

eni



foundation

ANNUAL REPORT 2010

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Letter from the Chairman

In 2010, Eni Foundation enhanced its role in promoting the care for children by further developing its projects in the Republic of Congo and in Angola, which are aimed at contrasting transmissible diseases and malnutrition as well as at preventing HIV transmission from mother to child.

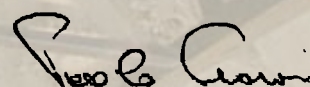
Thanks to the Foundation's efforts in these two Countries, 400,000 vaccinations were administered, 145,000 pediatric visits carried out and more than 900 local healthcare operators benefited from training programs. Moreover, as part of the ongoing prevention project in the Republic of Congo, almost 13,000 pregnant women received prenatal counseling and HIV screening services.

These results bear witness to the effectiveness of our commitment and are part of a model of intervention which – in addition to reaching results in the short-term – guarantees a lasting impact by improving the capacity for operational response of local healthcare systems.

Moreover, it should be pointed out that the strength of our projects is based on the active involvement of the different local players – institutions, non-governmental organizations, communities – with whom a participatory and shared process is developed.

Our assets are acquired knowledge, human relations and the trust of our partners. Every day we renew the commitment towards the fundamental right of children to health, who are the most vulnerable and unprotected group in our society.

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: Claudio Descalzi, Domenico Dispenza, Angelo Fanelli, 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 activities

In 2010, the initiatives directly implemented by the Foundation in promoting children's health in the Republic of Congo and Angola have achieved and consolidated important results in terms of reinforcing the network of local healthcare facilities and services as well as strengthening the technical/managerial capacities of healthcare personnel.

In Congo, the **Salissa Mwana** project (Let's protect the children), aims to improve healthcare for children in the remote rural areas of the regions of Kouilou, Niari and Cuvette through wide-ranging vaccination programs against the major diseases, the strengthening of primary peripheral healthcare facilities, the training of healthcare personnel at various levels and the sensibilization of the population on prevention. Launched in 2008 in collaboration with the Country's Ministry of Health and the local NGO Fondation Congo Assistance, Salissa Mwana has reached its full development in 2010 by strengthening and extending primary healthcare services in all the districts of the three regions involved in the project. As for the operational requalification of the remote healthcare facilities, the rehabilitation of the last 8 Health Centers of the 30 planned was completed (1 in Kouilou, 4 in Niari and 3 in Cuvette). With respect to training, the activities have gradually involved personnel of the more peripheral Health Centers. In the course of the year, 109 healthcare operators and 40 agents entrusted with raising awareness activities, participated in courses. Since the beginning of the project, 287 operators, including doctors, nurses and health technicians, have benefited from the training programs. On raising awareness among the communities on the prevention of transmissible childhood diseases and the importance of vaccinations, Fondation Congo Assistance continued its information, education and communication (IEC) activities by involving 843 villages out of a total of 1,166. Support for the Ministry of Health's immunization strategies led to the implementation of 1,210 vaccination campaigns during which some 94,000 doses of vaccine were administered and 950 villages reached, totaling more than 80% of those present in the three regions involved. In addition to routine vaccination programs, the project actively supported – by means of its personnel and equipment – the national campaigns promoted by the Ministry during the year in order to fight the severe polio outbreak in the Country.

The **Kento Mwana** (Mother-Child) project was launched in 2009, again in cooperation with the local Ministry of Health, with the objective of reducing amongst HIV positive pregnant women the rate of mother-to-child transmission of the virus to 2-3%. For this purpose, counseling and voluntary screening services are offered to pregnant women within the network of first level Health Centers and, if they test positive, prophylaxis or treatment services in maternity and pediatrics wards in reference hospitals. The initiative is being implemented in the three regions of Kouilou, Niari and Cuvette, where it relies on the network of healthcare facilities previously set up for the Salissa Mwana project. The Clinic for Infectious Diseases of the University of Genoa is responsible for the project's clinical and scientific activities. In 2010, the extension of the services provided by Kento Mwana in the three regions continued with the activation of 8 new Health Centers which were added to the 16 first-level and reference facilities

Children's health

The Millennium Development Goals of the United Nations include a fundamental parameter which is represented by the reduction in child mortality, for which in 1990 a reduction of two thirds by 2015 was set. The indicator has recorded a relatively constant level of progress, particularly since the year 2000, with, however, significant regional disparities.

At a global level, the death of children under the age of 5 decreased by one third from 1990 to 2009, dropping from 12.4 to 8.1 million. 80% of the total is concentrated in Sub-Saharan Africa, Southern Asia and Oceania, with about half in only five Countries – India, Nigeria, the Democratic Republic of Congo, Pakistan and China. The highest rates are constantly reported in Sub-Saharan Africa, where 1 of every 8 children dies before the age of five, a value which is 20 times higher than the average of developed regions (1 out of every 167).

The main causes of child mortality are malaria, diarrheal and infectious diseases, which are responsible for more than half of all deaths in Sub-Saharan Africa.

Malaria, despite a decline in new cases and in the related mortality rate, is one of the most widespread pathologies in the world: in 2009, 225 million cases and 780,000 deaths were reported, 85% of which were African children under the age of five.

Of the infectious diseases which are preventable with vaccines, measles was responsible for 164,000 deaths in 2008, despite a sharp and general decline in mortality levels in recent years as a result of improvements in vaccination services and, more generally, in the access of the child population to healthcare services.

Globally, the rotavirus is the most common cause of severe diarrhea in children and kills, each year, more than 500,000 children, half of which in Africa, and in particular in the 6 to 24 months age group. Large-scale vaccination against rotavirus – when combined with other measures (saline rehydration, zinc administration) aimed at increasing its effectiveness – would allow for a significant reduction in deaths caused by gastroenteritis from rotavirus, even in developing Countries, and in particular in those areas where access to healthcare services is difficult.

Finally, it should be noted that all childhood diseases are aggravated by malnutrition – which is globally responsible for at least one third of all deaths under the age of 5 – as well as other problems, such as a Vitamin A deficiency, which causes stunted growth, reduced resistance to infections and eyesight problems. When analyzing child mortality, the percentage of neonatal deaths is particularly significant: of a total of 135 million children that are born each year in the world, almost 3 million die in the first week of life and one million die in the following three. The main causes, as with maternal mortality, include the mother's precarious health conditions and specific pathologies not adequately treated during pregnancy, which could result in premature birth and serious permanent disabilities in the child.

already operational. During the year, of the 7,200 pregnant women who accessed prenatal counseling centers, almost all accepted to be screened for HIV; of the 261 who tested positive, 223 accepted to follow the protocol. As a result, a total of 300 women have been taken on by the project. With respect to training, 97 training sessions were organized during the year in which 347 healthcare agents operating in the local healthcare facilities took part. 31 internships were conducted for personnel from other departments. In addition, the transfer of know-how to local personnel continued and involved the facilities activated in Pointe Noire.

In Angola, the **Kilamba Kiaxi** project is promoted with the Ministry of Health as well as with the local non-governmental association Obra da Divina Providência; its objective is to improve health conditions of the child and maternal population in the Municipality of Kilamba Kiaxi in Luanda. This project, which also draws on the support of leading international scientific institutions, aims to reduce the incidence of preventable diseases and of those caused by malnutrition, by strengthening existing peripheral healthcare facilities, epidemiological screening and implementing vaccination and nutrition education programs. In 2010, activities continued for the construction of 2 new Health Centers as well as the supply of furnishings, equipment and IT instruments for those already in operation; the rehabilitation of a Center, the construction of 2 nutrition centers in the Hospital

da Divina Providência and the upgrading of another nutrition facility were completed. In addition, the integrated system for the emergency transportation of patients became fully operational thanks to the use of the ambulances supplied at the end of 2009. With respect to training, as a result of the agreements with the Instituto de Medicina Integral Prof. Fernando Figueira (IMIP) in Recife, Brazil, and the Pediatric University Hospital David Bernardino in Luanda, the training and specialization of personnel working in the various healthcare facilities was initiated. Following the training and supervision of medical and paramedical personnel, maternal-child medical services provided by the Health Centers were increased and, also thanks to the support of the Istituto di Ricovero e Cura a Carattere Pediatrico Burlo Garofolo of the University of Trieste, the pediatric assistance services of the Hospital da Divina Providência were further strengthened.

Finally, in **Indonesia**, the collaboration with Smile Train Italia continued for the creation of a center of excellence specialized in treating congenital facial malformations in Tarakan, in the region of East Kalimantan. In the course of the year, a second surgical mission was carried out during which volunteer doctors and nurses of Smile Train performed surgeries on 63 children affected by cleft lip and palate, while training activities for local medical and paramedical personnel continued, including an internship for specialized training in Italy for two Indonesian surgeons.





Republic of Congo

Country data

[2009 unless otherwise indicated]

Population (thousands)	3,683
- under 18 (thousands)	1,739
- under 5 (thousands)	555
Life expectancy at birth (years)	54
Child mortality rate (per 1,000 live births)	
- 0-5 years	128
- 0-12 months	81
- at birth	36
% born underweight (2005-2009)	13
% of underweight children under the age of 5 (moderate and severe 2005-2009)	14
% of children under 5 suffering from stunted growth (moderate and severe 2005-2009)	30
Maternal mortality rate (per 100,000 live births - 2008)	580
Lifetime risk of maternal death (2008)	1 out of 39
Per capita GNP (US \$)	1,830
Total healthcare expenditure	
- as % of Government expenditure (1998-2008)	4

Source: UNICEF

“Salissa Mwana” Child healthcare project in the rural areas

The Salissa Mwana project aims to improve the healthcare of children in isolated rural areas of the regions of Kouilou, Niari and Cuvette by supporting the local authorities' extensive vaccination programs against the major diseases.

