ANNUAL REPORT 2017

eni foundation

foundation

ANNUAL REPORT 2017

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Letter from the Chairman

Eni Foundation continues its commitment to safeguarding fundamental human rights, from survival to social development, from health to education, with particular attention paid to the needs of those most vulnerable such as mothers, children and the elderly.

The activities in Africa, Ghana and Mozambique are fully operational and a new project is now up and running in an Asian country, Myanmar. In Ghana, the implementation of a project to strengthen primary mother and child medical services has continued in three coastal districts of the Western Region, to improve the healthcare provided and increase the population's knowledge in order to promote greater awareness and responsibility on issues of mother and child health. Construction and renovation work were completed on healthcare facilities, in addition hospital equipment was supplied and refresher courses and training were provided for personnel. In Mozambique, training activities were continued to ensure healthcare continuity for emergency surgery services at the Centre in Palma and to support its fully functional operation, as were planned actions to promote health in rural communities.

We have also been active in Myanmar since 2017, specifically in the arid region of Magway, where we are working in close collaboration with local authorities to fight malnutrition by improving food safety through an integrated programme aimed at facilitating access to safe water, crop diversification which also involves improvements in irrigation, and access to healthcare services to improve the health of the most vulnerable sections of the population, including emergency obstetric and neonatal assistance.

As with all our activities in the countries where we operate, this project is in line with the development strategies of the local Government, the Ministry of Health and the Ministry of Agriculture, and also includes the adoption of digital information systems as well as education and training activities on the subjects of health and agriculture. Of particular importance will be the Information, Education and Communication campaigns to benefit communities through radio programmes and the dissemination of information on agricultural production, the safe management of water and food, and the prevention of communicable and non communicable diseases.

According to the World Health Organisation "The promotion of health is an indivisible common good and a fundamental prerequisite for world peace and security". This message is wholeheartedly embraced by Eni Foundation, by its board of directors, and by its doctors, technicians and operators who, every single day, are trying to do some good and, above all, do it in the best possible way they can. We truly believe we can succeed.

Domenico Noviello

Report on Operations

Eni Foundation Profile

Eni Foundation was founded at the end of 2006 to promote and independently undertake, both in Italy and throughout the world, social solidarity and humanitarian initiatives in the care, healthcare, education, culture and environmental sectors with particular attention paid to the most vulnerable population groups, amongst which are those who are the most fragile and vulnerable, children. In line with the value set which has always characterized Eni's work, and consistently with the values of the Code of Ethics, Eni Foundation works within the framework of the United Nations' Universal Declaration of Human Rights, the ILO's (International Labour Organization) fundamental Conventions and the OECD Guidelines. Eni Foundation is inspired by the safeguarding and promotion of human rights, every human being's inalienable and fundamental prerogative, and the basis upon which societies founded on the principles of equality and solidarity are established, to protect civil and political rights, social, economic and cultural rights and the so called third-generation human rights. Eni Foundation respects the cultural, economic and social rights of the local communities where it works and is committed to helping ensure, wherever possible, that they are upheld, in particular with respect to the right to health, to adequate nutrition, to drinking water, and to the highest possible level of physical and mental health and education.

Human resources

In 2016 Eni Foundation adopted an internal structure for the implementation of the Foundation's activities, these included: External Communication, the identification of new initiatives, operational link activities with Authorities and Institutions regarding the Foundation's work and activities to support the fulfilment of obligations in terms of planning, administration and compliance. In addition, it draws on the skills and know-how of Eni, with which it has defined a technical services supply contract.

Operational approach

Eni Foundation is an operational corporate foundation, which adopts a proactive approach to achieving its assigned objectives, focusing its activity on autonomously planned and executed initiatives. All Eni Foundation projects are inspired by the following principles:

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

The Foundation's main activity is achieved through initiatives to benefit vulnerable population groups and, as a corporate foundation, it adopts business-oriented efficiency criteria:

- relevance of objectives and content;
- management control;
- sustainability;
- measurability of expected results;
- replicability of actions.

Eni Foundation reflects the wealth of experience and know-how acquired by Eni's founder, Enrico Mattei, in various social and cultural contexts around the world. The Foundation believes that complex problems require an integrated approach; to this end, it is open to cooperation and partnerships with other organizations (non-governmental associations, humanitarian agencies, local institutions and authorities), of proven experience and competence, in both the planning and development phases.

Organisational structure

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

Board of Directors:
Chairman Domenico Noviello

Directors: Antonio Vella, Marco Bollini, Alberto Piatti, Cristiana Argentino

Secretary General: Filippo Uberti

Board of Auditors:
Chairman Paolo Fumagalli, Vanja Romano, Pier Paolo Sganga

Overview of activities

Ghana

In Ghana, the project to strengthen primary mother and child healthcare services has continued in three coastal districts of the Western Region. Around 350,000 people live in the area, mainly in rural and isolated areas, of which over 80,000 are children from 0 to 10 years old and about 70,000 are women of childbearing age. The activities are designed to strengthen the healthcare provided and improve the population's knowledge in order to promote greater awareness and responsibility on issues of mother and child health. In 2017 construction and renovation work were completed on healthcare facilities, in addition hospital equipment was supplied and refresher courses and training were provided for healthcare and technical personnel. Eni Foundation has financed the project and has been responsible for its management in collaboration with the 3 main local institutions: the Ghanaian Ministry of Health, the public Ghana Health Service and the Christian Health Association of Ghana (CHAG).

Mozambique

In Mozambique, in 2017, on-the-job training was continued to ensure healthcare continuity for emergency surgery services at the Centre in Palma and to support its fully functional operation, as were planned actions to promote health in rural communities. Since 2013 Eni Foundation has built a surgery unit and a casa de espera (home for mothers waiting to give birth) at the Health Centre in Palma and provided professional refresher courses for healthcare and technical staff based at the centre and in the district. Eni Foundation finances the project and is responsible for its management. Local counterparties include the Ministry of Health (MISAU), the Provincial Health Authority of Cabo Delgado (DPS), the District Health Office (DHO) and the management team at the Health Centre in Palma. The project has the patronage of the Cabinet of the First Lady of Mozambique.

Myanmar

In 2017 Eni Foundation, in collaboration with the Myanmar Government, initiated a project in the Magway region of Myanmar, in the townships of Magway, Myothit and Minhla, aimed at fighting malnutrition through improvements in food safety, nutrition and the health of the most vulnerable sections of the population. The townships cover a total area of approximately 5,700 Km^2 and the project is expected to benefit approximately 594,288 people. The project is primarily focused on three areas: services aimed at improving the productivity and resilience of small farmers including the implementation of irrigation systems; provision of safe drinking water and sanitation; primary healthcare services. During 2017, with the support of the University of Milan as scientific partner, the feasibility studies were completed and the Memorandum of Understanding was signed, which formalises the full shared responsibility and cooperation for achieving the project's objectives with the Ministry of Health's Department for Public Health, with the assistance of the Ministry of Agriculture.

Children's health

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

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

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

Pneumonia is the cause of 15% of all deaths of children under 5, killing approximately 922,000 children in 2015. It is closely followed by diarrhoeal diseases. Good nutrition, a clean environment, access to saline solutions and zinc supplements and new vaccines introduced recently against pneumococcus and rotavirus, are all factors that can help reduce the incidence of both pneumonia and diarrhoeal diseases.

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

Globally, malaria causes 8% of child deaths. In 2015, it was responsible for the deaths of approximately 306,000 children under the age of 5, including 292,000 children from the African region with 35% of the worldwide total in the Democratic Republic of Congo and Nigeria alone.

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

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

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

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

Ghana

Country data

Population (thousands) (source: UNICEF 2013)	**25,905**
- under 18 years old (thousands)	11,601
- under 5 years old (thousands)	3,677
Life expectancy at birth (years) (source: DHS 2014)	**65**
Infant mortality rate (per 1,000 live births) (source: DHS 2014)	
- 0-5 years	60
- 0-12 months	41
- neonatal	29
% of underweight births (2008-2012) (source: DHS 2014)	**11.2**
% of underweight children 0-5 years (moderate and severe 2006-2010)	**11**
% of children 0-5 years suffering from stunted growth (moderate and severe 2003-2009)	**19**
Maternal mortality rate (per 100,000 live births - 2008) (source: WHO 2015)	**319**
Lifetime risk of maternal mortality (source: WHO 2014)	**1 out of 66**
Per capita Gross National Income (USD) (source: UNICEF 2013)	**1,590**
Healthcare expenditure (source: WHO 2015)	
- as % of 52% of gross domestic product	5.4
- as % of state expenditure (2010)	10.6

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

Introduction

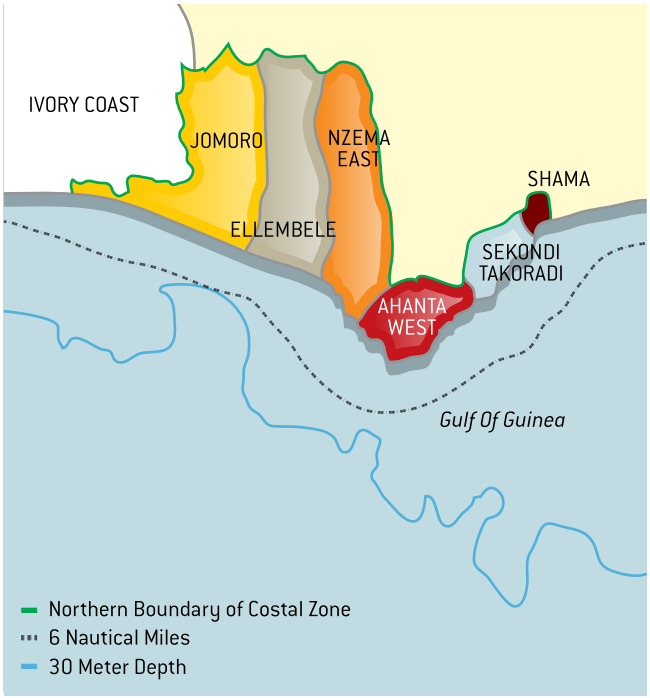
Ghana, with a population of approximately 27 million people in 2014, maintains its position as the most populated country in Western Africa after Nigeria.

Agriculture, which was previously the major income source, has been surpassed by the services sector and industry which together constitute 52% of gross domestic product (GDP).

The main raw materials exported are cocoa, gold and timber, as well as oil, gas, diamonds, bauxite and manganese, which together with the remittances of expatriates are the primary source of hard currency.

Between 2010 and 2016, the country's GDP growth fell from 7.9% to 3.6%, however the estimated per capita income of $1,590/year (UNICEF 2014) makes Ghana a lower middle-income country.

