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03
LETTER FROM THE CHAIRMAN

This has been a most extraordinary year for the Probitas Foundation. Founded in 2008 with Grifols’ support, its most significant activities were up and coming by the middle of 2010. However, this past year 2011 was when the Foundation truly took off, as we launched several international cooperation projects for creating and implementing health care programs that are in line with our governing principles and values.

During this difficult period of global crisis, when many public cooperation agencies have been forced to slash their budgets, private organizations’ efforts to start up solidarity initiatives can be essential and have a huge impact on the current cooperation model. Our Foundation has an additional added value that makes its work even more important during this time, which is the Grifols’ experts’ knowledge in the healthcare field. This has been a most extraordinary year for the Probitas Foundation. Founded in 2008 with Grifols support, its most significant activities were up and coming by the middle of 2010. However, this past year 2011 was when the Foundation truly took off, as we launched several international cooperation projects for creating and implementing health care programs that are in line with our governing principles and values.

During this difficult period of global crisis, when many public cooperation agencies have been forced to slash their budgets, private organizations’ efforts to start up solidarity initiatives can be essential and have a huge impact on the current cooperation model. Our Foundation has an additional added value that makes its work even more important during this time, which is the Grifols’ expertise in the international health sector. Sponsored by this company, the Foundation has the opportunity to make use of its extensive knowledge and experience. This in turn enhances our contributions to improving health care in those regions of the world that suffer from scarce resources and a lack of specialized knowledge in the healthcare field.

The most important goal of our programs is to create basic health infrastructures in the most vulnerable regions in the world and to provide training to local personnel, so they can move into the future and carry out their own initiatives, thus ensuring long-term sustainability. Achieving this goal of sustainability is, on the one hand, an important objective for all our cooperation model. The Probitas Foundation promotes and supports initiatives and actions as far as possible, as well as their implementation. However, the underlying belief in all our work is that it is the beneficiary population who must step up and take charge of these projects, ensuring, successively, meeting the targets that were set together.

We have already been hard at work with this challenging initiative for over two years now. I hope that this report, in which we provide details on all activities and projects implemented by the Probitas Foundation, will help in bringing more people and organizations together. In join our cause. I hope you will feel and know that you are all truly essential to our project.

Sergi Roura
Chairman
Probitas Foundation

LETTER FROM THE EXECUTIVE DIRECTOR

Dr Marta Segui
Executive Director
Probitas Foundation

This report is being written at an extremely important time for the Foundation. We are at the beginning of a period of professional growth from which there is no turning back.

It was with excitement and enthusiasm that I have taken the reins of the Foundation, as well as a deep sense of responsibility in leading forward this initiative that is supported by a company as important as Grifols, whose mission is to contribute to improving people’s health. The goal for this mission to be spread through the Foundation’s programs, not only through monetary contributions, but also by adding the great added value of its expertise in different health-related disciplines. Like Grifols, the Probitas Foundation’s projects, whose aim is to improve health care can be sustained and built-up of communities on the planet, will be implemented under our core principles of quality, transparency, efficiency and efficacy.

We will also seek long-term permanence and sustainability in our projects, through cross-sectoral and participative collaboration with local stakeholders. With our knowledge and expertise, we’ll create capacity and train local people so that they take charge of the projects that we are jointly implementing.

We strongly believe that when the local population is involved in needs assessments and working solutions, those projects will be successful.

Our Foundation can also have a relevant role in the international arena, creating synergies and complementing the work carried out by renowned organizations in vulnerable regions of the planet are opportunities that we are now taking advantage of. Our main program – the Global Laboratory Initiative (GLI) – has been attracting the attention of many organizations in the international cooperation sector, and we’ll have the chance to collaborate with prominent and well-known NGOs.

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The GLI Program is a tool that will assist in breaking the vicious cycle of poverty and disease. Its purpose is to provide basic diagnostic laboratory equipment to cover the health care needs of the most vulnerable populations, improving preventions, diagnoses and treatment of the most prevalent diseases and health conditions in each region.