In order to achieve the main objective in the three regions, the project aims to strengthen primary peripheral healthcare facilities – by improving their operational, managerial capabilities and integration with the surrounding territory.

To this end, the initiative includes the full structural rehabilitation of 30 Health Centers, the training of healthcare personnel at various levels and the sensibilization of the population on prevention. Thanks to this model of intervention, primary healthcare services (therapeutic treatments, immunization, preventive medicine, pre-natal and post-natal counseling) have been progressively strengthened to cover the districts and the three regions over the 4-year period of the project.

The project is being implemented in accordance with a partnership agreement with the Ministry of Health and Population of the Republic of Congo and in collaboration with the local NGO Fondation Congo Assistance.

In 2010, Salissa Mwana reached its full development by covering the entire area of intervention, thereby overcoming significant logistical and operational challenges in terms of number of Health Centers involved, increasing number of project activities and extension of the latter into more peripheral and hard to reach districts in Cuvette. During the second half of the year, an additional commitment came from the support provided to the healthcare authorities in order to contrast a violent polio outbreak imported from Angola which resulted in severe repercussions, particularly in the areas of Pointe Noire and Brazzaville, in Kouilou and Niari.



Prof. Georges Moyon
Minister of Health of the Republic of Congo.

"We wish to thank Eni Foundation for the support it has been providing since 2007 with different projects in the healthcare sector, and express our gratitude for the important rehabilitation works and equipment provided to the Health Centers, as well as the vaccination program", stated the Minister of Health and Population, Prof. Georges Moyon, following his visit to a number of facilities of the Salissa Mwana Project, and who also expressed his desire to "draw inspiration from the rehabilitation model used for the Health Centers as a standard for future investments".

Activities

Rehabilitation of peripheral healthcare facilities

As for the structural rehabilitation of the Health Centers, in 2010, 5 Centers became fully operational, 4 of which in Niari (Moutamba Tsimba, Moundoundou South, Yaya, Landela Kayes) and one in Kouilou (Nzambi). At the end of the year, work had been completed for the last 2 facilities in Cuvette (the Vaccination Center in Owando and Makoua) and 1 in Niari (Moundoundou North).

In order to guarantee its presence also in the districts reached by these Centers and the coverage of the resident population, the project began the training of personnel as well as awareness campaigns and vaccination activities before the completion of the works.

Training

In 2010, the activities gradually involved the personnel of more peripheral Health Centers. Training sessions were provided for 109 new Healthcare Agents, 34 of which from non-Eni Foundation dispensaries, as well as 40 Sensibilization Agents, which, in addition to the previously trained personnel, brings the total number of trained people to 287. Overall, at the end of the year, the project trained personnel in 24 Health Centers plus the personnel of the Vaccination Center of Dolisie.

Trained personnel		2008	2009	2010	Total
Healthcare		63	75	109	247
Sensibilization		-	-	40	40
Total		63	75	149	287

	By sector	Eni Foundation	Other		Total
		Health Centers	dispensaries	Sensibilization	
By region	Kouilou	58	17	30	105
	Niari	71	49	10	130
	Cuvette	35	17	0	52
	Total	164	83	40	287

Healthcare situation

Around 50% of the Country's population lives below the poverty level. Healthcare per capita expenditure totaled 53 USD in 2008, barely above the 45 USD/year estimated by Unicef as the minimum level required to guarantee access to primary healthcare services.

The healthcare system suffers from structural and qualitative deficiencies in terms of services provided; these problems are increased by the marked disparity in the distribution of healthcare facilities between urban and rural areas, which prevents access to healthcare, especially in the most northern regions.

The Country's health situation presents highly critical elements, as illustrated by the following rates, which are amongst the worst in Sub-Saharan Africa: infant mortality (75 out of every 1,000 births); neonatal mortality (117 out of every 1,000 births); and maternal mortality (780 out of every 1,000 births).

Neonatal mortality is affected by the high percentage of premature births which results in the death of 1 out of every 3 newborns, while infant mortality is primarily caused by diarrheal and respiratory diseases, or endemic pathologies, such as malaria.

In the Capital and in Pointe Noire, malaria represents the first cause of hospitalization (around half of all pediatric hospital admissions) and more than 30% of deaths under the age of 5. The anemia typically associated with the most severe forms of malaria is aggravated by the anemia which is already widespread among children as a result of malnutrition and multiple parasitosis.

With respect to nutrition, it is estimated that more than 20% of the population is undernourished and, according to Unicef, more than one fourth of infant deaths is associated with malnutrition, which causes even severe delays in growth in 30% of children under the age of 5.

In recent years, the development of extensive and integrated immunization programs has reduced the incidence of potential lethal diseases which are preventable with vaccines, such as measles – which appears to be essentially under control – and polio. With reference to the latter, the Country organizes periodic child mass vaccination campaigns with positive results (the last case of native polio dates back to 2000) but did not manage to prevent, in 2010, a violent polio epidemic – imported from neighboring Angola.

Maternal mortality, in addition to obstetric problems, is attributable to indirect causes such as HIV/AIDS, malaria, TBC, and anemia. This value, which is rather high if one considers that 83% of women access pre-natal counseling and 86% of births, at least in urban areas, are assisted by healthcare personnel, reveals the inadequate quality of healthcare services.

A program was launched with the goal of halving maternal-infant mortality by 2015 in order to support the mother-child pairs by strengthening all services provided at the primary level of peripheral Health Centers and which also include the distribution of treated mosquito nets as well as a range of services offered free of charge, such as malarial treatments for pregnant women and children between the age of 0 and 15, caesarian births, anti-retroviral drugs and biological exams for HIV/AIDS.

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 childhood 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, which 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.

The professional categories which have undergone training are reported in the following table.

Healthcare personnel by professional category	2008-2010			
	Kouilou	Niari	Cuvette	Total
Healthcare assistants (doctors/paramedics)	4	14	7	25
Obstetricians	7	4	6	17
Certified Nurses	27	30	12	69
Healthcare operators	13	42	18	73
Pediatric nurses	2	4	1	7
Community healthcare agents	10	10	4	24
Laboratory technicians	5	1	3	9
Other	7	14	2	23
Total	75	119	53	247

Of the 247 individuals trained over the three years, 25 were doctors responsible for healthcare services, 69 nurses and 73 healthcare operators.

In all the districts covered by the project, the personnel not part of Eni Foundation but operating in the Health Centers and in the dispensaries also participated in the training sessions. By including these healthcare operators that are involved in the mobile and advanced strategy vaccination activities, the project aims at guaranteeing improved vaccination services, not only at the Health Center level but in the entire district.

Moreover for the first time, training sessions were also organized for the sensibilization personnel on specific vaccination themes, with the aim of strengthening skills and more effectively informing the population (training of trainers).

In 2010, a total of 201 training days were held, 56 of which in Kouilou, 129 in Niari and 16 in Cuvette.

Training	2008	2009	2010	Total
Training sessions (days/Center and dispensaries)	20	112	201	333
Supervision sessions	7	133	208	348
Total	27	245	409	681

In order to integrate training activities and monitor the quality of the services provided by the Health Centers, 208 supervision sessions were implemented, 10 of which with the Departmental Board of Health. Starting from the second half of the year, each Center's routine activities were integrated, at least once every quarter, by a more in-depth supervision session.

Always from the perspective of strengthening healthcare facilities at various levels, the project started collaborating with the Italian organization Medici in Africa in order to plan and implement additional training activities in 2011. The training modules included in the agreement are intended for mid-level managers and Ministry personnel and are aimed at improving the management of health data, starting at the Health Center level and then moving to the Departmental Board of Health and finally to the central level.

In 2010, the Programme Amélioration Qualité (PAQ), which had been launched in 2009 to improve the quality of the activities implemented in all the Health Centers involved in the project, was also carried on. The Program intends to strengthen the role of the Centers within their district of reference – not only in conducting mobile/advanced strategy vaccination programs but also by participating more in those activities which, up to now, have been implemented by the project partners, such as the sensibilization program managed by Fondation Congo Assistance. The implementation of activities aimed at promoting overall maternal-child healthcare (safe delivery kit and the distribution of treated mosquito nets) also fall within the scope of this program. The final objective of the PAQ – which will become fully operational in 2011 – is to encourage the transfer of competencies and to promote an increasingly autonomous management of the different project activities by the local healthcare personnel.

Sensibilization

The local NGO, Fondation Congo Assistance, is responsible for implementing the project's information, education and communication (IEC) activities on the prevention of transmissible childhood diseases

and on the importance of vaccinations directed at the local population. On the basis of the pilot experience acquired in Kouliou and in part in Niari, a common IEC program was launched in 2010 in the three regions covered by the project, adopting a number of variations due to the distinctive features of each area.