According to World Bank data, Ghana has made significant progress in reducing poverty, meeting the Millennium Development Goal of halving poverty rates from 52% to 24% between 1991 and 2015. Ghana's long-term growth prospects will remain positive provided the stabilization of the energy supply stays constant and the commitment to fiscal adjustment planned with the support of the International Monetary Fund and other development bodies is met.
The number of people living below the poverty line halved between 1996 and 2006, although extended areas of poverty continue to exist in the country, especially in the more peripheral and rural areas rather than in the main urban centres. According to the latest Demographic Health Survey carried out in 2014, the mortality rate of children under 5 years old is 60 per 1,000 live births and the rate of maternal mortality is 319 per 100,000. Data also show that 87% of pregnant women attend the 4 recommended antenatal consultations and 68% of them give birth with the assistance of qualified healthcare personnel. The population's access to drinking water reached 87%, enabling Ghana to achieve the Millennium Goal regarding the availability of drinking water.

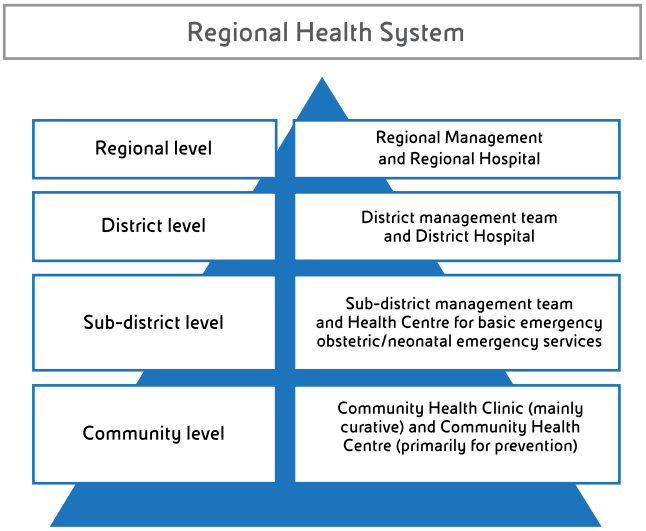


Areas of operation

The project's areas of operation are distributed across three coastal districts in the Western Region of Ghana: Jomoro, Ellembele and Ahanta West, where around 380,000 people live, mainly in rural and isolated areas, over 80,000 of which are children from 0 to 10 years old and about 70,000 are women of childbearing age. In addition, in the regional capital of Sekondi-Takoradi, activities are planned to support the regional health authority in developing planning capabilities and monitoring its programmes across the region.
The Western Region is one of the country's most disadvantaged areas, both in terms of its physical conformation and the availability of services, including social and healthcare services. Regional GHS data for 2015 show that there are only 93 doctors for the whole Western Region (1 per 26,000 inhabitants) and 4 dentists (1 per 650,000 inhabitants).
Ahanta West with a population of 117,000 inhabitants, is a coastal district situated in the southernmost area of the Western Region, east of the regional capital Sekondi-Takoradi. Less than half (49%) of the district's territorial area falls within a band of accessibility to healthcare facilities by the population which is estimated to be approximately 25 minutes. This band contains 77% of urban settlements and about 85% of the district's population. Around 7% of settlements and the corresponding 6% of the population lie in areas which require up to and over 1 hour to reach the nearest healthcare facility.
Ellembele, with a population of 97,000 people, is one of 6 coastal districts in the region. Despite being home to the majority of the population, only 30% of the district falls within the area of access to healthcare facilities with estimated times of up to 25 minutes. Around 17% of Ellembele's urban settlements are located in low-accessibility areas with estimated times greater than 60 minutes.
Jomoro, with a population of 166,000 people, is also a coastal district and shares a border with the Ivory Coast. Around 30% of the territory falls within the 25-minute band for the population to reach the nearest healthcare facility, within which the majority of the population reside. Around 18% of settlements are located within the 60-minute and above band, particularly for those communities situated along the banks of the many lagoons and where, especially during the rainy season, access to facilities is extremely difficult.

Aims

The project aims to support the Ghanaian Health Authorities in improving mother and child medical services. The initiative is focused on 3 coastal districts of the Western Region and aims to improve access for mothers and children to the above-mentioned services at various levels of the District System (Jomoro, Ellembele and Ahanta West) and the Regional System (Western Region).



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

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

Partners and roles

Eni Foundation has financed the project, has been responsible for its management and collaborates with 3 main local institutions:

- the Ghanaian Ministry of Health, responsible for formulating Healthcare Policies and monitoring their application, played a fundamental role in the Governance of the project and in the endorsement of the strategy underlying Eni Foundation's initiative;
- the public Ghana Health Service, on behalf of the Ministry, manages the public healthcare facilities involved by supplying personnel and medicines and catering for any other recurring requirements or necessary technical support;
- the Christian Health Association of Ghana (CHAG) is a non-governmental organization that, under an Official Agreement with the MoH, supplements the activities of the GHS and, with its St Martin de Porres Hospital, represents a crucial district and specialist referral centre for the initiative.

Duration and costs

2012-2017 (€8 million).

Expected results

The project, in line with the local Ministry of Health's strategies, has been aimed at supporting the Healthcare Authorities in achieving the objectives of improving maternal health and reducing child mortality. The project set out to achieve the following results:

- to extend primary healthcare services to poorly served areas, in line with the planning and healthcare services strategy at community level, promoted by the Ministry of Health. In line with the local Ministry of Health's strategy, the project undertook the construction of 8 new Community-based Health Planning and Services, CHPS Compounds (rural clinics) evenly distributed across the districts of Jomoro and Ellembele. Indeed, since 2000, the Ministry has been implementing plans to expand first level health activities in rural environments by distributing these types of facilities across the territory, to encourage door-to-door prevention and treatment activities.

These CHPSs have been fully equipped according to the standards laid down by the Ghanaian Ministry of Health and motorcycles have been provided to allow staff to travel to the respective communities for outreach activities. Professional refresher courses have been provided for all personnel who work in these new facilities, and community Information, Education and Communication activities have been implemented. These CHPSs have also helped to strengthen vaccination coverage to enable rural areas to be included, as well as improving the professional development of healthcare staff and the provision of transport to allow staff to cover extensive areas;

- to strengthen mother and child healthcare services (antenatal, obstetric, neonatal and paediatric services generally) and primary emergency obstetric and neonatal services at the intermediate level (Health Centres), 10 Health Centres (1 in Ahanta West, 4 in Jomoro and 5 in Ellembele) have been renovated and/or upgraded. In particular, the number and quality of services available at the Health Centres in Agona Nkwanta (Ahanta West) and Aidoo Suazo (Ellembele) have been increased thanks to the construction of an Emergency Unit (Agona) and a Maternity Department (Aidoo). Professional development courses have also been provided for the staff at these Health Centres to strengthen the quality of the services provided. All the Health Centres have been able to supplement their medical equipment thanks to the provision of any missing equipment or the substitution of any pieces of equipment that were no longer working. In addition, four 4X4 ambulances were also provided to guarantee access to emergency cases in the area, as was a boat ambulance in the district of Jomoro's lagoon area, where land routes are difficult to access, particularly during the wet season;
- to strengthen emergency and inpatient services relating to obstetric and neonatal assistance at district hospital level. As part of this activity a new, fully equipped operating theatre has also been built at the District Hospital in Half Assini (Jomoro); the maternity unit and recovery wards have also been renovated and expanded and the medical equipment has been supplemented through the provision of any pieces of equipment that were missing or no longer working. The construction of a new antenatal department has also been completed at the St Martin de Porres Hospital in Ellembele and the operating theatre has been supplied with all the necessary equipment. The St Martin de Porres Hospital has also benefited from the donation of a car and support to improve prevention activities and healthcare in poorly served villages across the territory;
- to strengthen planning, monitoring and assessment capabilities, as well as the training of medical, surgical, nursing, technical and administrative personnel at regional and district levels. In this regard, courses aimed at retraining staff responsible for services at various levels of the system have been organized and have also involved the participation of international institutions. The courses covered the following areas: healthcare management; collection and processing of health and epidemiological data; planning, monitoring & assessment, involving all levels (from community to regional level), in order to strengthen the entire Health Management Information System. The nursing schools in Asante and Esiama have been provided with teaching and multimedia equipment. The Ghana Health Service regional offices have being provided with computer equipment in order to modernize their data management. To monitor the project and assess its local impact, an AKAP (Awareness, Knowledge, Attitudes and Practices) baseline survey to collect basic health indicators, some of which cover aptitudes and habits in the local population, has been conducted in the areas where new CHPS Compounds have been built. Once 2 or 3 years have passed following the completion of the project's activities, another comparative survey will be conducted to assess the impact of the initiative.

Methodological approach

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

The programme has included:

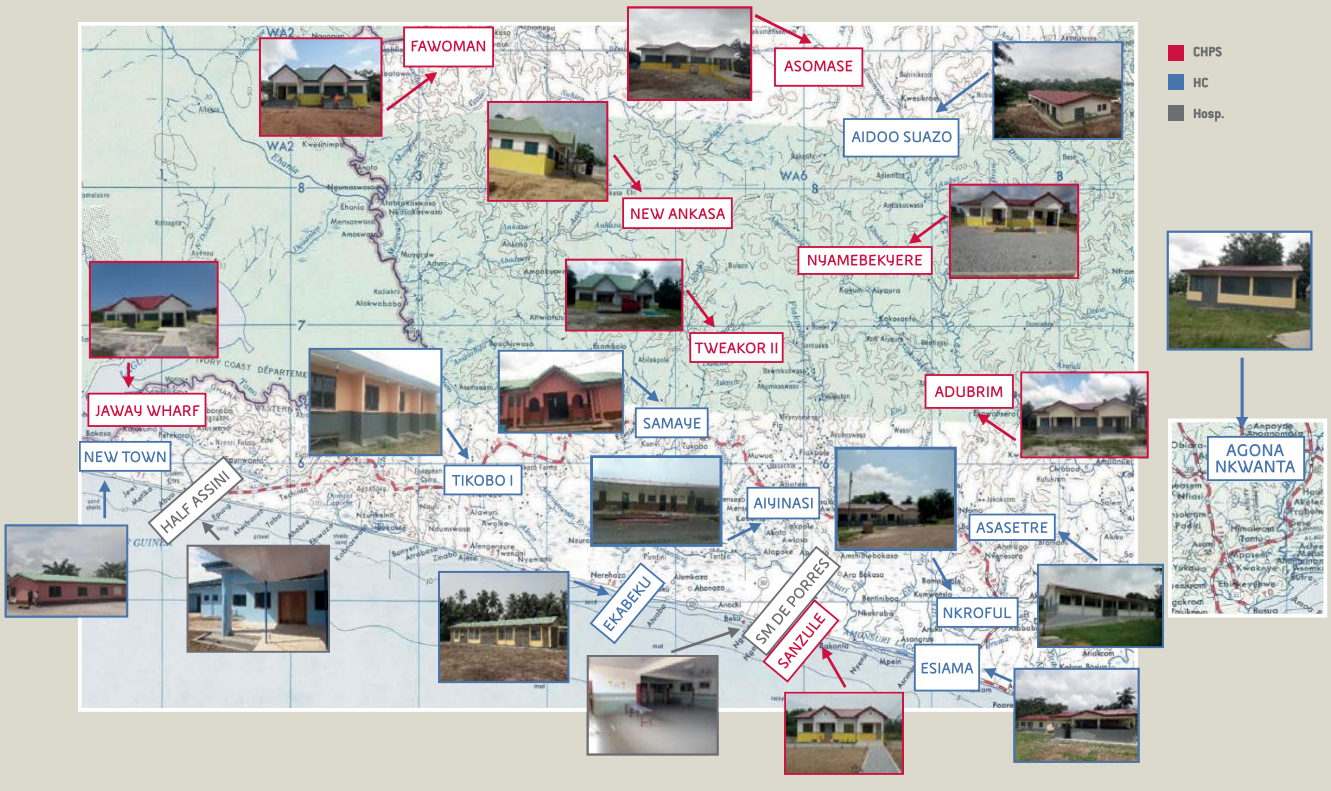
1. enhancing the skills and knowledge of healthcare staff through specialized professional courses;
2. improving healthcare facilities at community, sub-district and district level by building/renovating them and supplying equipment, water and electricity;
3. awareness programmes aimed at the target population on factors influencing the use of the service and on issues such as the prevention of endemic diseases, hygiene and nutrition;
4. a study on the use of Chlorexidine to disinfect the umbilical cord.