We are very grateful to Grifols employees for their involvement, as well as other external advisors who have worked with us during this first stage of the Foundation. In the future, as our projects scale-up, we will look for an ever-increasing number of Grifols employees and other stakeholders to join us and volunteer for this new and exciting challenge. We need their knowledge and experience but, above all, we need their energy and enthusiasm to improve the health conditions of the most vulnerable people on the planet.
OUR VISION
The Probitas Foundation aims to contribute in improving health care in vulnerable regions to effectively prevent, diagnose and treat diseases that are under control with the means and knowledge currently available.

OUR MISSION
Our mission is to use Grifols’ expertise and know-how to strengthen health systems, by supporting and training local populations in those regions with scarce resources*.

OUR VALUES
The mobilization of all sectors of society is required for social and solidarity initiatives to have a real impact on the target population. With the aim of contributing to the mitigation of poverty and social exclusion, thus improving the overall quality of people’s lives, the Probitas Foundation is driven by the following principles:

PERMANENCE AND SUSTAINABILITY
The main goal of the projects that the Foundation carries out, on its own or with other organizations, is to achieve a real impact on the beneficiary population by training and creating capacity at local levels. This training will enable project management to be transferred to the local population for proper empowerment to make them fully self-sufficient.

TRANSPARENCY
Accountability is a priority in the Foundation’s programs. This principle of transparency is applied during the selection and monitoring of projects. Internal and external channels are employed to ensure fluid communications with shareholders and other partners. These channels are primarily the website and this annual report that contains details on the approved annual accounts.

QUALITY
Probitas Foundation personnel are highly specialized and have the specific skills to carry out project implementation (both the Foundation’s staff and external Grifols collaborators have the know-how and expertise needed to train and create capacity at local levels).

EFFICACY AND EFFICIENCY
The purpose of the projects implemented by the Probitas Foundation is to join forces with other players in the fight against poverty and to improve people’s well-being at a global level. In this current context of crisis, preventing duplications and improving the efficacy of programs that must be relevant, feasible and highly efficient with regard to the cost-benefit ratio, is absolutely essential.

* Grifols SA shareholders give 0.7% of annual company profits to the Probitas Foundation.
The GLI mission is to take action in southern-hemisphere countries by strengthening weak healthcare systems. During 2011, the Probitas Foundation started its first pilot GLI project in Téléphone Sans Fils (TSF), a very humble neighborhood in the capital of Mali, Bamako. The target is to consolidate this project throughout 2012 and promote and drive forward more GLIs, by replicating the pilot that is now up and running in Mali. Other possible regions that have been identified are Ghana, Ecuador, Zambia, Sierra Leone, Malawi and Swaziland. The planning implementation rate is to establish and start up three GLIs per year.

WHAT IS THE GLI?
Throughout 2010 and 2011, Probitas developed the Global Laboratory Initiative Program (GLI), a model that the Foundation itself created with the aim of implementing basic laboratories in the most vulnerable regions of the planet. Its main objective is to tackle one of the causes and consequences of poverty—disease—by providing access to diagnoses, treatment, prevention and follow-up. The GLIs contribute to achieving human rights, as they are based on the right to health that is included in the World Health Organization’s charter (WHO), which was approved in 1946. It contributes to achieving three (4, 5 and 6) of the eight Millennium Development Goals (MDG) that the 191 United Nations member states agreed to try to achieve by 2015.
HOW DOES THE GLI OPERATE?

The methodology designed for implementing diagnosis laboratories in vulnerable regions is extremely simple and straightforward, in order to create an easily replicable model.

PHASE 1 - Needs assessment
PHASE 2 - Strengthening infrastructures and providing laboratory equipment
PHASE 3 - Training and capacity building for local personnel
PHASE 4 - Support for a sustainable and self-sufficient management
PHASE 5 - Promotion of other comprehensive programs to strengthen the health system
PHASE 6 - Measurement of efficacy

3-4 months (depending on pilot) 6 months (depending on pilot) Ongoing (depending on pilot) Ongoing (depending on pilot) From phase 1 (depending on pilot)

GLI PRINCIPLES AND STRATEGY

INCLUSIVENESS
The GLI acts in alliance and coordination with the health structures in a specific vulnerable region, whether they are public or private non-profits, to draw up a comprehensive strategic plan to guarantee equity in health care access. Within this framework, the GLI reinforces laboratory services and infrastructures for the diagnosis, treatment and prevention of the most prevalent diseases. This joint action optimizes available resources in the current context of global crisis.