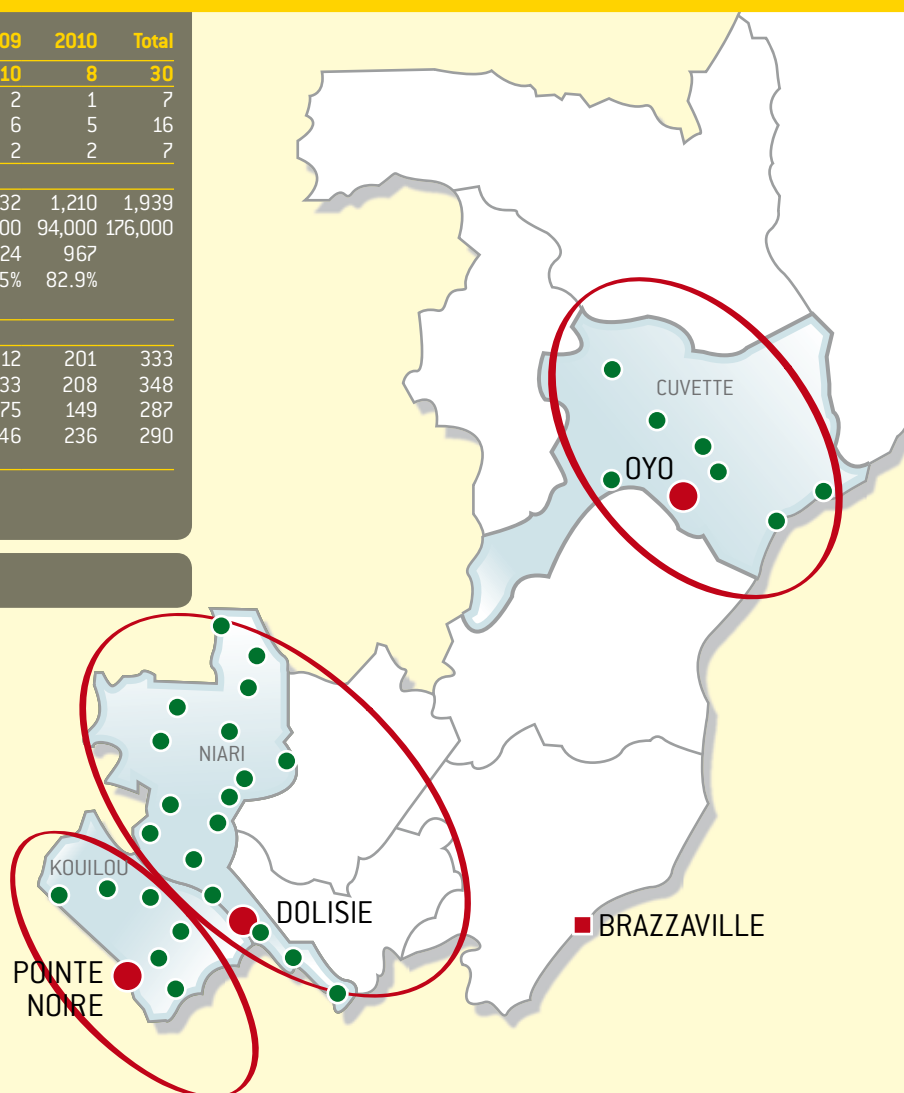
In general, IEC activities are conducted in each district by means of institutional visits to the local authorities. Following this preliminary phase, a survey is carried out amongst the population to verify their knowledge and awareness of the importance of immunization along with general as well as specific information sessions on vaccinations. These sessions are carried out on a monthly basis and aim at gradually and constantly increasing the knowledge on the different issues, thanks to the continuous presence of the Fondation Congo Assistance staff.

Sensibilization	2008	2009	2010	Total
Institutional Meetings	6	5	27	38
Information, education & communication sessions	2	44	209	255
Total Sessions	8	49	236	293
Villages reached (cumulative)	44	198	843	

Results at the end of 2010

	2008	2009	2010	Total
Rehabilitated Health Centers	12	10	8	30
Kouilou	4	2	1	7
Niari	5	6	5	16
Cuvette	3	2	2	7
Vaccination activities				
Vaccination campaigns	97	632	1,210	1,939
Vaccinations	21,000	61,000	94,000	176,000
Villages reached	120	624	967	
Village coverage ratio (villages reached over total villages)	10.3%	53.5%	82.9%	
Training and awareness building				
Training sessions	20	112	201	333
Supervision/Training on the job	7	133	208	348
Trained personnel	63	75	149	287
Information education & communication sessions	8	46	236	290

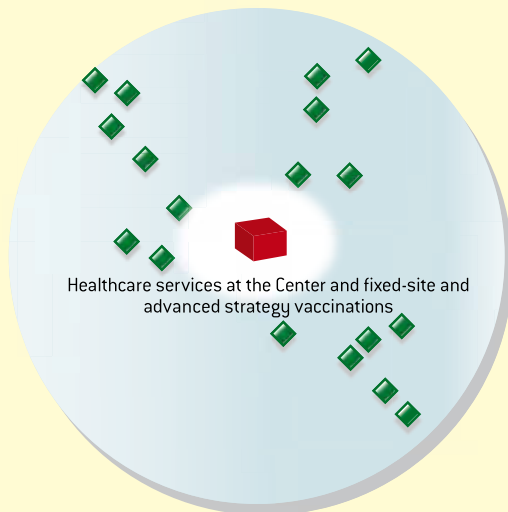
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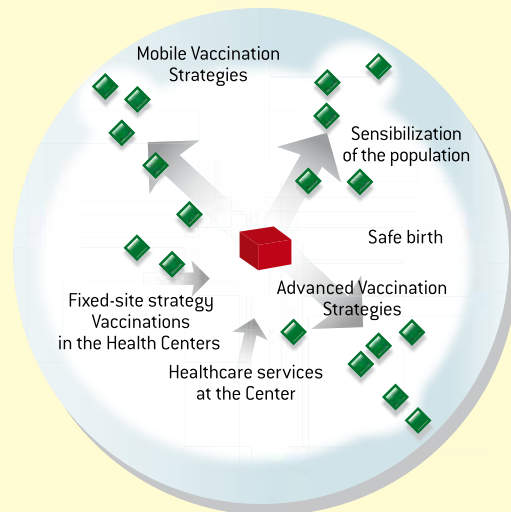
Intervention model for strengthening primary healthcare services

At the beginning of the project, the capacities of the Health Centers to provide efficient services were often very poor or negligible. The project has allowed for the improvement of the quality in the services provided to the local populations by the Health Centers through their structural rehabilitation, the sensibilization of local institutions, the training of personnel operating in the Centers and in nearby dispensaries, the IEC initiatives on prevention carried out among the communities and

the support for vaccination activities, also by means of mobile units. The plan of interventions has strengthened the role of the Health Centers in the districts by increasing their capacity to reach populations in more remote areas, and not only for vaccinations. This strengthening activity will be given further impulse in 2011 with the launching of activities aimed at protecting maternal-child health [safe birth kit, distribution of treated mosquito nets].



2007



2011



The objective is to cover at least 80% of the villages in each district of the three regions with IEC sessions by the end of the project, including a final survey to assess results. At the end of 2010, village coverage exceeded 70%, with 843 villages reached by IEC activities out of a total of 1,166. The table below reports data for each region.

Village coverage with sensibilization activities							
	As of 31.12.2009			As of 31.12.2010			Total as of 31.12.2010
	Kouilou	Niari	Cuvette	Kouilou	Niari	Cuvette	
Villages reached over total no. of villages	30%	8%	11%	75%	75%	68%	72%

In order to verify the effectiveness of the sensibilization activities, surveys are conducted amongst the population, the results of which are then collected and entered into a specific database. In 2010, more than 3,500 interviews were conducted, involving the population of almost 1,000 villages.

Results at the end of 2010 for the 3 regions

Kouilou

Indicators

Vaccination campaigns	346
Vaccinations	41,800
Villages reached	204
Village coverage ratio (villages reached over total villages)	81.6%
Vaccination coverage rate	74%
Training sessions	85
Supervision/On the job training	58
Trained personnel	105
Information, education & communication sessions	102

Niari

Indicators

Vaccination campaigns	681
Vaccinations	59,300
Villages reached	479
Village coverage ratio (villages reached over total villages)	94.9%
Vaccination coverage rate	67.2%
Training sessions	206
Supervision/On the job training	227
Trained personnel	119
Information, education & communication sessions	119

Cuvette

Indicators

Vaccination campaigns	912
Vaccinations	74,700
Villages reached	284
Village coverage ratio (villages reached over total villages)	69.1%
Vaccination coverage rate	90.9%
Training sessions	42
Supervision/On the job training	63
Trained personnel	63
Information, education & communication sessions	72

Vaccination activities

The Salissa Mwana project implements vaccination activities in support of the national vaccination program (Programme Elargi de Vaccination – PEV) promoted by the Ministry of Health.

The method of intervention of the project follows the same strategies adopted by the PEV itself in order to gradually cover the entire area of reference:

- **Fixed-site strategy:** carried out 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 pre-defined dates.
- **Mobile strategy:** managed at a departmental level and carried out by reaching the most remote areas with means suitably equipped for vaccine transport.

Both the mobile and the advanced strategies, which are often carried out jointly, involve Health Center personnel as well as operators of the local Departmental Board of Health.

In 2010, the activities carried out by the project in support of the vaccination strategies of the PEV led to the implementation of 1,210 vaccination campaigns (872 of which fixed-site strategy days and 338 mobile/advanced strategy sessions). As a result of almost 2,000 vaccination campaigns conducted since 2008, some 176,000 vaccine doses with all the main antigens and integrated with vitamin A supplements, were administered (94,000 of which in 2010).