The purpose of these joint activities was to support improvements in the Availability, Accessibility, Acceptability and Adaptability of healthcare facilities (for example access to healthcare facilities in remote locations or the quality of the services provided) and highlight the factors that influence the use of the service and outcomes in terms of mother and child health (for example social, economic and cultural factors, attitudes to seeking care, etc.).
Lastly, in recognizing the importance of the participation, involvement and empowerment of the project's players for its future sustainability, since the very beginning the project has worked in close cooperation with its partners and beneficiaries: during the requirements capture phase, the project design phase and throughout its implementation.
In line with this approach, the project has therefore preferred the use of local resources for the construction/renovation work and involved the beneficiary communities and partners in the project development and implementation stages (for example leaving part of the construction work and IEC activities under the direct responsibility of the District Assemblies, with the supervision of Eni Foundation).

Activities carried out by the end of 2017

By the end of the project, 20 healthcare facilities had been built or renovated, equipped and supplied with water and electricity. In particular: 8 CHPS compounds had been built (Jaway Wharf, Fawoman, New Ankasa and Tweakor II in the Jomoro district and Asomase, Sanzule, Edubrim, Aidoo Suazo and Nyamebekyere in the Ellembele district); 9 Health Centres had been renovated (Asasetre, Nkroful, Aiyinasi, Esiama in Ellembele, Ekabeku, Tikobo No.1, Samaye and New Town in Jomoro and Agona Nkwanta in the Ahanta West district). In addition, the antenatal unit was built in the SMdP Hospital in Ellembele and the Half Assini Hospital in Jomoro was renovated. The image below shows the spatial distribution of the project implementation sites, illustrating their positions and how they enable the Health Centres to act as network hubs for primary emergency obstetric/neonatal services in relation to the referral hospitals. By contrast, these hospitals represent the network's cornerstones for the provision of other services (surgeries and transfusions) which are typically required for more comprehensive obstetric/neonatal emergencies.

Progress of activities at the project locations (December 2017)

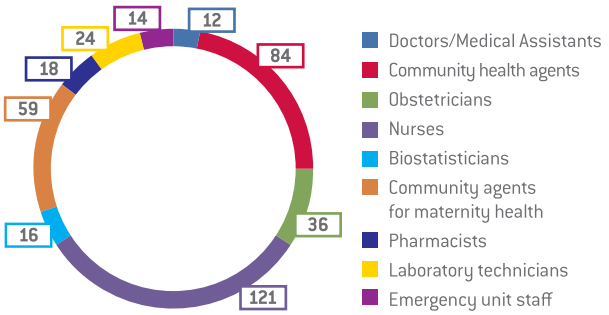


With respect to the training programme, in total 384 healthcare personnel received training on issues specific to their professional category, more specifically: 51 at CHPS level, 196 at health centre level, 128 at hospital level and 9 at district/regional level.
Of these, **12** doctors/medical assistants **84** community health personnel, **36** obstetricians, **121** nurses, **16** biostatisticians, **59** community health volunteers, **18** pharmacists, **24** laboratory technicians, **14** first aid staff.

Table 1

District	CHPS	HC	HOSP	DISTR/REG	Total
Jomoro	27	66	66	0	**159**
Ellembele	22	83	62	9	**176**
Ahanta West	2	47	0	0	**49**
Total	**51**	**196**	**128**	**9**	**384**

Total no. of Trained Healthcare Staff (384)



Regarding the Information, Education and Communication programme, by the end of 2016 the following results had been achieved:

- 5,951 IEC sessions were conducted in 141 villages across the 3 districts from the beginning of the project to June 2016;
- 433 radio talk shows discussing mother and child health issues were broadcast to the population of the 3 districts (approximately 388,000 people), 8,922 adverts/jingles on specific subjects were also broadcast on the radio;
- 106,000 leaflets, gadgets, etc. were distributed to the population of the 3 districts providing information on the subject of child health.

Activity at community level

The national programme of Community-based Health Planning and Services (CHPS) is a strategy adopted by the Ghanaian Ministry of Health in order to fill gaps in access to healthcare. A key component of the CHPS strategy is that a healthcare service provided at community level will allow the Ghana Health Service (GHS) to reduce disparities in healthcare and provide a more evenly distributed healthcare service by reducing geographical and cultural barriers. The National Policy for CHPS was also revised to include an improved capability to treat endemic diseases and provide assistance during natural birth.

Construction

To support the national commitment to extending the CHPS network, Eni Foundation planned to build 8 CHPS compounds with the aim of supporting the extension of community healthcare services to less well served areas. The construction work was carried out under the direct responsibility of the two District Assemblies (DAs), with the supervision of Eni Foundation.
Eni Foundation monitored the progress of the construction work on a weekly basis. The 102 supervisory inspections conducted in 2016 were aimed at ensuring:

1. work was being carried out in accordance with the technical specifications;
2. HSE standards were being respected;
3. the work progress reports submitted by the contractors were consistent with the work that had actually been carried out.

Moreover, 3 Supervisory Committees were in operation (1 per district) from 2014 to monitor the construction and restoration work together with the project partners. The Supervisory Committees consisted of an Eni Foundation team, 5 members appointed for each of the District Assemblies and 1 representative from the GHS. This system was an additional supervisory mechanism that was very much appreciated by the project partners, and which ensured that the work was being carried out in accordance with the standards and within the scheduled timeframes, whilst simultaneously ensuring that the project's general methodology was being implemented (participation and ownership of the project activities).

Table 2 - Progress at community level

Activities	Planned	Carried out				
Construction	8 CHPS	DA/Prolink	CHPS Compound	% Work progress as at Dec 2015	Equipment	Completed (water and electricity)
	1.	DA	Jaway Wharf	100%	Yes	26/07/2014
	2.	DA	Nyamebekyere	100%	Yes	07/08/2014
	3.	DA	Sanzule	100%	Yes	15/06/2015
	4.	DA	Fawoman	100%	Yes	30/10/2015
	5.	Prolink	Tweakor II	100%	Yes	28/11/2015
	6.	Prolink	New Ankasa	100%	Yes	28/11/2015
	7.	Prolink	Adubrim	100%	Yes	30/06/2016
	8.	Prolink	Asomase	100%	Yes	29/07/2016

Services provided in CHPS

Once opened, the CHPS compounds provided healthcare services such as family planning, outpatient care, vaccinations, health promotion, child outpatient care, home consultations, postnatal outreach activities, health information sessions in schools and emergency deliveries to the population in the target area. Currently, the CHPS compounds which provide services to the population are: Nyamebekyere, Jaway Wharf, Sanzule, Fawoman, Tweakor II, New Ankasa and Asomase.

Since 2014, a total of 20,562 medical consultations have been conducted, 11,563 of which were in 2016 alone, whereas before the CHPS compounds were built no consultations were possible.

By the end of 2016 the following had been conducted: 1,843 family planning consultations, 15,760 outpatient consultations, 6,292 of which were for children under 5 years old, 431 health promotion and children's outpatient treatment sessions, 2,318 home consultations, 91 outreach postnatal consultations, 8 emergency deliveries and 111 health information sessions in schools.

The three most common clinical conditions treated in the CHPS compounds were: malaria, acute respiratory diseases and rheumatism. In particular, 1,519 cases were recorded for children under the age of 5, 1,050 of which were malaria, 334 were diarrhoea and 135 were intestinal worms, indicating that prevention work on issues of malaria and hygiene is still a priority, especially in rural areas of the country.

Vaccinations

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

Table 3 - Services provided at the CHPS compounds of Jaway Wharf, Nyamebekyere, Sanzule, Fawoman, New Ankasa, Tweakor II, Asomase

Total services provided by the CHPS of Jaway Wharf, Nyamebekyere, Sanzule, Fawoman, New Ankasa, Tweakor II, Asomase	Jaway Wharf	Nyamebekere	Sanzule	Fawoman	New Ankasa	Tweakor II	Asomase	Tot
Family planning	944	228	112	58	142	213	146	**1,843**
Total outpatient consultations (Adults+Children <5)	6,238	4,295	2,249	679	194	268	1,837	**15,760**
Child consultations <5	2,271	1,860	741	358	88	117	857	**6,292**
Malaria	2,446	2,237	965	400	159	232	1,129	**7,568**
Diarrhoea	465	408	230	83	41	22	6	**1,255**
Intestinal worms	547	372	200	108	35	39	35	**1,336**
Rheumatism	556	353	363	71	27	2	75	**1,447**
Anaemia	52	143	156	0	0	0	5	**356**
Infections of the oral cavity	6	15	0	0	0	0	0	**21**
Other conditions of the oral cavity	5	0	0	0	0	0	0	**5**
Vaginal discharge	4	0	0	0	0	0	0	**4**
Domestic accidents	26	13	2	0	0	0	1	**42**
Acute respiratory infections	1,903	863	573	153	35	43	330	**3,900**
Health promotion sessions and home consultations for children	159	154	43	25	20	18	12	**431**
Home visits	930	497	455	19	251	49	117	**2,318**
Postnatal home visits	84	1	0	0	6	0	0	**91**
Emergency deliveries	4	4	0	0	0	0	0	**8**
Health information sessions in schools	40	33	11	4	8	3	12	**111**
Total	**8,399**	**5,212**	**2,870**	**785**	**621**	**551**	**2,124**	**20,562**
Overall total				**20,562**				

Note: The total does not take into account the consultations for children column because the datum is included in total outpatient consultations.

