

## Child healthcare project in the Republic of Congo

Eni Foundation has launched a wide-ranging child healthcare project in the Republic of Congo following the agreement signed in June 2007 in Brazzaville with the Country's Ministry of Health.

### Objectives

The primary goal of the project is to contribute to the improvement of children's health care in the rural areas of the Country through the implementation of effective vaccination programs aimed at reducing the incidence of the main childhood diseases, in particular tuberculosis.

The project, which has a strong structural focus, also aims to:

- strengthen the operational capacity of local primary healthcare facilities;
- promote awareness among the rural population of the importance of prevention;
- improve the skills and competence of local healthcare workers.

The initiative is in line with WHO guidelines concerning the prevention of the main transmissible diseases and the reorganization and development of basic healthcare services, and is consistent with the objectives of the Country's National Health Plan for 2007-2011, which includes among its strategic objectives the reduction of neonatal and infant mortality rates (0-5 year-olds) and the control of a number of diseases, including TB, one of the major causes of infant mortality.

### Mother & child health in Congo

- Neo-natal and infant mortality rates, 81 and 108 per thousand births respectively, are high, though lower than the African average. Maternal mortality rate is estimated at 510 per 100,000 births, even if figures provided by the local Ministry of Health in 2007 indicate the figure at 781.
- Major causes of morbidity and mortality, especially for children under five, are related to infectious diseases: malaria, dysentery and intestinal infections due to the lack of drinking water and poor hygiene, measles, TB and HIV/AIDS, to which should be added various respiratory infections and tropical diseases and illnesses resulting from malnutrition.
- In rural areas, chronic malnutrition affects almost a third (30%) of children under 5, compared with 15.3% in urban areas. On average, 1 child in 5 is affected by rickets and delayed growth.

Source: WHO/UNICEF, 2006.

### TB, HIV and malaria in Congo

- Since 2004, TB has once again begun to spread, after the gradual reduction recorded between 2000 and 2003: in 2005, **prevalence** and **incidence** were respectively **449 and 367 per 100,000 inhabitants**, figures that are essentially in line with those for Sub-Saharan Africa.
- The disease is increasingly linked to HIV/AIDS, in line with what is taking place across the entire African continent.
- The rate of the spread of HIV/AIDS is estimated at 5%, with a marked variation between the north (1.3%) and the south (10.3%) of the Country; 90,000 people are currently living with the virus. AIDS is the main cause of death among the population between the ages of 15 and 49 and the growing mobility of the population has increased vulnerability to the virus, especially among adolescents and women.
- The probability of HIV transmission from mother to child is around 50%. Most of the children affected by AIDS are less than one year old; in urban areas it is estimated that 25 deaths per thousand births are related to AIDS.
- Endemic malaria contributes to a third of the Country's morbidity rates.

Source: WHO, 2006

## Areas of intervention and population involved

The regions involved are:

- Niari, in the south west, one of the most populated of the Country (more than 270,000 inhabitants), apart from the urban areas of Brazzaville and Pointe Noire; the immunization coverage rate ranges between 60 and 80%, depending on the type of vaccination;
- Cuvette, in the north, where around 200,000 people live and where vaccination rates, between 48 and 65%, are among the lowest in the country;
- Kouilou, in the southwest, in particular the areas surrounding Pointe Noire, with around 300,000 inhabitants.

The project will benefit a total estimated infant population (0-5 year-olds) of 200,000, to say about 30% of the Country's children.

## Cost and duration

The project, whose overall cost is €8.5 million, was launched in the second half of 2007 and will be completed at the end of 2011. Its development will be defined according to annual plans.

## Activities

- Epidemiological screening of the infant population in remote communities in support of the health and immunization surveillance program run by local authorities;
- Strengthening of 30 peripheral health centers (Centres de Santé Intégrés - CSI) functional to the project, that will be completely refurbished and provided with medical tools and equipment, electricity and drinking water;
- Immunization through vaccination campaigns against the main diseases (tuberculosis, diphtheria-tetanus, whooping cough, measles, chicken pox, polio, yellow fever), to be carried out at the CSIs or by employing mobile units for those communities in remote areas.
- Education of the population about the prevention of transmissible diseases through basic information and communication activities;
- Awareness building and training of local healthcare personnel concerning correct vaccination procedures and the information and communication activities.

## Structure and organization

The project's organizational structure consists of:

- a coordination center, located in Pointe Noire, in charge of organizational, administrative and logistic needs;
- three logistic/operational bases for the management of healthcare activities, in Pointe Noire (Kouilou), Dolisie (Niari) and Oyo (Cuvette);
- the main peripheral health centers in the areas involved in the project (15 for Niari, 10 for Cuvette and 5 for the suburban area of Pointe Noire) that will serve as bases for vaccination activities, as well as for the information and training efforts in rural communities;
- mobile medical units (an estimated total of 10, 8 of which on land and 2 on water, the latter to be employed in Cuvette) to link the operational bases and the public health center where vaccines are stored and to reach the CSIs involved, as well as to conduct project activities in the remote communities.

The different health centers will refer to an operational base, and each base will be managed by a doctor, who will report to the Project Coordinator in Pointe Noire. The operational bases are where

both the healthcare and support personnel will be stationed, as well as the mobile units, indispensable to reach the region's peripheral health centers.

### **Method of intervention**

All epidemiological screening and immunization activities will be carried out at the Health Centers, which will have been adequately refurbished and equipped, in particular for the storage and conservation of vaccines.

Thanks to the mobile units, the medical and paramedical personnel of the operational bases will regularly visit the Health Centers and, from these, the more isolated communities, in order to carry out diagnostic monitoring, the immunization program and associated activities.

Activities across the territory will, in fact, include the mobilization, awareness building and health education among the local populations and training programs for the medical staff of the remotest Health Centers.

The project will also provide logistical support for the campaigns promoted by the Congolese Ministry of Health for the prevention of the most common pathologies and critical issues, such as malaria, malnutrition (through the distribution of vitamin A) and intestinal parasites (through the distribution of wide spectrum anthelmintic drugs).

### **Partnerships and roles**

For the implementation of the project, Eni Foundation collaborates with the Congolese Ministry of Health and Fondation Congo Assistance, a local NGO operating on behalf of children, women and the elderly, especially with respect to a number of diseases affecting children. In particular:

- Eni Foundation provides the necessary financial support and is responsible for management and general coordination;
- the Ministry of Health makes available the first and second level health facilities involved, healthcare and auxiliary personnel as well as the supply of essential vaccines and drugs;
- Fondation Congo Assistance ensures the operational support, especially in terms of human resources, for information, education and communication activities aimed at the population;

Eni Congo, which has been conducting exploration and development activities in the country since 1968, provides the necessary logistical and institutional support.

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Eni has been operating in the Republic of Congo since 1968 with exploration and development activities and has invested, up to 2006, around USD 4 billion. It is the Country's second largest international oil producer, and in 2006 its equity production totaled 67,000 boe/per day, mostly oil and condensates.

Over the years the company has promoted and implemented a number of healthcare, social and environmental initiatives. The most recent include: a project for the diagnosis and treatment of mother to child HIV transmission in Pointe Noire, in the Kouilou region; the recovery and restructuring of the maternity and gynaecology ward at the Hospital of Dolisié, the capital of the Niari region; and a pilot rice cultivation project in the Oyo district, in the Cuvette region.

Thanks to Eni Foundation's project in Congo, Eni aims to reaffirm its role as a socially responsible company and strengthen its commitment to help develop the communities and populations in the countries where it operates.