Village coverage with vaccination activities

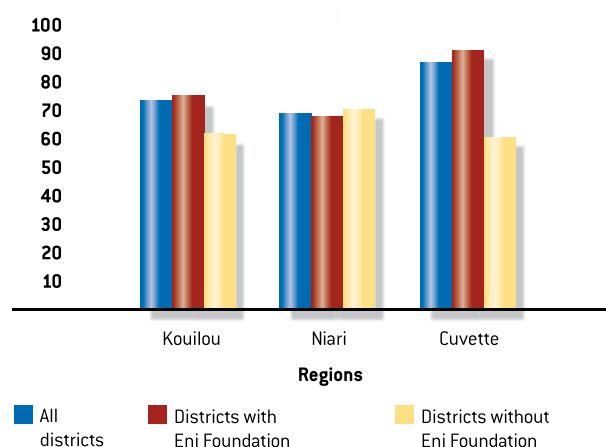
	As of 31.12.2009			As of 31.12.2010			Total as of 31.12.2010
	Kouilou	Niari	Cuvette	Kouilou	Niari	Cuvette	
Villages reached over total no. of villages	42%	55%	59%	82%	95%	69%	83%

Overall, vaccination activities reached 967 villages covering the 1,116 villages involved in the project thus far, and corresponding to roughly 83% of the 1,166 villages present in the three regions interested by the project.

At the end of the year, the project provided support to the implementation of the immunization activities in 28 districts.

Vaccination coverage rate 2010

in %



Despite the substantial increase in the number of Centers which became operational during the year, the project maintained a trend of vaccination coverage that was constantly on the rise until the month of September, with rates exceeding 90%. In the last quarter, it also actively supported the three national vaccination campaigns promoted in order to contrast the polio epidemic that was imported into the Country from Angola, by making available its own logistical equipment and personnel. This commitment led, in the latter part of the year, to a reduction in routine immunization activities in the regions of Kouilou and Niari and a consequent drop in the vaccination coverage, which stabilized at 77% on an annual basis.

Overall, the average rate of vaccination coverage for 2010 was, however, higher on average in those districts of the regions where the project is operational compared to those districts where it isn't. In Niari, the results for Eni Foundation are lower because the project is present in peripheral districts where the population is larger and more scattered and does not operate in districts with smaller populations and easier to reach with vaccination activities, like for example the city of Dolisie.



“Kento Mwana”

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

The goal of the Kento Mwana project is to reduce among HIV positive pregnant women the rate of mother-to-child transmission of the virus to 2-3%, which can exceed 30% in the absence of adequate preventive measures.

To this end, it provides pregnant women with counseling services as well as access to voluntary and free screenings, including the execution of immediate tests at the local level, i.e. first-level Health Centers.

The project for the prevention of vertical transmission of HIV (Prévention de la Transmission Mère-Enfant - PTME) is developed in the regions of Kouilou, Niari and Cuvette – which are already involved in the Salissa Mwana project – by relying on the same logistical and infrastructural network previously set up by Eni Foundation as part of that initiative.

The network includes primary facilities, i.e. first-level Health Centers, which offer pregnant women voluntary services for detecting HIV, as well as reference facilities, i.e. hospitals of reference with maternity and pediatric wards where mother-child pairs continue to be treated.

The project revolves around the advanced diagnostics laboratory for HIV infection, previously set up and equipped at the Hôpital Régional des Armées (HRA) in Pointe Noire by the University of Genoa with the support of Eni, in accordance with the highest international standards. The laboratory represents the focal point for PTME activities, in terms both of the follow-up provided to pregnant women as well as of early diagnosis of HIV infections in newborns.

The Clinic for Infectious Diseases of the University of Genoa is the scientific partner of the project and is responsible for coordinating and implementing activities thanks to the constant presence of its specialized personnel, made up of infectious disease doctors, biologists and physicians in training that are experts in infectious and tropical diseases.

The operating system activated by Eni Foundation as part of the Kento Mwana project acts in coordination with the Congolese Ministry of Health and the National Council for the Fight Against AIDS, as well as with other local healthcare partners involved in the same prevention activities.

In the first two-year period of activity 2009-2010, the project has achieved significant results in terms of access to counseling and acceptance of screening for the diagnosis of HIV infections. In addition, only one child – out of the 164 newborns of HIV positive mothers, who completed the prevention protocol – tested positive to the virus.

Activities

Extension of coverage

In 2010, the project, which already included 11 primary facilities, integrated six new Health Centers: Tchiniambi 2 and Tchimbamba in Pointe Noire; Nzassi and Djeno, in the Kouilou; the Hôpital de Base and the Health Center of Oyo in the Cuvette.

In addition, two new reference facilities were integrated: the Hôpital Général de Loandjili in Pointe Noire and the Hôpital de Base of Oyo in the Cuvette, which were added to the 5 already operational ones.

AIDS and maternity

AIDS represents one the main causes of death amongst women in reproductive age and of maternal mortality in the world, thereby confirming the “feminization” of this pandemic in many regions where the prevalence of the virus is significantly higher amongst fertile women than in their male peers.

The high incidence of the infection in the female population results in a high risk of transmission of HIV to the fetus. About one third of all children born from a HIV positive mother, in fact, risks becoming infected either before or after birth or through the mother's milk if adequate preventive measures are not taken.

According to UNICEF, a total of 2.5 million people under the age of 15 were HIV positive in 2009, 90% of whom lived in Sub-Saharan Africa.

In order to fight this emergency – which mostly affects the poorest Countries – and to achieve by 2015, the virtual elimination of vertical transmission of HIV (i.e. a rate of mother-to-child transmission lower than 5%), International Organizations have been committed for years to the widespread promotion of programs specifically aimed at preventing mother-fetal transmission of HIV. These programs include counseling services as well as voluntary and free screenings and, if mothers test positive, treatment with antiretroviral (ARV) drugs, which can reduce maternal mortality by 92% amongst HIV positive women and reduce by 88% the transfer of the infection from mother to child during birth or through breastfeeding.

In low and middle income Countries, the proportion of pregnant women who were screened for HIV increased from 7% in 2005 to 26% in 2009. Moreover, in the period 2008-2009, HIV positive pregnant women who were treated for the prevention of vertical transmission increased from 45% to 53%, and even in Central-Western Africa the figures showed some improvement (from 16 to 23%).

The promotion of more effective prevention programs in the poorest Countries is hindered by a range of factors, such as the cost of prenatal medical services and the difficulty to access healthcare facilities, especially in rural areas. However, cultural reasons (lack of support from the partner, stigma and discrimination associated with AIDS) play a critical role in limiting the acceptance of screening by pregnant women.

Therefore, the efforts of International Organizations also include awareness raising initiatives at the community level aimed at improving knowledge and awareness of AIDS and at combating discrimination associated with the disease.

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 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.

Over the year, 7,227 women received HIV pre-test counseling out of the 7,509 women who accessed Health Centers for prenatal consultancies. Of these, almost all (7,195) accepted to undergo HIV screening and 261, equal to 3.6%, tested positive. As of 2010, there were 300 HIV positive women being assisted by the project.

All of the women followed by the project received the necessary antiretroviral drugs for preventive or therapeutic purposes as well as iron and vitamin supplements. Their inclusion in the project also involved the execution of tests (instrumental radiological and hemato-chemical tests) and, when necessary, hospitalization for HIV correlated chronic pathologies that are not treatable at home or for anemia requiring blood transfusions.

During the year, 192 births took place. Of the 126 children who completed the protocol by December, none were HIV positive. As of today, of the 164 children who completed the protocol, only one was HIV positive; this is equivalent to a viral transmission rate of 0.6%, a rate which is significantly lower than the project's goal of 2-3%.

Main results	2009	2010	Total
Women who received HIV counseling	5,697	7,227	12,924
Women who accepted to undergo screening	5,652	7,195	12,847
HIV positive women	231	261	492
<i>who accepted the protocol</i>	189	223	412
Women followed by the project	218	300	518
Births	163	192	355
Children who completed the protocol	38	126	164
HIV-negative children at the end of the protocol	37	126	163

Development of the laboratory capabilities

The advanced diagnostics laboratory in Pointe Noire – which was equipped in 2009 with a machine for measuring the viral load (amount of HIV per unit of blood volume) – started carrying out this type of analysis in 2010, which is of great importance for assessing the effectiveness of the antiretroviral therapy.

In this respect, more than 900 viral load measurements were conducted – more than twice than the planned ones – in order to meet the clinical needs for the diagnosis and monitoring of the HIV infection in patients taken on by the project.

Over the year, the personnel of the University of Genoa responsible for the laboratory activities conducted 5 on-site training sessions on HIV viral load measurement techniques. In addition, two Congolese biologists attended a one-month training internship on virological diagnostics of HIV infections in Italy at the University of Genoa.

Training

In 2010, 97 on-site training sessions were carried out covering six areas:

- pre-post test counseling;
- treatment of the HIV-positive women during pregnancy;
- treatment of the HIV-positive women at childbirth;
- pediatric treatment of children born from HIV-positive mothers;
- infant feeding methods;
- safety in the collection of blood samples.

During the year, 347 healthcare agents were trained. The following professionals were involved: doctors entrusted with the treatment

AIDS in the Republic of Congo

In the Republic of Congo, the HIV/AIDS prevalence rate among the adult population has been constantly declining since the mid nineties. In 2009, it was at 3.4%, with values significantly higher in the more densely populated urban areas, such as Brazzaville and Pointe Noire, where over 70% of the Country's population lives.