Table 4 - Vaccination results at CHPS compound level (Jaway Wharf, Nyamebekyere, Sanzule, Fawoman, New Ankasa, Tweakor II and Asomase)

2016 CHPS	BCG	OPV/ Polio 0	OPV/ Polio 1	OPV/ Polio 2	OPV/ Polio 3	PCV 1	PCV 2	PCV 3	Penta 1	Penta 2	Penta 3	Rotavirus 1	Rotavirus 2	Measles, Rubella	Measles 2	Yellow Fever	Tot
Jaway Wharf	152	48	286	302	310	298	322	321	298	324	321	289	291	331	267	336	**4,496**
Nyamebekyere	138	108	190	226	266	199	245	272	191	227	265	194	197	236	219	237	**3,410**
Sanzule	0	0	75	74	87	76	74	85	79	73	89	73	73	58	67	57	**1,040**
Fawoman	96	8	97	108	128	90	93	120	99	104	128	98	108	72	78	47	**1,474**
New Ankasa	54	7	51	37	47	53	38	46	53	35	45	48	33	56	48	38	**689**
Tweakor II	45	2	42	54	56	40	47	61	43	55	60	43	52	49	69	28	**746**
Asomase	61	65	57	75	87	53	62	70	75	97	113	37	52	48	67	16	**1,035**
Overall total	**546**	**238**	**798**	**876**	**981**	**809**	**881**	**975**	**838**	**915**	**1,021**	**782**	**806**	**850**	**815**	**759**	**12,890**

Note: The CHPS compounds at Fawoman, New Ankasa and Tweakor II became operational in April and Asomase became operational in September 2016.

follows: 1,747 vaccines administered in 2014, 4,078 vaccines in 2015 which, when added to the 7,068 administered in 2016, results in a total of 12,890 vaccinations administered during the period up to the end 2016.

Information, Education and Communication (IE&C) – Awareness raising

The Information, Education and Awareness Raising activities aimed at the communities living in the CHPS areas were implemented at 4 sites by the District Assemblies and at another 4 sites by the NGO Prolink. All 50 target villages at community level received IEC sessions in 2015. In total 114 sessions were organized, 49 of which were in 2015 covering issues such as breastfeeding, weaning, hygiene, nutrition, maternal health, etc.

The IEC programme, managed in cooperation with the District Assemblies, was initiated in 2014 and completed in December 2015. Further IEC sessions were conducted as part of a more comprehensive programme that wasn't just geared towards information and education but more pointedly towards bringing about a real change in **poor attitudes to mother and child health**.

Training

51 healthcare personnel attended 6 training sessions: 3 for Community Health Officers and Community Health Nurses, 1 for obstetricians, 2 for Community Health Volunteers and Maternal Health Volunteers. The breakdown for each healthcare facility is as follows:

Table 5 - Training of CHPS healthcare staff

District	Type	Location	No. staff trained	CHO/CHN		Obstetricians	CHV/MHV
				1st session	2nd session	3rd session	4th session	5th - 6th session
				March 2015	April 2015	June/July 2015	July 2015	January/February 2016
no. of healthcare staff trained in Eni Foundation CHPS								
Jomoro	CHPS	New Ankasa	5	1	1	0	0	3
	CHPS	Tweakor II	2	0	1	0	0	1
	CHPS	Jaway Wharf	7	1	1	1	1	3
	CHPS	Fawoman	5	1	1	1	0	2
	CHPS	Effasu	4	0	1	1	0	2
	Total		**23**	**3**	**5**	**3**	**1**	**11**
Ellembele	CHPS	Adubrim	4	2	0	0	0	2
	CHPS	Asanta	4	0	1	1	0	2
	CHPS	Asomase	3	1	0	1	0	1
	CHPS	Nyamebekyere	5	0	1	1	0	3
	CHPS	Sanzule	5	1	1	1	0	2
	Total		**21**	**4**	**3**	**4**	**0**	**10**
Total			**44**	**7**	**8**	**7**	**1**	**21**
no. of staff trained by other healthcare facilities								
Jomoro	CHPS	Nuba	2	0	0	1	0	1
	CHPS	Old Edobo	1	1	0	0	0	0
	CHPS	Mpata	1	1	0	0	0	0
	Total		**4**	**2**	**0**	**1**	**0**	**1**
Ellembele	CHPS	Azuleloanu	1	1	0	0	0	0
	Total		**1**	**1**	**0**	**0**	**0**	**0**
Ahanta West	CHPS	Facin	1	1	0	0	0	0
	CHPS	Akentechie	1	0	0	0	0	1
	Total		**2**	**1**	**0**	**0**	**0**	**1**
Total			**7**	**4**	**0**	**1**	**0**	**2**
Overall total			**51**	**11**	**8**	**8**	**1**	**23**

The CHPS staff who were trained included community health officers, community health nurses, obstetricians and 1 biostatistician. Healthcare personnel from different facilities took part in specially organized sessions relating to specific professional categories in order to facilitate the exchange of information and experiences between those working in different facilities and thus maximizing the benefits of the training. The training sessions were followed by a period of on-the-job monitoring in order to consolidate the newly obtained knowledge.
*** Staff from the CHPS compounds of Effasu and Asanta were included in the training since these 2 CHPS compounds were built by Eni Ghana.

Sub-district level activities

The aim of Eni Foundation at sub-district level (Health Centres) was to improve mother and child healthcare services (antenatal, neonatal and paediatric) and to strengthen the primary emergency obstetric and neonatal services.

Construction

For the purposes of achieving the above-mentioned objective, in addition to the building/restoration activities, the provision of equipment and transport for the 10 Health Centres and 8 CHPS compounds has also been undertaken and completed, furthermore, activities related to providing healthcare education to the population (IEC) and to training personnel have also been completed:

Information Education Communication (IEC)

The project developed an IEC programme that was more oriented towards Behavioural Change. Indeed, community involvement in the planning of awareness raising activities, the formulation of the message and the distribution of that message to the community itself is an essential step in ensuring that the information provided has a real impact on traditional behaviours regarding the management of mother and child health.

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

Furthermore, while the activities of the District Assemblies were designed to inform the population in the CHPS areas on mother and child health, the programme developed with the executing agency (Prolink) was aimed at the district's entire population, thus involving the population living in areas of CHPSs, Health Centres and Hospitals involved in the initiative.

The IEC activities reached a total of approximately 200,000 people through 5,246 awareness sessions and 388,000 people through 433 radio talk shows and 8,922 adverts/jingles on mother and child health. Approximately 106,000 information materials were also distributed.

Training

Overall, the healthcare personnel at health centre level participated in 16 training sessions, of which:

3 were for Community Health Officers and Community Health Nurses, 1 for doctors and medical assistants, 2 for obstetricians, 4 for nurses, 1 for biostatisticians, 2 for Community Health Volunteers/ Maternal Health Volunteers, 1 for pharmacists, 1 for laboratory

technicians and 1 for first aid staff. A total of 196 healthcare staff were trained, of which there were: 10 assistants, 34 Community Health Officers and Community Health Nurses, 17 obstetricians, 59 nurses, 8 biostatisticians, 34 CHV/MHV, 10 pharmacists, 14 laboratory technicians and 10 first aid professionals.
Each category of healthcare professional received training on specific issues connected to their work activities and, on such occasions, the healthcare professionals from the different facilities participated in common training sessions. The topics covered during the training courses were chosen so as to ensure that they were specific to each professional category, for example nurses were trained on Quality Assurance, Infection prevention, HIV and AIDS testing and counselling, the Code of Ethics and Occupational health, while biostatisticians were trained in areas such as basic computer skills, management of health information and data archiving.
Following the nurse training at the Tikobo 1 Health Centre, some mothers said: "During the Child Welfare Clinic session the nurses gave us information on how to look after our child's health with respect to breastfeeding, weaning and nutrition. The nurses explained and demonstrated to us which of the area's foods are nutritious, for example powdered fish and cereals rather than expensive tinned products. This will enable us to save money and feed our children correctly. We need more demonstrations like this to allow us to look after our children better".

Ambulances
The four 4X4 ambulances were delivered to the 3 District Health Directorates in January 2015. The vehicles are therefore operational and provide the following services in the areas of Esiama, Aido Suazo, Agona Nwanta and to the Half Assini district hospital. The ambulances provide emergency transport services (emergencies and the transfer of patients referred from primary healthcare facilities to Health Centres and/or Hospitals) and facilitate IEC and Monitoring activities as well as health programmes for the entire district.
The ambulances were used a total of 401 times, of which: 222 were to refer patients from one facility to another, 115 were for emergency call-outs, 45 for outreach activities and 19 for monitoring visits.
The boat ambulance, delivered to the District Health Directorate in February 2015, is used to provide primary obstetric-neonatal emergency services, IEC, CWC and outreach activities to a community of over 4,000 people along the Juan lagoon. The boat was used during the year for the above-mentioned activities and reached all the villages along the lagoon. The boat ambulance has 15 seats and is equipped with oxygen, resuscitation kit, medicine box and other emergency equipment.

Basic package of services provided at the Health Centres:

Asasetre, Nkroful, Ekabeku, Tikobo No.1, Aiyinasi, New Town, Samaye, Agona Nkwanta and Esiama HCs: These 9 health centres offer a package of services which includes Child Welfare Clinics (including vaccinations of children below 5 years of age), health promotion activities, outpatient consultations, family planning, home consultations including for postnatal purposes, healthcare education in schools, emergency deliveries and PMTCT, as detailed in the table below.

Table 6 - Services provided at Asasetre, Nkroful, Ekabeku, Tikobo No.1, Aiyinasi, New Town, Samaye, Esiama and Agona Nkwanta Health Centres

Type of service provided up to November 2016	ASASETRE	NKROFUL	EKABEKU	TIKOBO NO.1	AIYINASI	NEW TOWN	AGONA NKWANTA	SAMAYE	ESIAMA	OVERALL TOTAL
Family planning	450	620	85	285	443	280	535	110	200	**3,008**
Total outpatient consultations *(Adults+Children <5)*	12,108	18,419	2,583	3,868	22,991	900	11,780	2,133	8,783	**83,565**
Child medical consultations <5	4,458	5,404	626	1,027	5,809	267	3,111	544	2,319	**23,565**
Malaria	6,574	8,233	918	733	5,158	258	2,033	638	1,215	**25,760**
Diarrhoea	1,798	2,397	268	235	760	11	794	113	1,035	**7,411**
Intestinal worms	261	738	122	274	1,076	110	319	24	587	**3,511**
Rheumatism	793	2,252	153	241	584	30	257	160	1,072	**5,542**
Anaemia	307	1,498	4	5	618	2	787	0	36	**3,257**
Infections of the oral cavity	0	0	13	32	0	0	0	16	0	**61**
Other conditions of the oral cavity	0	0	6	0	0	0	0	0	0	**6**
Vaginal discharge	0	63	7	5	72	0	0	5	55	**207**
Domestic accidents	10	125	17	26	104	4	0	1	16	**303**
Acute respiratory infections	4,427	6,121	391	727	2,523	261	765	276	2,051	**17,542**
PMTCT (Ref tab 8)										
Health Promotion (home consultations for children)	69	69	189	93	30	97	25	529	24	**1,125**
Home visits	1,047	262	280	75	133	277	0	80	434	**2,588**
Health information sessions in schools	18	14	2	3	9	51	0	0	5	**102**
Total	**13,692**	**19,384**	**3,139**	**4,324**	**23,606**	**1,605**	**12,340**	**2,852**	**9,446**	**90,388**

Note: The total does not take into account the consultations for children column because the datum is included in total outpatient consultations.

