct objectives as defined in its By-Laws.

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-mentioned considerations, the financial statements comprise the Balance Sheet, the Income Statement and the Supplementary Note, which is an integral part of the document itself.

### **Auditing of financial statements**

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

### **Valuation criteria**

The financial statement entries are evaluated according to the principles of prudence, continuity and periodicity, 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 accounting principles were adopted in evaluating the balance sheet entries:

- Tangible fixed assets: entered at their market value.
- Receivables and payables: entered at their nominal value as they all have Eni SpA as counterpart.

### **Income statement**

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

- Income and expenses: entered according to the criteria of periodicity and in compliance with the principle of prudence.

### **Fiscal aspects**

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

The main aspect refers to the institutional activities carried out in 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, fiscal deductions on interest earned on bank deposits are not subject to reimbursement.

With reference to IRAP (Regional Tax on Productive Activities), a 4.82% rate is applied to the Foundation. The tax base for determining the income tax comprises remunerations for term-contract collaborators and seconded personnel.

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

### **Special cases**

During the financial year being examined, Eni Foundation purchased (in the context of the service contract with Eni Angola) 5 ambulances for the emergency transportation of patients as part of the mother and child healthcare-nutritional project in Luanda. Once the activities are completed, the ambulances will be transferred free-of-charge to the project's partner, the Angolan Ministry of Health. These vehicles are not recorded as part of Eni Foundation's assets as the Foundation is awaiting legal recognition in the Country.

### **Employment information**

The Foundation does not have any permanent employees.

## *Notes to financial statements' entries and other information*

### **Balance Sheet**

#### **Fixed assets**

##### **1) TANGIBLE FIXED ASSETS**

These include personal computers received from Eni SpA free of charge. They are entered at the normal value of 4,000 euro and fully amortized.

#### **Current assets**

##### **2) RECEIVABLES FROM THE FOUNDER**

These receivables, amounting to 100,000,000 euro, refer to Eni's commitment to transfer to Eni Foundation the solidarity contribution in favor of the Ministry of the Economy and Finance, on the basis of the agreement signed on December 19, 2008 between the Ministry of the Economy and Finance, the Ministry of Labor, Health and Social Policies, Eni Foundation and Eni SpA. A corresponding amount is entered under the Liabilities in the "Payables" section.

On January 27, 2010, Eni honored its commitment and Eni Foundation paid the sum to the Ministry of the Economy and Finance (value date January 29, 2010).

##### **3) CASH AND CASH EQUIVALENTS**

Cash and cash equivalents amount to 7,016,531 euro and are represented by the funds deposited at the bank BNL – BNP Paribas Group – account no. 167491 – Eni branch.

#### **Net equity**

##### **4) UNRESTRICTED EQUITY**

The unrestricted equity consists of the following:

- the operating fund, as per Art. 6 of the Foundation's By-Laws, currently amounting to 15,000,000 euro, following the replenishment of 5,000,000 euro by the Founder Eni on 13.07.2009;
- the negative operating result for previous financial years amounting to 5,562,400 euro;
- the negative operating result for the current financial year amounting to 5,393,542 euro.

##### **5) ENDOWMENT FUND**

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

#### **Payables**

##### **6) PAYABLES TO SUPPLIERS**

Payables to suppliers amount to 2,462,065 euro and comprise:

- payables to Eni Congo SA for 1,640,790 euro;
- payables to Eni Angola Production for 821,275 euro.

The above entries refer to services rendered under the services contracts.

##### **7) PAYABLES TO THE FOUNDER**

Liabilities towards Eni for 305,572 euro include payables relating to seconded personnel and the services contract.

##### **8) TAX PAYABLES**

Tax liabilities amounting to 73,349 euro include the allocation for the Regional Tax on Productive Activities (IRAP) for 2009 (73,182 euro) and the withholding tax (167 euro).

##### **9) PAYABLES TO PENSION FUNDS AND SOCIAL SECURITY AGENCIES**

Payables for 1,487 euro consist of liabilities towards INPS (Italian Social Security Institute) for deductions on remunerations for collaborators.

##### **10) OTHER PAYABLES**

Other payables amounting to 20,000 euro include allotted compensations for the members of the Corporate Bodies.

##### **11) PAYABLES TO THE MINISTRY OF THE ECONOMY AND FINANCE**

The liability of 100,000,000 euro consists of the solidarity contribution previously outlined for the corresponding "Assets" entry.

#### **Memorandum accounts**

##### **12) GOODS HELD BY THIRD PARTIES**

Amounting to 4,000 euro and are represented entirely by the market value of the personal computers entered among the tangible fixed assets, which are held by Eni SpA pending their donation to social welfare initiatives.

## ***Income statement***

### **Income from secondary activities**

#### **13) OTHER OPERATING INCOME**

Amounting to 4,000 euro, it refers to the value of the personal computers received free of charge and entered among the tangible fixed assets.

### **Financial income and capital gains**

#### **14) FINANCIAL INCOME FROM BANK DEPOSITS**

The financial income amounting to 55,074 euro consists of the interest earned on the bank deposit at the bank BNL (BNP Paribas Group).

### **Expenses from typical activities**

These expenses refer to costs sustained by the Foundation to carry out its institutional activity.