Women are more likely to be affected, irrespective of their socio-economic status: of the some 77,000 people living with HIV, 40,000 were women over the age of 15. The risk of being seropositive for them is almost as twice than it is for men: 4.1% against 2.1%. Similarly, in the 15 to 24 age group, the prevalence rate for young women was estimated at 2.6% while for young men at 1.2%.

In 2009, 7,900 children between the age of 0 and 14 were infected with HIV, almost all of them from their mothers. The number of HIV positive pregnant women was estimated at 3,800 and only 12% had been treated with antiretroviral drugs. Since 2007, a number of Health Centers in the Country provide prenatal counseling and HIV screening services. At the same time, doctors and obstetricians are being trained to treat HIV positive pregnant women.

The percentage of pregnant women who accept to be screened for HIV is still quite low. In addition to cultural reasons, access is greatly hindered by economic factors: in fact, even if the treatment of AIDS is now free, a number of exams included in the prevention program for the vertical transmission of HIV still require payment, and therefore not accessible to the majority of women.

of pregnant women, counselors, obstetricians, gynecologists, pediatricians, delivery room personnel, pediatric nurses, laboratory technicians.

Along with the on-site sessions, 31 advanced training internships were carried out in Pointe Noire for personnel of other Departments as well as 6 field training initiatives, where personnel previously trained in Pointe Noire was sent to train staff in other departments.

Training	2009	2010	Total
Onsite training sessions	62	97	159
<i>Pointe Noire and Kouilou</i>	42	61	103
<i>Niari</i>	14	17	31
<i>Cuvette</i>	6	19	25
Advanced internship in Pointe Noire	16	31	47
Trained healthcare personnel	269	347	

Finally, during the year, two Congolese physicians attended a one-month advanced internship in Italy at the University of Genoa on the clinical and laboratory management of HIV infection.

Transfer of skills

The transfer of skills aimed at promoting the capability of local personnel to autonomously implement prevention activities involved the facilities activated in the Department of Pointe Noire: the Health Centers of Mouissou Madeleine and Tchiniambi 2 and the Pediatric ward of the Hôpital Régional des Armées.

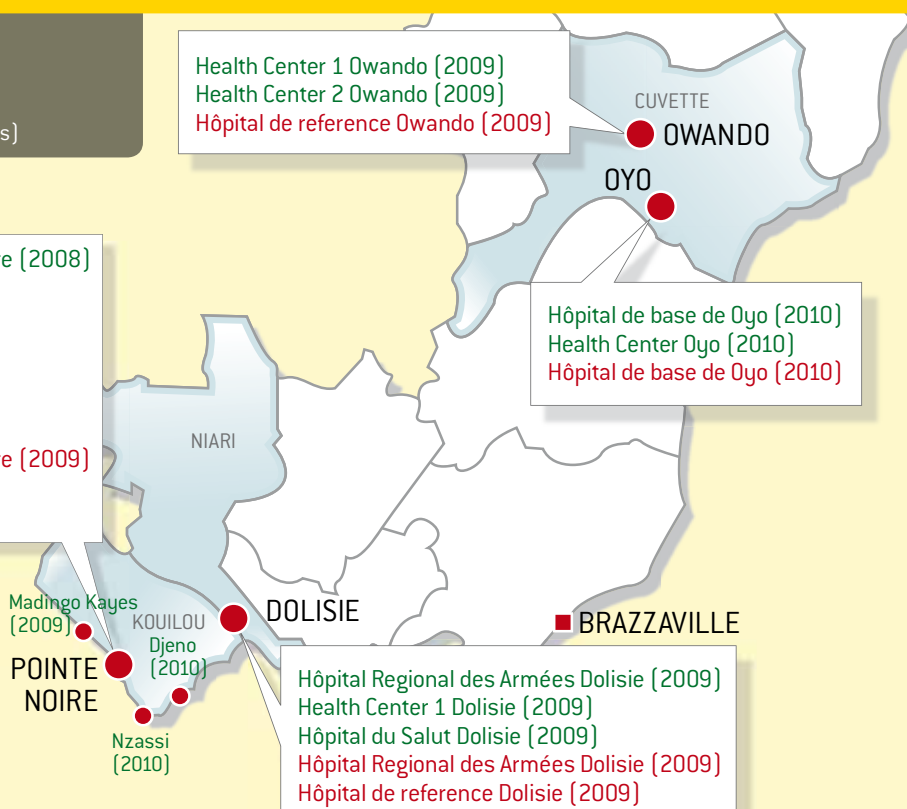
Overall, a total of 68 healthcare operators, including doctors and paramedics, were involved in the transfer of skills.

The constant presence of three doctors of the University of Genoa, integrated also by periodical supervision activities, was crucial for the implementation of this specific component.

Healthcare facilities involved in the project

- Primary facilities
(First-level Health Centers)
- Reference facilities
(Hospitals with maternity and pediatric wards)

Hôpital Régional des Armées Pointe Noire (2008)
Ndaka Susu (2008)
Mbota (2008)
Ngoyo (2008)
Mouissou Madeleine (2009)
Tchiniambi 2 (2010)
Tchimbamba (2010)
Hôpital Régional des Armées Pointe Noire (2009)
Hôpital de base Tié Tié (2009)
Hôpital Général Loandjili (2010)





Angola

Country data

[2009 unless otherwise indicated]

Population (thousands)	18,498
- under 18 (thousands)	9,596
- under 5 (thousands)	3,200
Life expectancy at birth (years)	48
Child mortality rate (per 1,000 live births)	
- 0-5 years	161
- 0-12 months	98
- at birth	42
% born underweight (2005-2009)	12
% of underweight children under the age of 5 (moderate and severe 2003-2009)	16
% of children under 5 suffering from stunted growth (moderate and severe 2003-2009)	29
Maternal mortality rate (per 100,000 live births - 2008)	610
Lifetime risk of maternal death (2008)	1 out of 29
Per capita GNP (US \$)	3,490
Total healthcare expenditure	
- as % of Government expenditure (1998-2008)	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 official estimates, more than 2 million people live in Kilamba Kiaxi, including 240,000 children between the age of 0 and 5. Eni Foundation's project aims at reducing the incidence of preventable diseases and of those caused by malnutrition, by strengthening existing peripheral healthcare facilities, conducting epidemiological screening and implementing vaccination and nutrition education programs. The initiative aims at supporting the Ministry of Health in its efforts to achieve the Millennium Development Goals 4 and 5 – respectively the reduction of child mortality and the improvement of maternal health – and is part of the socio-economic development and child protection strategy laid out by the Angolan Government with UNICEF. In order to develop 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, whose pediatric hospital in Luanda has been a reference point for the Municipality's population for some years.

The network of clinical and scientific collaborations activated in the field of maternal-child care also includes two highly renowned institutions, the Instituto de Medicina Integral Prof. Fernando Figueira (IMIP) in Recife, Brazil, and the Istituto di Ricovero e Cura a Carattere Pediatrico Burlo Garofolo of the University of Trieste.

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



Jose Vieira Dias Van-Dunem
Minister of Health of Angola

"We wish to express our sincere gratitude for the role played by Eni Foundation in strengthening the municipal healthcare system in Kilamba Kiaxi". The Minister of Health, Doctor Jose Vieira Dias Van-Dunem, in thanking Eni Foundation for its work in the Municipality emphasized how the project allows to improve access to healthcare services for children and their mothers during a critical phase in the development of healthcare in the Municipality, thereby contributing towards the achievement of the Millennium Objectives.

Activities

Strengthening of the network of basic healthcare services

As far as infrastructure is concerned, the construction of the two new Health Centers continued and the supply of furnishings and biomedical instruments to the existing Centers was completed. In the course of the year, expansion and rehabilitation work of the Santa Catarina Health Center was also carried out, thereby allowing the facility to resume with improved capacity the delivery of healthcare services to the population.

In particular, the supply of furnishings and equipment to the maternity wards allowed for a significant increase in the safety of births, while the provision of IT instruments improved the data transmission system from each Health Center to the Municipal Healthcare Department and from the latter to the Provincial Board of Health.

The construction of two new buildings at the Hospital da Divina Providência – which will host the Therapeutic Nutrition Center and the Follow-up Nutrition Center – was completed, including the supply of furnishings and all necessary technical equipment.

Finally, thanks to the supply of ambulances at the end of 2009, the integrated system for the emergency transportation of patients to the Health Centers and hospitals of reference became operational, with a important increase in the number of patients transported (overall, more than 700 during the course of the year) and a significant improvement of a service frequently lacking resources.

Improvement of technical and managerial capabilities of healthcare personnel

The program for training and specializing clinical and nursing personnel at the different levels of the system is being developed as part of the ongoing partnership with the Hospital da Divina Providência and with the consultancy and supervision of the Instituto de Medicina Integral Prof. Fernando Figueira (IMIP) of Recife.

Project description

Area of intervention

The project is being developed in the Municipality of Kilamba Kiaxi where the healthcare system includes 11 Health Centers (first-level facilities), of which 7 public and 4 managed by the Ngo Obra da Divina Providência, and 4 Hospitals (second-level facilities) equipped with pediatrics wards, one of which being the Municipal Hospital (with surgical services).