Table 7 - Vaccination results at the operational HCs

HC	Up to Dec	BCG	OPV/ Polio 0	OPV/ Polio 1	OPV/ Polio 2	OPV/ Polio 3	PCV 1	PCV 2	PCV 3	Penta 1	Penta 2	Penta 3	Rotavirus 1	Rotavirus 2	Measles, Rubella	Measles 2	Yellow Fever	Total
Asasetre	Dec	628	158	676	626	231	700	651	698	712	670	667	701	617	629	417	594	**9,375**
Nkroful	Dec	118	23	105	113	77	98	117	110	99	124	118	106	120	125	87	130	**1,670**
Ekabeku	Dec	19	3	25	22	23	27	29	28	27	29	28	27	28	32	30	24	**401**
Tikobo No.1	Dec	158	131	159	156	165	164	155	162	159	156	165	159	156	145	124	50	**2,364**
Aiyinasi	Dec	409	266	379	311	287	373	326	313	370	325	331	367	311	201	150	118	**4,837**
New Town	Dec	59	37	82	93	72	82	93	72	82	93	72	82	93	66	44	30	**1,152**
Agona Nkwanta	Dec	276	276	193	234	137	150	234	92	193	234	137	193	234	73	63	40	**2,759**
Samaye	Dec	54	36	35	33	32	35	31	32	35	31	32	35	31	24	22	13	**511**
Esiama	Dec	27	4	16	22	25	16	22	25	16	22	25	16	22	13	17	6	**294**
Total		**1,748**	**934**	**1,670**	**1,610**	**1,049**	**1,645**	**1,658**	**1,532**	**1,693**	**1,684**	**1,575**	**1,686**	**1,612**	**1,308**	**954**	**1,005**	**23,363**

Ante- and Postnatal services at Health Centre level

At the Asasetre, Nkroful, Tikobo, Aiyinasi, Ekabeku, New Town, Samaye, Esiama and Agona Nkwanta centres, up to November 2016, approximately 11,100 people made use of the ante- and postnatal services, in addition to the over 2,300 people who used the PMTCT services as detailed in the following table:

Table 8 - Total services provided by Asasetre, Tikobo No. 1, Nkroful, Agona Nkwanta, Ekabeku, Aiyinasi, New Town, Samaye and Esiama Health Centres (Antenatal Care)

Antenatal Department	2016									
	Asasetre	Tikobo No.1	Nkroful	Agona Nkwanta	Ekabeku	Aiyinasi	New Town	Samaye	Esiama	
Total Consultations	**Dec**	**Dec**	**Dec**	**Dec**	**Dec**	**Dec**	**Dec**	**Dec**	**Dec**	**Total**
Total Antenatal Consultations (ANC)	1,155	2,200	2,435	4,576	176	1,157	223	382	560	**12,864**
Total Postnatal Consultations (PNC)	290	327	184	624	24	325	108	61	118	**2,061**
Total	**1,445**	**2,527**	**2,619**	**5,200**	**200**	**1,482**	**331**	**443**	**678**	**14,925**
Total Antenatal Registrations	467	639	869	992	58	421	60	127	139	**3,772**
No. Mothers who received TT2+	184	500	412	933	48	171	41	83	26	**2,398**
Women with more than 4 antenatal consultations	123	285	627	660	27	66	36	70	47	**1,941**
Pregnant women who have received HIV Counselling	430	586	869	997	55	311	60	127	128	**3,563**
No. pregnant women tested for HIV (PMTCT)	423	473	830	997	55	311	60	127	128	**3,404**
No. pregnant women testing positive for HIV	5	12	11	18	1	6	0	1	6	**60**
N. of pregnant women who received counselling after the test	423	460	830	997	55	311	60	127	128	**3,391**

District level activities

The project operates at this level in two hospitals: St Martin de Porres (SMdP) and Half Assini.

In Ghana, hospitals constitute the third level of treatment and are the referral facilities for all issues that cannot be resolved at CHPS and Health Centre level. With regard to mother and child health, the simultaneous strengthening of the CHPS - Health Centre - Hospital system ensures ongoing management of the entire mother and child structure from community level to district level.

Saint Martin de Porres Hospital (SMdP)

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

In addition to the construction of the antenatal department, in March 2014 the project provided a car to support medical services external to the hospital, enabling their provision at locations where the population resides. The 4X4 vehicle available to the hospital guarantees regular visits to communities and ensures the constant provision of outreach healthcare services, including in the target area's poorly served zones which comprise the Ellembele district as well as the population of Jomoro and the Nzema East district. SMdP is the referral hospital for 15 lower level healthcare facilities.

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

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

The issues covered at hospital level concern the prevention of malaria, signs of high-risk pregnancy, dangerous cultural practices, ebola and cholera. The topics discussed at community level include ebola, Hepatitis B and HIV/AIDS.
In 2016 a total of 172 IEC sessions were held at hospital level which were attended by approximately 52,000 people, which, when added to the 108 and 171 sessions in 2014 and 2015 respectively, comes to a total of 451 sessions.
Regarding the external IEC and Outreach activities managed by the hospital, 767 visits were conducted in total within the target communities with an estimated attendance of approximately 28,000 people.

Table 9 - SMdP IEC Activities

IEC in Hospital	No. of IEC Events	No. of participants
Antenatal Department	358	96,271
Other Departments	93	12,441
Total	**451**	**108,712**
IEC in Outreach	**No. Visits to communities**	**No. Participants**
IEC at community level	75	6,408
Home consultations for children	356	13,738
Health in schools	66	4,275
Home visits	270	3,620
Total	**767**	**28,041**

Regarding hospital level performance in the antenatal unit, 15,525 antenatal and postnatal consultations were conducted in 2016 which, when added to the data from the previous year, comes to a total of 43,210.

Table 10 - SMdP Antenatal Care Data

Antenatal Department	2014	2015	2016 Jan - Dec	
Attendance Figures	**Total**	**Total**	**Total**	**Overall total**
Total Antenatal Consultations (ANC)	8,094	16,531	14,400	**39,025**
Total Postnatal Consultations (PNC)	790	2,270	1,125	**4,185**
Total (ANC+PNC)	8,884	18,801	15,525	**43,210**
Total registrations	599	1,193	858	**2,650**
Mothers who received the second dose TT2+	787	1,440	1,322	**3,549**
Pregnant women receiving 4 or more antenatal consultations	633	2,041	1,978	**4,652**
Pregnant women who received information before the test			804	**804**
Pregnant women tested for HIV (PMTCT)			804	**804**
Pregnant women tested for HIV and positive			18	**18**
Pregnant women who received counselling after the test			804	**804**

Thanks to the neonatal department and the connected outreach activities, by the end of 2015 the hospital had seen an improvement in its ability to identify and monitor signs of high-risk pregnancies. Pregnancies involving adolescent women, at risk women of childbearing age and women with low haemoglobin levels, etc. are monitored by the antenatal department. Monitoring women with low haemoglobin levels is particularly important since this risk factor accounts for just under half of all high-risk pregnancies.

Half Assini District Hospital

Construction work on a new operating theatre in the Half Assini Hospital started in 2014 and was completed in October 2017. During the year, renovation work was carried out on the maternity department, a pre-existing operating theatre, women's and men's wards, the storage room, the dental department, the reception and the X-ray room. At the end of 2017, the above-mentioned departments were also supplied with the appropriate equipment.

Training

Overall, the hospital's staff participated in 15 training sessions, of which: 3 were for Community Health Officers and Community Health Nurses, 1 for doctors and medical assistants, 2 for obstetricians, 4 for nurses, 1 for biostatisticians, 2 for Community Health Volunteers, Maternal Health Volunteers, 1 for pharmacists, 1 for laboratory technicians. A summary table follows below.

Table 11 - Staff training at hospital level

District	Type of facility	Location	Total healthcare personnel trained	Doctors	Medical Physician Assistants	Community healthcare professionals	Obstetricians	Nurses	Biostatisticians	Community health volunteers	Pharmacists	Laboratory technicians	First aid staff
					1st session	2nd - 4th session	5th - 6th session	7th - 10th session	11th session	12th - 13th session	14th session	15th session	16th session
					Mar 2015	Mar - Jun Jul 2015	May - Jul 2015	Aug - Nov 2015	Dec 2015	Jan-Feb 2016	Feb 2014	Apr 2016	May 2016
Jomoro	OSP	Half Assini	66	1	1	3	9	38	4	2	2	2	4
Ellembele	OSP	SMdP	62	0	0	14	8	22	4	0	6	8	0
Overall total			**128**	**1**	**1**	**17**	**17**	**60**	**8**	**2**	**8**	**10**	**4**

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

District/regional level activities

In order to effectively improve mother and child healthcare services at all levels, it was also necessary to provide support to the district/regional structure. Capacity building of staff on Health Management, the Health Management Information System (HIMS) and training supervision were identified as key components to support the strengthening of the mother and child structure at community and regional level.
As part of Capacity building, the following activities were conducted:

- supplying multimedia and didactic tools to the two nursing schools in Esiama and Asanta: a list of items the two schools needed was prepared together with their management personnel. During the ceremony the students of the two schools were presented with the items purchased, which included: textbooks, laptops, computers, printers, photocopiers, and mannequins, lathes, laboratory testing kits, microscopes and more;
- training of staff at district/regional level: the project supported the training of staff who are responsible for teaching in the two schools so as to improve the knowledge and skills of future nursing staff. 6 CHO/CHN were trained, three from the school in Esiama and 3 from Asanta, in addition one obstetrician and 2 nurses from the school in Asanta were also trained, making it a total of 9 healthcare professionals;
- training supervision, M&E of the project activities.

Regarding strengthening the Health Management Information System (regional, district, sub-district and community), Eni Foundation has developed, together with the GHS with representatives from the district, regional and national levels, a support programme aimed at ensuring harmonization and compliance not only with the needs of the districts but also with the national strategy (bottom up - top down).

During 2016 the project supported the following activities:

- training of the regional and district healthcare management teams on the use of new delivery room registers;
- training on how to use the Health Management Information System: e-tracker;
- workshop aimed at the development of clinical research proposals.

Whereas between 2014 and 2015 the project carried out the following activities:

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

Mozambique

Country data

Population (thousands)	**27,978**
- under 18 years old (thousands)	13,393
- under 5 years old (thousands)	4,399
Life expectancy at birth (years) (m/f)	**56/59**
Infant mortality rate (per 1,000 live births)	
- 0-5 years	75.1
- 0-12 months	60
- neonatal	27.8
% of underweight births (2016)	**4.3**
% of underweight children 0-5 years (moderate and severe 2006-2010)	**14.9**
% of children 0-5 years suffering from stunted growth (moderate and severe 2006-2010)	**42.6**
Maternal mortality rate (per 100,000 live births - 2015)	**489**
Lifetime risk of maternal mortality (2008)	**1 out of 43**
Per capita Gross National Income (USD)	**510**
Healthcare expenditure	
- as % of 52% of gross domestic product	**7.0**
- per capita healthcare expenditure ($)	**79**

(Unicef, 2015, WHO 2017, INE Census 2017, dati preliminari)

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

In Mozambique, the project to strengthen emergency neonatal and obstetric services in the Palma district has helped local health authorities to reduce neonatal, infant and maternal mortality by increasing the quality of and access to the system of mother and child medical services. This was achieved through professional training of staff, the construction of a surgery unit and a casa de espera (home for mothers with high-risk pregnancies waiting to give birth) which are now open and operational, the supply of essential equipment (radiology, ultrasound and laboratory, already in use) and healthcare materials. Twenty-one continuous training courses were organized between 2014 and 2017, with a total of 397 healthcare professionals trained mainly on mother and child health issues with the aim of extending the improvement activities from the peripheral health centres to the entire district. In general, the direct beneficiaries of the initiative in the Palma district are women of childbearing age (approximately 14,500), children

aged 0-4 (around 9,500) and children aged 5-14 (approximately 14,000). The indirect beneficiaries, in addition to the healthcare professionals who receive training, are the inhabitants of the Palma district (approximately 60,000 people). In 2017, during the third year of operation of the new surgical unit that was built by the project, 458 surgical operations were carried out, of which 189 were caesarean deliveries. Furthermore, 25,487 clinical laboratory tests were carried out and 1,333 people utilised the radiology service. During the 2015 – 2017 period, the Palma Health Centre conducted 66,614 consultations on children aged 0-4 years.