CAPACITY BUILDING
The GLI have the mechanisms required in place for local training and capacity building by using Grifols’ know how. Among many other pursuits, the company develops instruments and reagents for diagnostic analyses in clinical settings. Capacity building is therefore done through the expertise of Grifols and its employees, as well as the collaborators who are experts in several disciplines.

SUSTAINABILITY & SELF-SUFFICIENCY
The GLI have the appropriate tools required for local personnel to attain sustainable management and self-sufficiency in the laboratory at all levels. This breaks the chain of permanent assistance and dependency.

PARTNERSHIPS FOR COMPLETE ACTION
Given that the poverty-disease interaction takes place in a multidimensional context, the GLI also have mechanisms to develop social, educational, environmental and participative aspects that impact the local setting. Thus, the GLI aims to have a real impact on the most vulnerable populations by taking action on other cross-cutting health issues.

The model opens the way so other public and private non-profit institutions can start joint actions and comprehensive programs on issues such as access to safe water, sanitation, food security and improving general hygiene and health conditions in the community.

“Capacity building is therefore done through the expertise of Grifols and its employees, as well as the collaborators who are experts in several disciplines.”
Potential GLI partners include local authorities, such as health ministries, NGOs, non-profits, missions, regional hospitals, rural health centers, community organizations and other health institutions, public health institutes, biomedical research centers, academic organizations and public and private companies.

The challenges and opportunities for health systems and, specifically, laboratory services in vulnerable countries are enormous. In these regions, laboratory services are almost never a priority, mainly due to the high cost of equipment and infrastructures. The impact of not having these structures in the health system is tremendous. It aggravates the sequence of factors that perpetuate poverty.

In short, clinical laboratory services are a critical issue in any health system and must be present and included at all levels of the system, with different functions and complexity models.

Challenges and Opportunities

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GlI

Strengthened Health System

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In short, clinical laboratory services are a critical issue in any health system and must be present and included at all levels of the system, with different functions and complexity models.
THE FIRST GLOBAL LABORATORY INITIATIVE (GLI) PROJECT WAS IMPLEMENTED AT THE VALÉNTE DE PABLO HEALTH CENTER, IN THE DISTRICT OF TéléPHONE Sans Fils (TSF) IN COMMUNE II OF BAMAKO IN MALI.

THE PROJECT WAS BASED ON FOUR BROAD ACTIONS:

1. AN INITIAL "NEEDS ASSESSMENT" OF THE VULNERABLE POPULATION.
2. STRENGTHENING THE INFRASTRUCTURES AND EQUIPMENT IN THE DIAGNOSIS LABORATORY AND OTHER FACILITIES AT THE HEALTH CENTER.
3. TRAINING AND CAPACITY BUILDING FOR LOCAL PERSONNEL IN ANALYTICAL SKILLS AND LABORATORY MANAGEMENT.
4. FOUNDATION’S MANAGEMENT SUPPORT TO ENSURE LONG-TERM SUSTAINABILITY OF THE PROJECT.

LOCAL COUNTERPART: Mutuelle Bénakan TSF District, Bamako

LOCATION: TSF District, Bamako, Mali

OTHER CO-OPERATING ENTITIES: La Marie (Town Council) of Bamako II

EXECUTION PERIOD: Three years: 2011-2014

BUDGET: €120,000 (phases 1, 2 & 3)

EXECUTED 2011: €108,234

OTHER PROJECT STAKEHOLDERS: Local TSF community, Grifols expert professionals, local public health structures (hospital, national leading laboratory and TSF health district), Père Michel occupational training center, local civil engineering suppliers of laboratory equipment and reagents, and external consultants and advisors.