Objectives and activities

The objective of the project is to achieve the following 4 main results through the implementation of a detailed intervention plan:

- Strengthening of the healthcare service network of the first and second level facilities through activities involving Health Centers and the Hospitals they refer to in addressing local medical needs:
 - building and fitting of 2 new Health Centers along with the functional support of the existing Centers by supplying equipment, instruments and furniture;
 - building of a Nutrition Treatment Center and of a Nutrition follow-up Center at the Hospital Divina Providência and strengthening of those already present at the 2 Health Centers managed by the same Hospital;
 - setting up of an emergency transportation system for patients in the 6 boroughs of the Municipality through the supply of ambulances.
- Improvement of the technical-managerial capabilities of healthcare personnel at the different levels of the network of services, by training medical and paramedical staff in the Municipal Healthcare Department and by supplying material for conducting training activities.
- Strengthening of the epidemiological screening system through the specific training of the Municipality's healthcare personnel (collection, analysis and interpretation of epidemiologically significant data) and the supply of the required material and equipment.
- Strengthening and extension of maternal-child healthcare services: pediatric and prenatal visits, vaccinations, diagnostic activities, information, education and communication on prevention and nutritional education for families, in particular mothers. Planned activities also include the detection of high-risk pregnancies, cases of malnutrition and lack of immunization coverage.

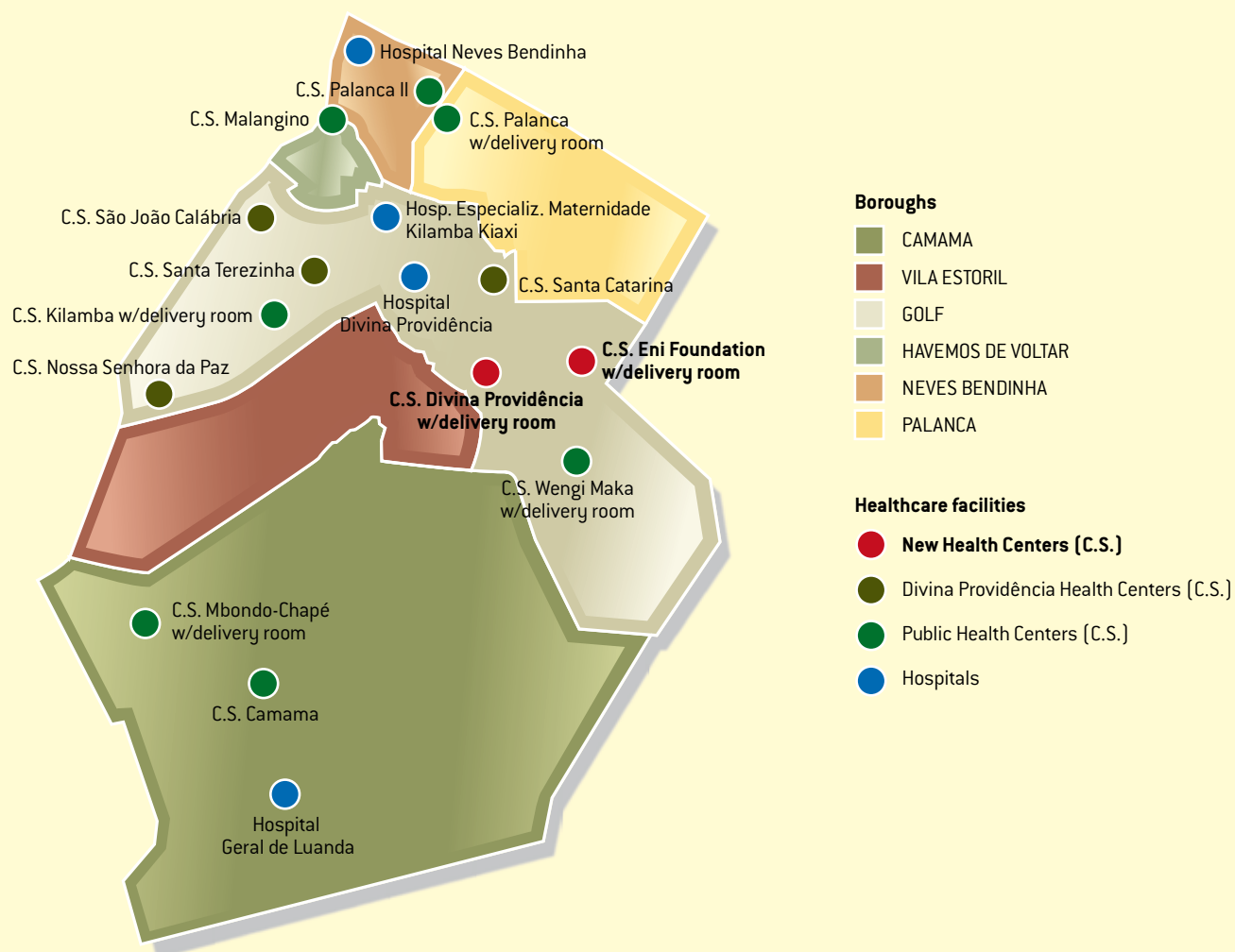
Partners and roles

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

Duration and cost

The project lasts 2 years and a half (2009-2011) and has an estimated cost of 6.2 million euro.

Municipality of Kilamba Kiaxi - Local healthcare network



In 2010, training activities included:

- training and refresher courses in Gynecology and Obstetrics, Pediatrics, Nutrition and Biology Laboratory;
- training meetings on specific aspects of maternal-child health;
- experimental training with theoretical lessons and practical sessions;
- participation in international conventions.

Thanks to the scientific cooperation with IMIP, two-year specialization courses in Pediatrics for the Municipality's medical personnel were organized directly at the Brazilian Institute. At the same time, two-month courses were also held in Recife for doctors and paramedics, which included theoretical lessons and on the job training in the Institute's wards. During the year, the specialization and refresher training programs involved a pediatrician, a nurse and a laboratory technician. Finally, it should be noted that the Divina Providência has represented,

for years, an important center for training, not only at the Municipal level but also for the Capital itself. In 2010, the scientific collaboration with Luanda's Pediatric University Hospital David Bernardino – the facility of reference in the province of Luanda and the primary university institution for the specialization in pediatrics – was further strengthened through the exchange of medical personnel and practicing students.

Strengthening of the epidemiological surveillance system

During the year, a training program for healthcare operators to standardize systems for the collection and analysis of data at the Municipal level was planned and subsequently activated in collaboration with the Ministry of Health.

As a result, all Health Centers were equipped with IT instruments aimed at creating IT informational flows among peripheral healthcare facilities and the project coordination center, to be extended, in the future, to second level hospitals.

Strengthening of maternal-child medical services

Strengthening of services for the maternal-child population

In order to improve the services provided to the maternal-child population at the peripheral level, mentoring and supervision programs were implemented in the Health Centers, which by integrating the theoretical training programs, improved visit protocols.

As a result, pediatric and prenatal counseling services were increased and the preventive immunization program was strengthened by also involving pregnant women and women of fertile age through anti-tetanus vaccinations.

The data on maternal-child services provided in 2010 by the Municipality's 7 Health Centers directly managed by the Ministry of Health reported an increase, in some cases even significant, in a range of services offered compared to the previous year (the project was started in July 2009).

Maternity and childcare services 2009-2010			
	Public Health Centers		
	2009	2010	% Change
Pediatric visits	57,605	67,595	17.3
Obstetric visits	52,171	57,368	10.0
Childcare visits	69,416	78,083	12.5
Family planning meetings	6,464	8,576	32.7
Assisted births	4,145	4,668	12.6
Home assisted births	5,607	5,911	5.4
Gynecological visits	992	3,946	297.8
Routine vaccinations	152,169	160,509	5.5
Laboratory analyses	71,560	84,379	17.9

On average, the Municipality's Health Centers (public and Divina Providência) visited, each day, almost 600 children for a total of around 144,000 over the entire year, and vaccinated more than 800 for a total of more than 225,000.

With the assistance of the experts of the Istituto di Ricovero e Cura a Carattere Pediatrico Burlo Garofolo of the University of Trieste, the services of the Hospital da Divina Providência were also strengthened, thereby increasing the number of specialized visits and hospitalizations.

Maternity and childcare services 2010			
	Health Centers		
	Public	Divina Providência	Total
Pediatric visits	67,595	76,353	143,948
Obstetric visits	57,368	23,938	81,306
Childcare visits	78,083	32,622	110,705
Routine vaccinations	160,509	64,763	225,272
Laboratory analyses	84,379	197,645	282,024

Strengthening of diagnostic capacities

The project provided support to the Central laboratory of the Hospital da Divina Providência by expanding it and strengthening its personnel through the hiring of a biologist.

At the same time, in order to meet the growing needs of the population even through a greater decentralization of the service,

Healthcare situation

More than three fourths of Angolans live in precarious conditions in the slums of the Capital, Luanda, and of the other urban centers, with 60% living on less than 2 USD per day, while access to basic social services, particularly those related to healthcare, is very limited. Despite a per capita expenditure of 70 USD on healthcare, which is much higher than the average for African Countries, the quality of the healthcare system is often poorer.

Life expectancy is 48 years and child mortality, despite a gradual reduction in recent years, is amongst the highest of the continent. 170 children out of 1,000 die before the age of 5, often due to preventable diseases such as measles, tetanus and cholera, whose infection is favored by a very low immunization coverage rate (it is estimated that only 1 out of every 3 children receives all routine vaccinations).