Table 12 - Healthcare facilities	
Central/provincial hospitals	15
District hospitals	49
Health centres	1,307
Total number of beds	20,826
Maternity beds	9,013
Beds per 1,000 inhabitants	0.84
Maternity bed per 10,000 women of childbearing age	1.41

Table 13 - Human resources in the healthcare sector	
Total staff	44,081
Medical specialists	742
General practitioners	1,266
Medical technicians	15,816
Nurses	6,927
Obstetricians	5,317

Anuario Estatistico INE, Moçambique 2015.

Areas of operation

Mozambique is situated in the south-east of the African continent. The country is divided into 11 provinces. Cabo Delgado is the country's northernmost province and is a location which exhibits a number of critical health indicators. Located in the north-east, on the border with Tanzania, its total population in 2017 was estimated at 2,333,869 inhabitants.

The age distribution shows a high proportion of young people in the population: 46% of the population is under the age of 15, of whom 17% are below the age of five.

Malaria, diarrhoea, pneumonia, malnutrition, HIV, and tuberculosis are the major causes of child morbidity and mortality.

The lack of financial resources and human resources in particular is by far the largest obstacle to the development of the health sector and is a significant barrier to achieving the Millennium Development Goals (MDG): with approximately 4 doctors and 25 nurses per 100,000 inhabitants, the country has one of the lowest densities of healthcare professionals in the world.

The Province of Cabo Delgado is divided into 17 districts and its capital is the city of Pemba. The Province's main health indicators (Anuario Estatistico, INE 2015) are as follows:

Table 14 - Healthcare facilities	
Central/provincial hospitals	1
Rural hospitals	4
Health centres	104
Total number of beds	1,698
Maternity beds	731
Beds per 1,000 inhabitants	0.91
Maternity bed per 10,000 women of childbearing age	1.58

Table 15 - Human resources in the healthcare sector	
Total staff	3,057
Medical specialists	41
General practitioners	64
Medical technicians	815
Nurses	331
Obstetricians	348

Table 16 - Maternal and infant health	
Post-partum consultations	70,279
Child consultations 0-4 years	191,872
Infant mortality rate	NA
Maternal mortality rate (2011)	NA
Low weight at birth	3,972 (6.2%)
Supervised births	64,091

The project's activities are specifically focused on the district of Palma, a coastal area that overlooks the Indian Ocean. The population (2017) numbers 62,667 people, around half of which live in the city of Palma while the remainder live in the neighbouring rural areas. The communications and transport network has one single tarmac road from Palma to Pemba, while all other roads, including that which goes to the border with Tanzania, are dirt roads. The main economic activity is fishing, followed by agriculture, principally for domestic purposes. The district of Palma's healthcare network is made up of 6 health centres: Palma, Pundanhar, Quionga, Olumbe, Maganja and Mute, which together have 68 beds and 67 healthcare professionals. The project is principally focused on the health centre in Palma, where the long term aim is to upgrade it to a district hospital. The HC in Palma has 50 beds distributed across the general, maternity (17) and paediatric wards. Prior to the project's activities, the laboratory was equipped to carry out only a limited number of basic tests and there was no radiology capability at the centre. There were no services available in the district for obstetric and neonatal emergencies.

The direct beneficiaries of the initiative are pregnant women and newborns in the Palma district (around 3,000). The programme will also benefit healthcare personnel within the obstetrics, gynaecology and neonatology department at the referral Health Centre as well as personnel at the 6 Health Centres (around 20 people) who will be responsible for carrying out primary obstetric emergency services. The indirect beneficiaries are all the inhabitants of the district of Palma, who will be able to use the improved healthcare services.

Objective

The aim of the project is to contribute to the reduction of neonatal, child, and maternal mortality in the district of Palma by increasing the quality of and access to emergency neonatal and obstetric services. The project is expected to achieve 5 results:

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

Partners and roles
Eni Foundation has financed the project and has been responsible for its management.
Local counterparties include the Ministry of Health (MISAU), the Provincial Health Authority of Cabo Delgado (DPS), the District Health Office (DHO) and the management team at the Health Centre in Palma. The project has the patronage of the Cabinet of the First Lady of Mozambique.
The non-governmental organization Doctors for Africa CUAMM, which boasts a historic and accredited presence in Mozambique (1978), together with deep roots within the territory, has been identified as the organization responsible for the implementation of some project activities.

Duration and costs
2015 - 2017 (€5.5 million).

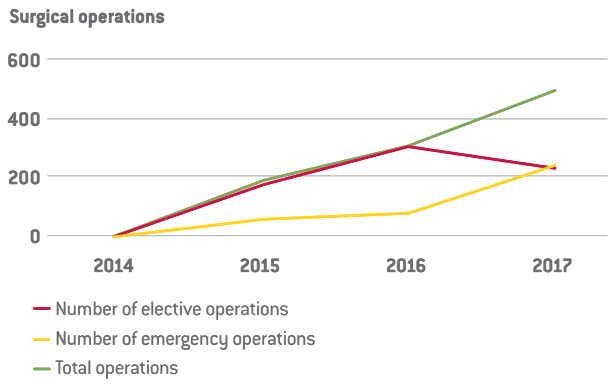
Activities carried out in 2017

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

Support activities for the Palma Health Centre (HC): supporting the surgery department
In 2017, technical assistance was provided to the Palma HC's surgical department through the presence of specialist personnel: an expatriate surgeon for 10 months, an expatriate doctor specialised in internal medicine for 10 months who fulfilled the role of director, and an expatriate anaesthetist for 12 months. The expatriate personnel worked alongside local healthcare staff to manage surgical patients, perform surgical operations, manage the hospital and the operating theatre in particular and provided daily on-the-job training. The operating theatre, built and fully equipped in 2014, is the only surgery referral service available to the entire population of the district;the following table shows the key results achieved during 2017 and provides a comparison with results from 2015 and 2016:

Table 17 - General OT data

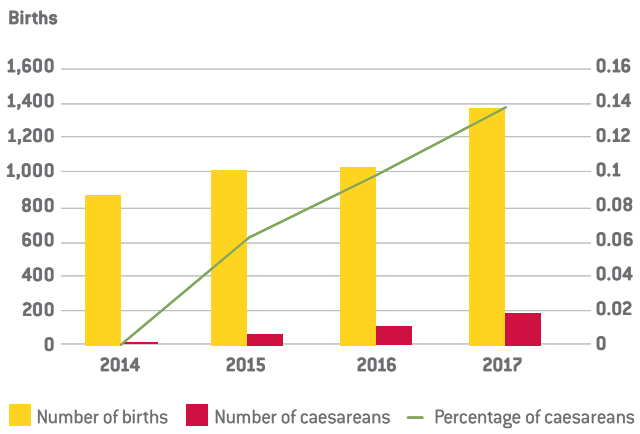
Description	2015	2016	2017
Number of elective operations performed	130	227	216
Number of emergency operations performed	53	163	242
Number of women receiving an operation	115	181	301



It is thanks to the availability and functionality of the surgery unit at the Palma Health Centre that surgical support to the population, and to women in particular, saw a continuous improvement during 2015, 2016 and 2017, both in terms of quantity and quality.
Today, the service is not only used by the population of the Palma district, but also by patients coming from the province's other districts as well as from bordering Tanzania.
The continuous presence of an expatriate surgeon and anaesthetist, provided by the project, ensures that all surgical emergencies and elective operations are covered and enables operating theatre staff to receive direct on-the-job training.
The availability of the operating theatre was especially important for the many mothers who had to undergo caesarean deliveries; the following table shows the number of natural births and caesarean deliveries carried out at the Palma Health Centre:

Table 18 - Maternity OT data

Description	2015	2016	2017	%increase 2015/2017
Number of supervised natural births	1,108	1,031	1,368	23.4%
Number of caesareans performed	65	103	189	191%



There have been peaks and troughs, but since the beginning of surgical activities at the Health Centre, the number of deliveries has increased during the project's years of operation. For a long time now, the hospital has acted as a substitute for the obstetrical surgery activities of the hospitals in the nearby districts, like those in Mocimboa da Praia for example, whilst they have been non-operational for various reasons (lack of personnel or structural restoration). The number of caesarean deliveries has progressively grown, demonstrating that the Health Centre has become a focal point for high-risk pregnancies, perfectly in-keeping with the project's objectives. The caesarean delivery rate is just above 13% and is in line with that which is considered appropriate according to WHO standards.

Training support for mother and child healthcare (MCH)
As part of the technical assistance dedicated to training MCH staff in the district, specific training courses were organized/funded as shown in the following table:

Table 19 - MCH training courses

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

Mother and child healthcare activities at the Palma HC significantly increased in 2017 compared to 2015.
This is confirmed by data collected from the Departmental Health Directorate's statistical office, which is outlined below:

Table 20 - MCH activities

Description	2015	2016	2017	%increase 2015/2017
Number of antenatal consultations	1,589	2,543	1,600	0.6%
Number of postnatal consultations	977	1,174	1,505	54%
Number of children 0-5 years receiving consultations	12,875	22,233	31,506	144%
Number of natural births	1,108	1,031	1,368	23.4%
Number of admissions during maternity	1,297	1,132	1,366	5%
Number of family planning consultations	1,169	3,475	3,536	202%

Supply of materials, medicines and equipment to the Palma HC and DHD
In 2015, 2016 and 2017 the HC and the DHD were supplied with essential medicines for the operating theatre, as well as materials and some items of equipment. The following table shows the main items supplied:

Table 21 - Materials donated

Quantity	Description	Department
100 units	JMS transfusion set	Laboratory
1	Stabiliser	Surgery
1	Various radiography supplies	Radiology
1	Echocardiography probe	Radiology
1	Otoscope	Medicine
2	Stethoscope	Medicine
2	Sphygmomanometer	Medicine
1	750 L tank	DHD
1	Autoclave	Surgery
1	Various anaesthesia supplies	Surgery
1	Printer	DHD
2	Printer	Radiology
2	Portable computers	Radiology

Support to radiology and laboratory activities
The radiology and laboratory services were fully equipped by the project at the end of 2014 and the assigned personnel were trained. In 2017, support to these services continued through the supply of materials; indeed, Departmental Health Directorate data confirms that the use of and results deriving from these services has progressively increased:

Table 22 - Radiology and laboratory

Description	2015	2016	2017
Number of laboratory exams	6,536	32,072	25,487
Number of patients undergoing radiography	559	1,164	1,333
Number of patients undergoing ultrasound	0	227	262

Expected Result 2: strengthening the emergency obstetric services and mother and child services in the Palma district through technical assistance, supervision and improvement of the infrastructure/equipment.