GLI PHASES EXECUTED: 1, 2 & 3

GLI PHASES IN PROGRESS: 4 & 5 & 6

OUR OWN PROGRAMS

2. EXECUTION OF THE GLI-BAMAKO PROJECT

PROJECT SUMMARY

A World Health Organization initiative, the Global Laboratory Initiative (GLI) project was implemented at the Valentin de Pablo Health Center in the district of Téléphone Sans Fils (TSF) in commune II of Bamako in Mali. The project was based on four broad actions:

1. An initial “needs assessment” of the vulnerable population.
2. Strengthening the infrastructures and equipment in the diagnosis laboratory and other facilities at the health center.
3. Training and capacity building for local personnel in analytical skills and laboratory management.
4. Foundation’s management support to ensure long-term sustainability of the project.

Mutuelle Bénakan TSF District, Bamako

TSF District, Bamako, Mali

La Marie (Town Council) of Bamako II

Three years: 2011-2014

BUDGET: €120,000 (phases 1, 2 & 3)

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Other project stakeholders:

Local TSF community, Grifols expert professionals, local public health structures (hospital, national leading laboratory and TSF health district), Père Michel occupational training center, local civil engineering suppliers of laboratory equipment and reagents, and external consultants and advisors.

GLI phases executed: 1, 2 & 3

GLI phases in progress: 4 & 5 & 6

OUR OWN PROGRAMS

2011 REPORT | PROBITAS FOUNDATION
**CONTEXT OF MALI**

Despite the large river that flows through the country, Mali is distant, exposed to desertification and with limited natural resources. With a population of some 15 million inhabitants, the per capita income is $600. Gold, cotton and improved communications have been able to boost the economy in recent years. 20% of Malians are Muslim and 5% are Christian.

The majority of the country’s population is rural, while the demographic growth rate is very high, with a fertility rate of 6.8. The battle against HIV/AIDS is one of the key priorities for the country, and with limited natural resources. With a population of some 15 million inhabitants, the per capita income is $600. Gold, cotton and improved communications have been able to boost the economy in recent years. 20% of Malians are Muslim and 5% are Christian.

**CONTEXT OF BAMAKO**

Bamako, the capital of Mali, is a city situated on the shores of the Niger River that has grown exponentially to its current population of 1,609,471 inhabitants (2009). It is rated as the sixth city in the world with the highest demographic growth rate. It is a city that has experienced random and spontaneous growth through migratory flows. Its current population is estimated at 15,000 inhabitants. The majority of its population suffers from a serious lack of essential urban services: distribution of drinking water, electricity, telephones, health center and social services. The district also suffers from a serious lack of essential urban services: distribution of drinking water, electricity, telephones, health center and social services.

**THE LOCAL PARTNER**

MaliBénakan is a non-profit community-based group that, through the fees paid by its members, carries out actions aimed at solving pressing issues in their area. Its creation is framed in the program promoted by the government to try to strengthen and complement the capabilities of the public system. Thus, MaliBénakan represents the interests of the population of TSF and carries out initiatives that are priorities for the community, answering independently, although in line with the directives of the Ministry of Health and Social Services.

The function of this local partner in the framework of GLI is to manage the new infrastructures, equipment and services with the objective of improving the standard of living in the district. In addition, it manages investments in the social, health and education sectors. This is the reason why this local partner in the framework of GLI is a neighborhood that has seen random and spontaneous growth through migratory flows. Its current population is estimated at 15,000 inhabitants. The majority of its population suffers from a serious lack of essential urban services: distribution of drinking water, electricity, telephones, health center and social services. The district also suffers from a serious lack of essential urban services: distribution of drinking water, electricity, telephones, health center and social services.

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**CONTEXT OF TÉLÉPHONE SANS FILS (TSF)**

TSF is a neighborhood that has seen random and spontaneous growth through migratory flows. Its current population is estimated at 15,000 inhabitants. The majority live in unhealthy conditions, as the families cannot afford their own homes and have great difficulties in accessing basic social and health services. The district also suffers from a serious lack of essential urban services: distribution of drinking water, electricity, telephones, health center and social services.