The main health problems include malaria as well as gastro-enteric and infectious diseases, such as polio. With respect to the latter, a resurgence of the virus – with epicenter in Luanda and subsequent expansion to other provinces and neighboring Countries, including the Republic of Congo – has been reported since 2005, following 3 consecutive years with no cases reported.

The healthcare situation is aggravated by malnutrition which, despite a steady decline, affects almost 1 out of every 2 children in a more or less severe manner and is the primary cause associated with child death. As in most developing Countries, the prospects for the wellbeing and development for children largely depend on the health and education levels of their mothers, which are highly critical in Angola. High levels of fertility are often accompanied by an early average age for the first pregnancy, which in 70% of cases occurs during adolescence, thereby increasing the risk of complications, infections and even death during birth. The maternal mortality rate, equal to 1,400 out of 100,000 births in 2001, is currently 660 out of 100,000 births, but progress is slow, also because births assisted by qualified personnel do not exceed 47%, with even lower levels in rural areas. The lack of specialized facilities is generally widespread, starting from the Capital, as is the scarcity of basic prenatal medical services capable of providing counseling and assistance on AIDS, nutrition, hygienic practices and prevention of malaria, which is a major cause of anemia amongst pregnant women and one of the main causes of maternal and child mortality.

In 2010, the Government of Luanda launched a project to strengthen the Country's healthcare services, with priority given to child health and the fight against transmissible diseases. The construction of new healthcare facilities, including large-sized hospitals in the Capital and in a number of provinces, has not produced so far an improvement in the quality of services. Many of the new facilities are not, in fact, operational due to a lack of electricity, water, access roads and personnel. The dramatic shortage of qualified personnel is another particularly critical aspect and only recently, thanks also to the support of the United Nations, the strengthening of university training courses was launched by creating new training schools in the field of healthcare.

the project started strengthening the peripheral diagnostic network by supplying equipment to the existing laboratories in the Health Centers, as well as by opening up new ones.

Thanks to these efforts, the Municipality's diagnostic network significantly increased its operational capacity in 2010 by carrying out, on a daily basis, more than 1,100 clinical analyses for a total of more than 280,000.

Strengthening of the nutritional support system

The Municipality's system of nutritional services is composed of the Therapeutic Nutrition Center of the Hospital da Divina Providência, which is entrusted with the management of severe malnutrition cases, and by the Follow-up Nutrition Centers operating in a number of Health Centers where children with moderate malnutrition receive food as nutritional supplement.

The system is also supported by the peripheral Health Centers which detect cases of malnutrition and risk situations when monitoring the growth of children visited at the facilities. During the year, some 4,600 children with malnutrition problems were identified and of these, 1,250 were hospitalized in the nutrition centers.

The support provided by the project to the entire system in 2010 included – in addition to the above-mentioned construction of two new facilities at the Hospital da Divina Providência – the upgrading of a follow-up nutrition unit at one of the Health Centers through the hiring of a pediatrician and specifically trained nursing personnel, as well as the opening of new follow-up facilities at two other Health Centers.

During the year, awareness raising activities for the Health Centers' outpatients, in particular mothers, were further strengthened with the aim of creating an integrated system of preventive nutritional and hygienic healthcare education at the family level. Since the beginning of the project, training meetings on preventive medicine, basic hygienic norms, correct behavior during pregnancy and nutritional education involved a total of almost 200 thousand people, mostly women.

Finally, as in 2009, Eni Foundation supported, with equipment and personnel, the 5 vaccination campaigns promoted by the health authorities to fight the polio epidemic which has been affecting the Country in recent years.



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

Since 2009, Eni Foundation has been collaborating with Smile Train Italia Onlus to promote the Country's full autonomy in the treatment of cleft lip and palate, by implementing a project aimed at creating a center of excellence for the surgery and therapeutic treatment of one of the most widespread congenital diseases in Indonesia.

Activities

Following the supply of the surgical-medical instrumentation and equipment necessary for the creation of the Center and the first surgical-training mission at the Tarakan Hospital in 2009, Smile Train continued with the operational phase of the project by conducting a second mission in January 2010.

The Smile Train team – composed of 20 volunteer specialized doctors and nurses – operated on 63 children, thereby bringing the number of young patients operated on since the beginning of the project to 125. Even during this mission, 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.

Indonesian surgeons, anesthesiologists and nurses actively participated in all pre and post-surgical phases, as well as in all surgical operations, as an additional step in their training program.

Cleft lip and palate

Cleft lip and palate are congenital malformations caused by 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 disease automatically undergo reconstructive surgery a few months after birth and eventually lead a normal life.

In developing Countries, which record the highest number of cases, 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 every 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.

During the mission, the children which were operated on in 2009 were also examined. The rest of the visited patients, who could not undergo surgery because of their precarious health conditions, will be operated on during the final mission of 2011 after receiving adequate therapy. Along side the mission, a range of communication initiatives were promoted with the local media, as well as meetings with government authorities, with the aim of raising awareness on the goals and contents of the initiative amongst the population.

During the year, Smile Train also transferred to Italy an Indonesian child affected by a particularly severe form of cleft lip and palate where he successfully underwent a delicate and complex surgical operation. On this occasion, the two Indonesian doctors accompanying the patient were able to benefit from additional specialized training.

Project description

Area 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.

Overview of expenditure for 2010

The balance as of December 31, 2010 closed with an overall expenditure of 3,564 thousand euro (including income for 23 thousand euro), of which:

- 2,655 thousand euro for costs relating to the Foundation's typical activities;
- 871 thousand euro for operating costs;
- 60 thousand euro 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 the Congo, Angola and Indonesia amounted to 2,640 thousand euro and refer to:

- The **Salissa Mwana** project in Congo for 1,258 thousand euro, of which:
 - 514 thousand euro for rehabilitating and equipping Health Centers and building drinkable water plants, generators and incinerators;
 - 73 thousand euro for training and supervisory activities of healthcare and technical personnel employed in the Health Centers;
 - 78 thousand euro for sensibilization activities aimed at the communities;
 - 48 thousand euro for supporting vaccination activities;
 - 545 thousand euro for facilities-related, operating and personnel costs.
- The **Kento Mwana** project – also in Congo – for 615 thousand euro, of which:
 - 65 thousand euro for increasing coverage of counseling and screening services;
 - 63 thousand euro for developing diagnostic and specialist expertise;
 - 51 thousand euro for improving skills of healthcare personnel employed in healthcare facilities;
- 155 thousand euro for transferring know-how to local healthcare personnel, with respect to preventing the vertical transmission of HIV;
- 281 thousand euro for facilities-related, operating and personnel costs.
- The **Kilamba Kiayi** project in Angola for 657 thousand euro, of which:
 - 296 thousand euro for strengthening the healthcare system by constructing new Health Centers and equipping existing ones;
 - 13 thousand euro for improving the technical-managerial skills of healthcare personnel;
 - 151 thousand euro for strengthening and expanding maternal-child medical services;
 - 197 thousand euro for facilities-related, operating and personnel costs.
- The **cleft lip and palate treatment project** in Indonesia, amounting to 110 thousand euro.

Donation to non-profit third parties amounted to 15 thousand euro.

Operating costs amounted to 871 thousand euro and primarily refer to:

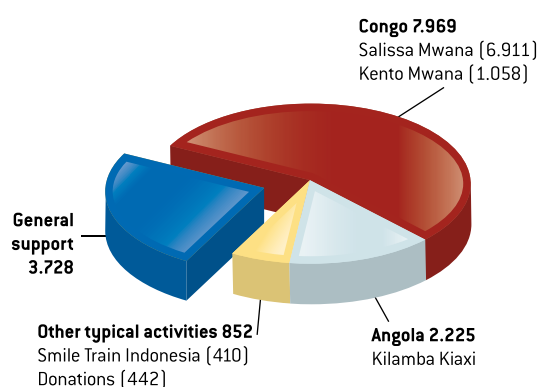
- costs of seconded personnel (563 thousand euro);
- services provided by Eni SpA under the services contract (96 thousand euro);
- administrative services provided by Eni Adfin SpA (78 thousand euro);
- services provided by Statutory Bodies (126 thousand euro).

Taxes totaled 60 thousand euro and refer to IRAP (regional production tax).


Breakdown of 2007-2010 expenditure

Since it became operational in 2007, Eni Foundation has spent 14,774 thousand euro. Of this expenditure, 11,046 thousand euro refer to costs sustained for the Foundation's typical activities, such as project initiatives promoted in the Countries where it operates and, even if to a much smaller extent, donations. The rest of the overall expenditure, 3,728 thousand euro, refers to general support costs, which were sustained to allow the Foundation to operate (primarily costs related to seconded personnel, services provided to Eni Foundation by Eni SpA and Eni Adfin SpA, as well as services of the Statutory Bodies).