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

During the entire period from 2015 to 2017, the Departmental Health Directorate has been assisted with supervision and on-the-job training campaigns throughout the district, as well as with the continuous supply of fuel and, when necessary, a vehicle. Moreover, to ensure the ambulance can be used whenever necessary, the Palma HC has had a constant supply of the required amount of fuel.

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

As part of the project activities to improve the training of personnel in the healthcare sector in the district of Palma, a number of different training courses have either been funded or given directly by expatriate personnel. There have been 12 courses in total (1 during 2017), involving 277 people. Specifically, the subjects covered included:

- Malaria (29 participants)
- Work planning (22 participants)
- Sterilization (44 participants)
- Assistance for pregnant women in rural areas (25 participants)
- Inpatient management (40 participants)
- Assisted birth (20 participants)
- Radiology (1 participant)
- Laboratory (2 participants)
- Mother and child health (22 participants)
- Antibiotic prophylaxis (16 participants)
- EPI and vaccinations (26 participants)
- Principles of medicine use (40 participants)

Myanmar

Country data

Population (thousands) (source: UNICEF 2015)	**53,897**
- under 18 years old (thousands)	16,200
- under 5 years old (thousands)	4,434
Life expectancy at birth (years) (source: UNICEF 2012)	**65**
Infant mortality rate (per 1,000 live births) (source: UNICEF 2015)	
- 0-5 years	50.8
- 0-12 months	40
- neonatal	26
% of underweight births (2008-2012) (source: DHS)	**8.6**
% of underweight children 0-5 years (moderate and severe 2008-2012)	**22.6**
% of children 0-5 years suffering from stunted growth (moderate and severe 2008-2012)	**35**
Infant mortality rate (per 100,000 live births) (source: WHO 2015)	**178**
Lifetime risk of maternal mortality (source: UNICEF 2015)	**1 out of 260**
Per capita Gross National Income (USD) (source: WORLD BANK 2016)	**1,195**
Water consumption per inhabitant (litres) (source: ASEAN IWRM 2016)	**160**
Proportion of the population using a domestic drinking water supply network (%) (source: UNICEF 2015)	**8**
Proportion of the population using other improved sources of drinking water (%) (source: UNICEF 2015)	**73**
Proportion of the population using a surface water source (%) (source: UNICEF 2015)	**5**

Supporting Myanmar in the fight against malnutrition by improving food safety, nutrition and people's health in 3 townships of the Magway region: Magway, Myothit and Minhla

Introduction

Myanmar is a country in South East Asia located between India and China with a long coastline stretching approximately 1,930 km from the border in the Bay of Bengal to the border in the Andaman Sea. It has a population of approximately 53.8 million people (2015), 65% of which live in rural areas, and is the fifth most inhabited of the ASEAN member states. Around 70% of the national workforce works in the agricultural sector, mainly on small family owned plots.
The average life expectancy at birth for people in Myanmar is 65.9 years, specifically 65 years for men and 68 years for women. The birth-rate was 18.9 live births per 1,000 of the population in 2014, with a mortality rate of 8.54 in 2013.

Myanmar is a country rich in jade and other precious stones, oil, natural gas and other mineral resources. The nominal GDP in 2013 was $56.7 billion and its GDP (PPP) was $221.5 billion. The income gap in Myanmar is one of the widest in the world.
A quarter of Myanmar's population lives below the poverty line. The land suffers periods of drought as well as floods; the management of the water supply is not sufficient for the country's needs and only a small percentage (approximately 5 per cent) of water used for irrigation actually reaches the fields. Over 35% of children in Myanmar exhibit signs of growth issues as a result of chronic malnutrition, and 8% of children are seriously malnourished. According to UNICEF data, approximately 80,000 children affected by acute malnutrition are at high risk of death, the mortality rate for children under the age of five, 50 per 1,000 live births, is high, with newborns accounting for half that number.

Area of operation

The project's activities are focused on the Magway region, located in the arid central area of Myanmar. The project involves the three townships of the Magway region, the city of Magway, the township of Myothit and the district of Minhla. The total area covered by the three townships is 5,700 Km^2. It extends for 160 km from east to west. The project is expected to benefit approximately 594,288 people.

Table 23 - Summary information on the 3 townships

	Minhla	Magway	Myothit
Population (total)	117,069	302,325	174,894
urban	14,127	90,616	8,785
rural	102,942	211,709	166,109
male	56,599	145,145	84,293
female	60,470	157,180	90,601
< 1 year		4,582	2,584
< 5 years	8,028	21,835	14,325
0-14	25,472		47,069
15-49	34,596	88,532	92,928
15-49 (male)			44,970
15-49 (female)			47,958
> 50			34,897
Administrative divisions			
Wards	10	15	5
Number of villages	152	216	179
Village tracts	63	61	52

Aims

The purpose of the project is to support the Myanmar government in improving food safety, nutrition and the health of the most vulnerable sections of the population in the 3 townships of the Magway region (Magway, Myothit and Minhla). These activities, conducted within an integrated multidisciplinary framework involving the agricultural, water supply and healthcare sectors, contribute to improving access to:

A. services for improving agricultural production including through better access to irrigation;
B. safe drinking water and improved safe sanitation services;
C. primary healthcare services.

Expected result

In line with the strategy shared with the Myanmar Ministry of Health and the Ministry of Agriculture, the project is expected to achieve the following results:

AGRICULTURAL ASPECTS

- improvement in crop productivity and the resilience of farmers by providing support to the rural consultancy service and the promotion of good agricultural practices (GAP);
- improvement in the access to irrigation technology for horticultural production and an improvement in nutritional safety at family / community level;
- adoption of digital information systems.

WATER ASPECTS

- improvement in the access to safe water for domestic and drinking purposes in the selected villages, prioritised in terms of the urgency of their needs in collaboration with the local authorities;
- rehabilitation of wells and reservoirs.

HEALTH ASPECTS

- use of improved community healthcare services (Village level) through training / supervision and health education at facility level;
- improved maternal and child healthcare services at the intermediate Township level healthcare service (RHC) through the supply of energy systems and hydroelectric stations, equipment, furniture and training / supervision activities;
- primary obstetric emergency services and neonatal assistance (EmONC) at the district's local referral station hospitals strengthened through the supply of equipment and specific training;
- improved healthcare management at Township health office level by developing the skills of healthcare staff;
- regional level supported in the townships;
- skills development on non communicable diseases and health assistance for the elderly;
- support to acutely malnourished children with additional food/micronutrients.

INTERDISCIPLINARY ASPECTS

- the Information, Education and Communication campaigns to benefit communities using radio programmes and the dissemination of information on agricultural production, the safe management of water and food, and the prevention of communicable and non communicable diseases.

Partners and roles

- Eni Foundation finances the project and is responsible for its management;
- the Myanmar Ministry of Health and Sport and the Ministry of Agriculture, Livestock and Irrigation are assuming a crucial role in guaranteeing the full cooperation of all the authorities involved in the project's implementation. The Magway regional agriculture department, the regional department of rural development, the regional department for irrigation and water, and the regional department of public health are all directly involved, ensuring that the facilities involved, technical personnel, equipment and any additional necessary assistance are made available;
- the project's scientific partners include the University of Milan, providing technical support on subjects relating to the water and agriculture sectors in particular, and the Italian Institute of Health providing support on health related matters.

Duration and costs

2017-2020 (€2.2 million).

Activities completed by the end of 2017

The feasibility studies were completed during 2017, as was the Memorandum of Understanding between Eni Foundation and the Ministry of Health's Department of Public Health, with the assistance of the Ministry of Agriculture, which was signed in Naypyidaw, Myanmar on 17 November 2017.

Financial statements 2017

Financial statements

Statement of financial position

	ASSETS (euro)	Notes	31.12.2016	31.12.2017
A	SUBSCRIBED CAPITAL, PAID			
B	FIXED ASSETS			
II	*Tangible fixed assets*	1	-	-
C	CURRENT ASSETS			
I	*Inventory*			
II	*Receivables*			
	Tax receivables	2	2,885	-
			2,885	**-**
III	*Financial (non-fixed) assets*			
IV	*Liquid funds*			
	Bank and postal accounts	3	3,394,683	3,284,373*
			3,394,683	**3,284,373**
D	ACCRUALS AND DEFERRALS			
	TOTAL ASSETS		**3,397,568**	**3,284,373**

	LIABILITIES AND NET ASSETS (euro)	Notes	31.12.2016	31.12.2017
A	NET ASSETS			
I	*Unrestricted net assets*	4		
	Operating fund (Art. 6 of Bylaws)		42,777,129	44,464,129
	Operating result from previous years		(37,376,732)	(40,622,915)
	Operating result from current year		(3,246,183)	(1,131,862)
II	*Endowment fund*	5	110,000	110,000
			2,264,214	**2,819,352**
B	PROVISIONS FOR RISKS AND CHARGES			
C	EMPLOYEE SEVERANCE INDEMNITY			
D	PAYABLES			
	Payables to suppliers	6	893,027	290,005
	Payables to founder	7	147,344	94,411
	Payables to banks	8		343
	Tax payables	9		9,181
	Other payables	10	92,983	71,081
	Payables to Ministry of Economy and Finance			
			1,133,354	**465,021**
E	ACCRUALS AND DEFERRALS			
	TOTAL LIABILITIES AND NET ASSETS		**3,397,568**	**3,284,373**
F	MEMORANDUM ACCOUNTS			
	Assets with third parties			

(*) includes net financial income at 31/12/17

Income statement

INCOME	(euro)	Notes	2016	2017
Income from core activities				
Financial income and capital gains				
Financial income from bank deposits		11	238	280
Other financial income and other income				
TOTAL INCOME			**238**	**280**

EXPENSES	(euro)	Notes	2016	2017
Expenses for core activities				
Purchases		12	679,743	-11,004
Services		13	2,317,662	695,390
Other operating expenses		14	3,000	2,005
			3,000,405	**686,391**
Financial expenses and capital losses				
Financial expenses on bank deposits		15		2
General support expenses				
Services		16	243,417	440,134
Other expenses		17	334	100
			243,751	**440,234**
TOTAL EXPENSES			**3,244,156**	**1,126,627**
INCOME (EXPENSE) BEFORE TAX			**(3,243,918)**	**(1,126,347)**
TAXES FOR THE YEAR				
Current taxes		18	(2,265)	(5,515)
TOTAL TAXES FOR THE YEAR			**(2,265)**	**(5,515)**
NET INCOME (EXPENSE)			**(3,246,183)**	**(1,131,862)**

Notes to the financial statements as at 31 December 2017

Basis of preparation

The financial statements of the Foundation for the year ended 31 December 2017 are drawn up in accordance with the provisions of Article 20 of Presidential Decree 600/73 which requires non-profit organisations to record all operations in comprehensive and systematic accounts that enable preparation of annual financial statements, which the Board of Directors is required under the Bylaws to approve each year.