Despite this setting, the TSF community is extremely active and aware. There are mechanisms in place for participation and associations and it has its rights and duties well defined as well as the instruments for democratic government and the strategies that will contribute to improving inhabitants’ quality of life. The society is active in seeking partners and, thanks to this, it has managed to resolve, outside of public services, part of its shortages and needs, such as establishing a primary school and a health center.

**Boré:**

“…if a person has not gone to school, not only will he have a worse time eating, but he also won’t be able to get it together. But the MaliBénakan is proud that a population can change the setting in which people live through actions based on solidarity. We have encouraged people to get organized and we have made members understand that it is possible to improve and change. And thanks to this, we now have a school and a health center.”

**Benoit:**

“I think the most important thing in cooperation is the complementarity that other international organizations can give you. The MaliBénakan is in place, it already was here before, but with the accomplishment it is doing now with the Probitas Foundation, we can do it even better, initiating other experiences.”

**CONTRIBUTIONS**

The contributions of the contract partners in the years 2004-2008 brought the project community in TSF have allowed it to:

- Improve the quality of life of the inhabitants of TSF through the construction of a system of drinking water, electricity, telephones, health center and social services.
- Provide a primary school and a health center.
- Improve the employment rate and income in the district.
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**Graph:**

- **Mali:** Population who live with less than $1/day (2009)
- **Spain:** Population who live with less than $1/day (2009)
After the identification of local health structures initiated in 2010, we decided to implement the GLI at the “Valentín de Pablo” Health Center, which serves the population of TSF and focus its activities on primary healthcare, prenatal care and infant vaccination programs. The decision was grounded on the existence of a well-structured social network. The center is well-staffed with healthcare personnel, with nine people: a round-the-clock doctor, midwife, nurses and auxiliaries. The cost of additional tests is similar to the public sector. The original laboratory was tiny and in terrible condition, completely unable to perform several essential diagnostic tests. There was also a lack of local infrastructure and training for laboratory personnel.

STRENGTHENING OF INFRASTRUCTURES PROVIDING LABORATORY EQUIPMENT

Laboratory enlargement and rehabilitation.
- Acquisition of stock, reagents and basic laboratory consumables.
- Construction of a new septic tank and adequate drains.
- Installation of a small diesel generator set and inspection of all electric connections.
- Construction of a warehouse for laboratory consumables.

NEEDS ASSESSMENT

Public sector. The original laboratory was tiny and in terrible condition, completely unable to perform several essential diagnostic tests. There was also a lack of local infrastructure and training for laboratory personnel.
Start up of the different biochemical and hematology analytical assays.

In-situ theoretical sessions on identifying and handling biological samples, quality controls and calibrators.

Training for the proper validation of analytical results, management and provision of reagents and other laboratory materials.

After this phase, laboratory operations started in November 2011, with new infrastructures, equipment and basic training for local personnel.

During 2012, Probitas will study the feasibility of other comprehensive health programs in Téléphone Sans Fils, such as raising awareness, prevention projects and sanitation initiatives.

In 2012, the Foundation will provide longer term technical and management support, training local staff so that they can run the center self-sufficiently and sustainably in the medium-long term.

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Improvement of health center conditions that benefit the local population: energy independence, management of sewage, improvement in the diagnosis of prevalent diseases, better training for local personnel.

The importance of identifying a solid and transparent local partner to improve the project.

The existence of a social network is essential for the project to be successful.

When a need has been previously identified by the local population, empowerment and appropriation by the community is much higher and the project is more sustainable.

Good local suppliers provide dynamism and contribute to the local economy.

Meetings with the local authorities, the Mutuelle Benkan Executive Committee and the TSF Neighborhood Committee.

Interviews with the population on the impact of the project on their daily lives and the community as a whole.

Meetings with health and paramedical personnel from the different leading centers in Bamako.