Costs	thousand €
General support	3,728
Typical activities	11,046
Total	14,774







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Statements

Balance sheet

ASSETS		(euro)	Notes	31.12.2009	31.12.2010
A	RECEIVABLE FROM MEMBERS FOR DUES				
B	FIXED ASSETS				
I	Intangible fixed assets				
II	Tangible fixed assets		1	0	0
III	Financial fixed assets				
C	CURRENT ASSETS				
I	Inventory				
II	Receivables				
	Receivables from the Founder			100,000,000	
	Receivables from others		2	-	17,191
				100,000,000	17,191
III	Financial assets (other than fixed assets)				
IV	Cash and cash equivalents				
	Bank and postal accounts		3	7,016,531	6,224,192
				7,016,531	6,224,192
D	ACCRUALS AND DEFERRED INCOME				
	TOTAL ASSETS			107,016,531	6,241,383
LIABILITIES AND NET EQUITY		(euro)	Notes	31.12.2009	31.12.2010
A	NET EQUITY				
I	Unrestricted equity		4		
	Operating fund (Art. 6 of the By-Laws)			15,000,000	20,000,000
	Operating result from previous financial years			(5,562,400)	(10,955,942)
	Operating result from current financial year			(5,393,542)	(3,563,729)
II	Endowment fund		5	110,000	110,000
				4,154,058	5,590,329
B	PROVISIONS FOR LIABILITIES AND EXPENSES				
C	EMPLOYEE SEVERANCE INDEMNITY				
D	PAYABLES				
	Payables to suppliers		6	2,462,065	461,928
	Payables to Founder		7	305,572	167,001
	Tax payables		8	73,349	167
	Payables to pension funds and social security agencies		9	1,487	1,488
	Other payables		10	20,000	20,470
	Payables to the Ministry of the Economy and Finance			100,000,000	
				102,862,473	651,054
E	ACCRUALS AND DEFERRED INCOME				
	TOTAL LIABILITIES AND NET EQUITY			107,016,531	6,241,383
F	MEMORANDUM ACCOUNTS				
	Goods held by third parties			4,000	

Income statement

INCOME	(euro)	Notes	31.12.2009	31.12.2010
Income from typical activities				
Income from secondary activities				
Other operating income			4,000	
Financial income and capital gains				
Financial income from bank deposits		11	55,074	22,567
TOTAL INCOME			59,074	22,567
EXPENSES	(euro)	Note	31.12.2009	31.12.2010
Expenses from typical activities				
Purchases		12	674,723	209,525
Services		13	3,577,175	2,052,923
Lease and rental expenses		14	62,833	267,671
Other operating expenses		15	136,859	124,900
			4,451,590	2,655,019
General support expenses				
Services		16	838,569	868,334
Lease and rental expenses			77,622	
Depreciation			4,000	
Other expenses		17	5,966	2,784
			926,157	871,118
TOTAL EXPENSES			5,377,747	3,526,137
RESULT BEFORE TAX			(5,318,673)	(3,503,570)
INCOME TAX				
Taxes from previous financial years				
Taxes for current financial year		18	(74,869)	(60,159)
TOTAL INCOME TAX FOR THE FINANCIAL YEAR			(74,869)	(60,159)
OPERATING RESULT			(5,393,542)	(3,563,729)

Supplementary Note to the financial statements as of December 31, 2010

Composition criteria

The Foundation's financial statements for the year closed on December 31, 2010, 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 4.97% 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

With reference to Eni Foundation's activities in the Republic of Congo a current account was set up at the Banque Commerciale Internationale (BCI) of Pointe-Noire (Republic of Congo) for an amount of 50,000 euro to be utilized as a reserve fund at the disposal of the Foundation's Coordinator 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 three personal computers received from Eni SpA free of charge in 2009.

They are entered at the normal value of 60 euro and fully amortized.

Current assets

2) RECEIVABLES FROM OTHERS

Receivables from others total 17,191 euro and are composed of receivables for IRAP.

3) CASH AND CASH EQUIVALENTS

Cash and cash equivalents amount to 6,224,192 euro and are represented by the funds deposited at the following banks:

- BNL Gruppo BNP Paribas account no. 167491 – Eni branch, 6,174,192 euro;
- Banque Commerciale Internationale BCI account no. 37107061474 - Pointe-Noire (Republic of Congo) 50,000 euro.

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 20,000,000 euro following the replenishment of 5,000,000 euro by the Founder Eni on 02.12.2010.
- the negative operating result for the previous financial years amounting to 10,955,942 euro.
- the negative operating result for the current financial year amounting to 3,563,729 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 461,928 euro, and comprise:

- 122,722 euro to Eni Angola Production;
- 40,092 euro to Eni Congo SA;
- 115,605 euro to Università degli Studi di Genova;
- 210,000 euro to Eni E&P division.

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

7) PAYABLES TO THE FOUNDER

Liabilities towards Eni for 167,001 euro include payables relating to seconded personnel and the services contract.

8) TAX PAYABLES

Tax liabilities amounting 167 euro consist of payables to the tax authorities for deductions applied to collaborators' fees.

9) PAYABLES TO PENSION FUNDS AND SOCIAL SECURITY AGENCIES

These payables for 1,488 euro, consists of liabilities towards INPS (Italian National Social Security Institute) for deductions on collaborators' fees.

10) Other payables

Other payables amount to 20,470 euro and essentially refer to allocations for the remuneration of the members of the Corporate Bodies.

Income statement

Financial income and capital gains

11) FINANCIAL INCOME FROM BANK DEPOSITS

The financial income amounting to 22,567 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.

12) PURCHASES

Amounting to 209,525 euro, they refer to purchases of materials and equipment for the Health Centers and operational bases for the projects implemented by Eni Foundation in the Republic of Congo, made by Eni Congo SA on the basis of the services contract signed with the Foundation, and in particular:

- 167,225 euro for the Salissa Mwana project;
- 42,300 euro for the Kento Mwana project.

13) SERVICES

These amount to 2,052,923 euro and refer to the expenses sustained 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:

- 1,083,302 euro for the Salissa Mwana project;
- 411,376 euro for the Kento Mwana project;
- 558,245 euro for the Kilamba Kiayi project in Angola.

14) LEASE AND RENTAL EXPENSES

These amount to 267,671 euro and include rental of offices in the operational bases and vehicles, of which:

- 7,911 euro for the Salissa Mwana project;
- 161,251 euro for the Kento Mwana project;
- 98,509 euro for the Kilamba Kiayi project.

15) OTHER OPERATING EXPENSES

Amounting to 124,900, these include donations to non-profit organizations, of which:

- 110,000 euro in favor of Smile Train Italia Onlus for implementing the cleft lip and palate project in Indonesia;
- 14,900 euro for other donations.

General support expenses

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

16) SERVICES

Amounting to 868,334 euro, they include:

- services rendered by seconded personnel for 563,160 euro;
- services rendered by Eni SpA under the services contract, for 96,000 euro;
- services rendered by members of the Governing Bodies for 125,833 euro;
- administrative services rendered by Eni Group companies for 77,506 euro;
- banking services for 5,835 euro.

17) OTHER EXPENSES

Amounting to 2,784 euro, they primarily include other fiscal charges.

Income Tax

18) TAXES FOR CURRENT FINANCIAL YEAR

Amounting to 60,159 euro, they consist of the allotment for the Regional Tax on Productive Activities (IRAP) for the financial year 2010.

The operating result as of December 31, 2010, amounts to a loss of 3,563,729 euro.

Report of the Board of Internal Auditors on the financial statements for the year closed on December 31, 2010

The Board of Internal Auditors audited the proposed financial statements for the year closed on December 31, 2010; these statements were prepared in accordance with the laws and regularly transmitted to the Board of Internal Auditors along with the Operating Report and the Supplementary Notes to the Financial Statements.

During the course of 2010, the Board of Internal Auditors implemented the control activities required by law, also by taking into account the principles of conduct recommended by the Italian National Council of Chartered Accountants and Accounting Experts.

The Directors informed the Board of Internal Auditors by means of information and data that were provided during the course of the Board of Directors' meetings, which the Board of Internal Auditors always attended.

The Board of Internal Auditors, during its meetings, examined the main activities carried out by Eni Foundation in 2010 and duly noted their compliance with the laws and the Foundation's By-Laws, as well as with the general criteria of economic rationality, while ensuring that these activities were not manifestly imprudent, risky, or in potential conflict of interest with or capable of compromising the integrity of the Foundation's assets.

During the course of the financial year, no situations occurred which would have required, in accordance with the laws, the issue of specific statements from the Board of Internal Auditors.

The Board of Internal Auditors did not observe any atypical and/or unusual operations carried out with third parties, related parties or within the Group.

The Board of Internal Auditors acquired information on the adequacy of the administrative-accounting system, as well as on the reliability of the latter to correctly report on operations; this information was acquired from the managers of the competent departments and by reviewing the documentation. No significant facts worth mentioning or reporting in this report emerged as a result of the monitoring and auditing activities.

The supplementary note provides the information in accordance with current regulations (art. 2497 of the Italian Civil Code) as well as that required to truthfully and accurately on the Foundation's assets and economic and financial situation.

The Operational Report also illustrates the economic and financial situation and the activities implemented during the financial year 2010.

The Board of Internal Auditors has verified the compliance with the norms pertaining to the preparation of the Operational Report.

The Board of Internal Auditors hereby notes that the negative result for the year is largely determined by expenses incurred for costs and services pertaining to typical activities and amounting to 3,563,729 euro; these were primarily sustained for the purchase of services, for an overall total of 2,921,257 euro. In particular, financial resources for typical activities totaled 2,052,923 euro and refer to expenses sustained in favour of projects for the restructuring and equipping of Health Centers, medical and technical services of specialized personnel, research activities and support for health activities, educational and training activities. The remaining costs for services, amounting to 868,334 euro, on the other hand, refer to general support expenses.

The Board of Internal Auditors – for that falling under its competence, having duly noted the results of the financial statements for the year closed on December 31, 2010, and having taken into account the observations contained in the present report – has no objections to make in reference to the proposed resolution.

Rome April 14, 2011

The Board of Internal Auditors

Luigi Schiavello



Pier Paolo Sganga



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