In the absence of specific legal requirements, the model used follows the structure set out in articles 2423 and following of the Civil Code, adapted for the specific characteristics of non-profit organisations.
As such, the decision was taken to use the model proposed by the Italian Accounting Board in Recommendation no. 1 (July 2002).

The structure used for the statement of financial position is the one suggested for non-profit organisations that do not have operations other than their core operations. The activities of the Foundation relate to its direct purposes, as established in its Bylaws.

The Income Statement classifies expenses by their nature. AS such, it distinguishes its typical activities from its financial and general support activities.

Considering the above, the financial statements consist of the statement of financial position, income statement and the notes, which are an integral part of the document.

Auditing of the financial statements

In accordance with the Foundation's Bylaws, the three-member Board of Auditors has monitored the regular keeping of accounting records during the financial year, and the fulfilment of legal, tax, social security and statutory requirements.

Measurement criteria

The financial statement captions are measured based on the principle of prudence, on a going-concern and accruals basis, whereby the effect of transactions and other events are accounted for in the year to which the transactions refer and not the year in which the financial flows occur (collections and payments).

Statement of financial position

The measurement criteria used for the captions of the Statement of Financial Position are as follows:
- Tangible fixed assets: recognised at market value;
- Payables: recognised at nominal amount.

Income statement

The measurement criteria used for the captions of the income statement are as follows:
- Income and expenses: recognised in the income statement on an accruals basis and according to the principle of prudence.

Tax aspects

The Foundation is subject to the specific tax rules for non-profit organisations.

The main aspect relates to the institutional activities of the Foundation not being subject to income taxes as they are connected to achieving social and humanitarian goals. Withholding tax on interest income on bank deposits are considered taxable and cannot therefore be reclaimed or set off against other taxes.

The Foundation is also subject to 4.82% regional production tax (IRAP) for the year 2017. The figure to which the tax is applied is the amount of remuneration paid to coordinated and continuous staff and the cost of seconded staff.

As its operations do not constitute business, artistic or professional activities, the Foundation is not subject to any VAT obligations as it does not meet the said subjective criteria.

Information on employees

The Foundation does not have any employees on its payroll.

Notes on financial statement captions and other information

Statement of financial position

Fixed assets

1) TANGIBLE FIXED ASSETS

Tangible fixed assets comprised 3 computers received in 2009 from Eni SpA as a free gift.
They were recognised at their market value of €60 and fully amortised.

Current assets

2) TAX RECEIVABLES

There were zero tax receivables as the receivables for 2016 of €2,885 referring to the receivable with the tax authorities on the balance of IRAP for the 2016 tax period was used in full to offset the IRAP due for the year 2017.

3) LIQUID FUNDS

Liquid funds of €3,284,373 entirely comprised the balance held at BNL Gruppo BNP Paribas account 451 – Eni Rome branch and included the net financial income at 31.12.17.

Net assets

4) UNRESTRICTED NET ASSETS

Unrestricted net assets comprised:

- the operating fund, established by article 6 of the Foundation's Bylaws, currently €44,464,129;
- the prior years' operating loss of €40,622,915;
- the current year's operating loss of €1,131,862.

5) ENDOWMENT FUND

The endowment fund was €110,000, contributed by the founder Eni SpA.

Payables

6) PAYABLES TO SUPPLIERS

Payables to suppliers totalled €290,005, of which:

€117,387 to Opera S. Francesco CUAMM;
€116,134 to Eni Ghana Exploration & Production;
€36,578 to Prolink Ghana;
€14,728 to Eni Myanmar;
€2,817 to PWC;
€2,361 to Deloitte;

and referred to services performed under the relevant contracts during the year.

7) PAYABLES TO FOUNDER

Payables to Eni of €94,411 referred to charges for seconded staff and under the services contract.

8) PAYABLES TO BANKS

Payables to banks of €343 related to fees and commissions charged by Banque Eni, in relation to the new account opened with it at the end of 2017.

9) TAX PAYABLES

Tax payables of €9,481 related to payables from withholding taxes on self-employed work of €6,623 and IRAP payables of €2,558.

10) OTHER PAYABLES

Other payables amounted to €71,081 and mainly concerned the fees for paying board members.

Income statement

Financial income and capital gains

11) FINANCIAL INCOME FROM BANK DEPOSITS

Financial income of €280 comprised the interest income on the current account held at BNL Gruppo BNP Paribas.

Expenses for core activities

These expenses concerned costs incurred by the Foundation specifically for the performance of its core activities.

12) PURCHASES

Purchases amounted to €-11,004, reflecting overestimated allocations in previous years relating to the Ghana project, partially offset by purchases of materials and equipment for health centres and operating bases under the projects run by Eni Foundation in Mozambique:

- €-16,959 for the Ghana project;
- €5,955 for the Mozambique project.

13) SERVICES

Services totalled €695,390 and referred to expenses incurred in the Mozambique and Ghana projects and the new project in Myanmar, as well as medical services, technical services by specialised staff, research activities and support for healthcare, training and awareness-raising activities, of which:

- €159,914 for the Mozambique project.
- €401,883 for the Ghana project;
- €133,593 for the Myanmar project;

14) OTHER OPERATING EXPENSES

Other operating expenses totalled €2,005 and related to prior years' costs for the board of auditors of €1,635 and chargebacks by Eni SpA of various expenses totalling €370.

15) FINANCIAL EXPENSES ON BANK DEPOSITS

The item totalled €2 and related to interest expense on the current account opened with Banque Eni.

General support expenses

These expenses concerned costs incurred for the coordination and management of the Foundation.

16) SERVICES

Services totalled €440,134, comprising:

- services provided by Eni SpA under the service contract totalling €116,249;
- services provided by members of the boards totalling €118,558;
- services of seconded staff totalling €160,756;
- services for consulting by PWC totalling €39,369;
- other general costs relating to attending seminars of €2,295;
- legal and notary services totalling €215;
- banking services totalling €2,692.

17) OTHER EXPENSES

Other expenses totalled €100 and comprised fines and other tax expenses.

Taxes

18) CURRENT TAXES

Current taxes totalled €5,515 and were made up of €5,443 in IRAP for 2017 and €72 for withholding taxes on interest income on bank deposits, taxed under art. 26(4) Presidential Decree 600/73.

The net expense as at 31 December 2017 totalled €1,131,862.

Board of Auditors Report to the financial statements for the year ended 31.12.2017

ENI FOUNDATION

Organisation subject to direction and coordination by Eni SpA
Rome office, Piazzale Enrico Mattei, 1 – 00144
Enrolled in register of legal entities at no. 46/2007
Tax ID no. 97436250589
BOARD OF AUDITORS REPORT
ON THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 DECEMBER 2017

Dear Chairman and Directors,

During the year ended 31 December 2017, we performed our supervisory duties in accordance with current legislation, applying the rules of conduct for Boards of Auditors recommended by the Italian Accounting Board, overseeing compliance with the law and the bylaws.
In relation to the activities performed in 2017, we report as follows.
We have overseen compliance with the law and bylaws.
We have obtained information from the directors on the activities carried out and the most significant transactions affecting income, finances and equity that were approved and carried out in the year. This information is presented comprehensively in the Report on Operations, to which the reader is referred.

On the basis of the information made available to us, we can reasonably hold that the transactions carried out by the Foundation were compliant with the law and bylaws and were not manifestly imprudent, risky or in conflict with the decisions taken by the Board or that could compromise the integrity of the Foundation's equity.
During our meetings, we were informed about and verified the adequacy of the Foundation's organisational structure, internal control system, administrative-accounting system and its reliability in correctly representing operating events.
The Supervisory Board issued its two half-yearly supervisory reports on 21 July 2017 and on 22 January 2018, stating that the 231 Model has been updated with offences added to its scope in 2017. The reports do not mention any major issues or violations of the Model.
Although the Foundation is not required to implement the Management System Guidelines issued by Eni for itself and its subsidiaries, it decided to adhere to this system anyway. The Board of Directors therefore adopts by resolution the documents issued by Eni from time to time, adapting them as necessary to the Foundation's circumstances.

In 2017, the audit found the need for a specific procedure to be drawn up for the Foundation to regulate the main phases of the activities it performs. The Eni Foundation Procedure "Guidelines for managing Eni Foundation Projects" was approved on 14 December 2017, having been drawn up based on the recommendations of Eni SpA Internal Audit, with support from the relevant functions within Eni.
During the supervisory activities described above, we found that no complaints had been submitted pursuant to article 2408 Civil Code and there were no atypical/unusual transactions with related or third parties, reports, omissions or objectionable facts to be referred to or mentioned in this report.
The Board of Auditors notes that the loss for the year 2017 of €1,131,862.42 is mainly due to charges for costs and services for core activities, mainly for the benefit of healthcare projects.
In particular, the following expenses were incurred for core activities during the year, broken down according to the three ongoing projects:

	Ghana	Mozambique	Myanmar	Total
Purchases	€ -16,959	€ 5,955		€ - 11,004
Services	€ 401,883	€ 159,914	€ 133,593	€ 695,390
Total	**€ 384,924**	**€ 165,869**	**€ 133,593**	**€ 684,386**

General support costs totalled €440 thousand, comprising €161 thousand for seconded staff, €116 thousand for services provided by Eni SpA, €119 thousand in fees for the Foundation's boards, €39 thousand in fees for PWC services, and other minor expenses.
During the year the Foundation continued to use project monitoring documents setting out the authorised budget, timetable, costs incurred to date and percentage progress for each project. Specifically, the Foundation uses Excel sheets for the Ghana Project and Mozambique Project, where amounts are broken down into macro-categories according to the nature of the cost, showing the approved budget, totals used to date and remaining budget for completion. For the Myanmar Project and office costs, the Foundation uses the "BMS" monitoring system.
We have checked the structure of the financial statements for the year ended 31 December 2017 and their overall compliance with the law as regards their preparation and structure. Specifically, we have confirmed that the financial statements were prepared in accordance with article 20 of Presidential Decree 600/73 and article 2423 and following of the Civil Code, adapted to the specific characteristics of its "non-profit" status in terms of the model suggested by the Italian Accounting Board in Recommendation 1 of July 2002.
We have verified compliance with the rules on the preparation of the Report on Operations.
The Board of Directors has provided the information referred to in article 2497-bis of the Civil Code in the Notes.
The Board of Auditors, to the extent of its remit, in acknowledgement of the results of the financial statements for the year ended 31 December 2017 and taking into account the contents of this Report, has no objection to the approval of the financial statements which show an expense for the year of €1,131,862.42, to be covered entirely by payment from the Operating Fund, which will be approved by the Board of Directors.

Rome, 13 April 2018

The Board of Auditors

Mr Paolo Fumagalli - Chairman

Mr Pier Paolo Sganga

Ms Vanja Romano

Document approved by the Board of Directors at its meeting on 17.04.2018

foundation

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