#### **15) PURCHASES**

Amounting to 674,723 euro, they refer to purchases of materials and equipment for the Health Centers, operational bases and ambulances for the projects conducted by Eni Foundation in the Republic of Congo and Angola, made by Eni Congo SA and Eni Angola Production on the basis of the service contracts signed with the Foundation, and in particular:

- 320,081 euro for the Salissa Mwana project in Congo;
- 7,642 euro for the Kento Mwana project in Congo;
- 347,000 euro for the Kilamba Kiayi project in Angola.

#### **16) SERVICES**

These amount to 3,577,175 euro and refer to expenses made for the projects mentioned in the previous note, for restructuring and equipping Health Centers, medical and technical services rendered by specialized personnel and seconded personnel from Eni subsidiaries, research and support for health activities, training and sensibilization activities of which:

- 2,051,913 euro for the Salissa Mwana project;
- 415,198 euro for the Kento Mwana project;
- 1,110,064 euro for the Kilamba Kiayi project.

#### **17) LEASE AND RENTAL EXPENSES**

These amount to 62,833 euro and include the rental of offices in the operational bases and vehicles, of which:

- 42,564 euro for the Salissa Mwana project;
- 20,269 euro for the Kento Mwana project.

#### **18) OTHER OPERATING EXPENSES**

Amounting to 136,859 euro, these include:

- donations to non-profit organizations for 136,500 euro, of which 120,000 euro in favor of Smile Train Italia Onlus for implementing the cleft lip and palate project in Indonesia, and 16,500 euro for other donations;
- administrative expenses for 359 euro.

### **General support expenses**

These expenses refer to the costs sustained for carrying out the Foundation's management and operational activities.

#### **19) SERVICES**

Amounting to 838,569 euro, they include:

- services rendered by seconded personnel for 487,249 euro;
- services rendered by Eni SpA under the services contract, for 96,000 euro;
- services rendered by members of the Governing Bodies for 138,268 euro;
- administrative services rendered by Eni Group companies for 77,505 euro;
- technical-administrative services rendered by third parties for 24,000 euro;
- banking services for 654 euro;
- other services for 14,893 euro.

#### **20) LEASE AND RENTAL EXPENSES**

Amounting to 77,622 euro and they consist of the rental of the headquarters offices in Rome.

#### **21) DEPRECIATION**

Amounting to 4,000 euro, they refer to the personal computers received free-of-charge from Eni SpA.

#### **22) OTHER EXPENSES**

Amounting to 5,966 euro, they primarily include other fiscal charges.

### **Income tax**

#### **23) TAXES FOR CURRENT FINANCIAL YEAR**

Amounting to 74,869 euro and they consist of the allotment for the Regional Tax on Productive Activities (IRAP) for the financial year 2009.

The operating result at December 31, 2009 amounts to a loss of 5,393,542 euro.



## ***Report of the Board of Internal Auditors n the financial statements for the year closed on December 31, 2009***

The Board of Internal Auditors has analyzed the proposed financial statements for the year closed on December 31, 2009, as drawn up by the Board of Directors in accordance to the laws, and transmitted to the Board of Internal Auditors together with the Operating Report and the Supplementary Note to the Financial Statements.

This annual report is the third to be drawn up since Eni Foundation was founded and refers to the period 01.01.2009 – 31.12.2009.

The Directors informed the Board of Internal Auditors through information and data transmitted during the Board of Directors' meetings, in which the Board of Internal Auditors always participated.

During its meetings, the Board of Internal Auditors, taking into account the principles of conduct recommended by the National Council of Chartered Accountants and Accounting Experts, examined the main activities carried out by Eni Foundation in 2009 and found that these complied with the laws and with the Foundation's By-Laws; moreover said activities did not emerge to be manifestly imprudent and risky, in potential conflict of interest, in contrast with the decisions taken by the Board of Directors or such as to jeopardize the integrity of the Foundation's assets.

No situations occurred during the financial year requiring the issue of specific advice by the Board of Auditors, pursuant to the law.

The Board of Internal Auditors assessed the suitability of the administrative-accounting system adopted, including the latter's reliability in correctly reporting on the Foundation's operations, by acquiring information from the persons in charge of the relevant functions and by reviewing the documents.

No significant elements worth reporting in this document have emerged from the supervision and control activities.

The supplementary note provides information required by the existing regulations (ex Art. 2497, Italian Civil Code) as well as that deemed necessary for a truthful and correct representation of the Foundation's assets and economic and financial situation.

The Operational Report also illustrates the economic and financial situation and the activities carried out during the financial year 2009.

The Board of Internal Auditors acknowledges that the negative result for the year is primarily determined by the expenses incurred for costs and services related to typical activities amounting to 4,451,590 euro, mainly in favor of the healthcare projects in the Republic of Congo (2,858,026 euro) and in Angola (1,457,064 euro). Expenses for services and general support costs amount to 926,157 euro.

In light of the above, the Board of Internal Auditors does not have any reasons for not approving the financial statements closed on December 31, 2009.

April 22, 2010

**The Board of Internal Auditors**

Luigi Schiavello



Pier Paolo Sganga



Giuseppe Morrone







foundation

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