Meetings with representatives from the national program to fight HIV/AIDS, tuberculosis and malaria.
PROJECTS IN COLLABORATION WITH OTHER ORGANIZATIONS

1 REHABILITATION OF THE MBAESS-ENEH HOSPITAL

sierra leone

Geographic Area:
Photovoltaic electrification, equipment for a medium care unit, installation of internet for the nursing school and connection for one year, purchase of surgical sutures, acquisition of diagnosis equipment, improvements to the water network, wells and tanks and provision of services.

EXECUTION BUDGET LOCAL PARTNER

<table>
<thead>
<tr>
<th>YEAR</th>
<th>TOTAL</th>
<th>EUROS</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>€176,000</td>
<td></td>
</tr>
<tr>
<td>2011</td>
<td>€149,920</td>
<td></td>
</tr>
</tbody>
</table>

Local Partner:
- Sant Joan de Déu Hospital
- St John of God Catholic Hospital
- Mabesseneh, Azimut360 Cooperative.

Justification:
Saint John of God Catholic Hospital (SJGCH) is located in the northern province of Sierra Leone, in Mabesseneh, a settlement in turn located one mile from Lunsar, one of the country’s main cities with around 24,000 inhabitants. It is a private-run mission that is currently operated as a non-profit public hospital. The health complex is comprised of several scattered buildings that occupy several hectares of land.

The Order of Saint John of God opened the hospital complex in 1967 and transferred its management to an African leadership in 1986. Although the war had a devastating effect on the center in 1995, brothers and volunteers did not abandon it until 1998. In 2002, activities were started up again with minimal resources. In July 2005, the SJGCH developed a twinning program with the Hospital Sant Joan de Déu in Barcelona focused on providing educational support and improving nursing and pediatrics services.

Little by little, the hospital has been adding infrastructures, thanks to international aid. At present, five doctors attend to health problems for the populations of Mabesseneh and Lunsar, although in reality Saint John of God provides service to 100,000-120,000 inhabitants that come from the remotest areas of the country under the hazardous conditions of the road network.

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**ASSESSMENT AND IMPACT MEASUREMENT**

**TOTAL DIRECT BENEFICIARIES 2010**
- 5,363 hospitalized
- 29,439 attended

**TOTAL INDIRECT BENEFICIARIES 2010**
- 120,000

**BENEFICIARIES WHO HAVE RECEIVED INTERNET-NURSING TRAINING**
- 298

**ENERGY SELF-SUFFICIENCY WITH SOLAR PANELS AND GENERATIONS**
- 24 hours
- 298 (8.5 hours of generators and 15.5 hours for solar panels)

**MONTHLY SAVINGS ON FUEL**
- €1,000
- 26.7 tonnes of CO2 no longer emitted

**OBJECTIVES MET**
- To make available basic hospital services 24 hours a day and ensure that, if the generators fail, essential services can continue operating. The impact includes financial savings and less dependence on diesel.

**DESCRIPTION**

In Sierra Leone, an incredibly poor electric network, restricted to the metropolitan area of Freetown, represented an enormous obstacle to the country’s development. The Saint John of God Catholic Hospital also lacked public electricity, which restricted its activity to a specific time schedule: the times when the generators were turned on.

In 2010, the Probitas Foundation funded the installation of a photovoltaic system, whose design and assembly were overseen by the cooperative Azimut360 SCCL. This initiative led to an increase in available energy and a reduction in heavy dependence on diesel, as well as spending on fuel.

This facility, based on hybrid photovoltaic micro-renewables, ensures that priority services will be operational without the need of generators (operating theatres, delivery wards, blood bank, and intensive care machinery, among others). If there is no sunlight for three days, battery chargers let these basic infrastructures continue running.

Gone is the time-consuming system that was installed in the hands of the management at Saint John of God Catholic Hospital, Azimut360 conducted training sessions for workers at the center, emphasizing energy saving, the efficient use of devices and the use of the photovoltaic installations.

Solar panels will also provide 24-hour-a-day light for the future medium care unit. In 2010, Probitas funded this service aiming to optimize human resources by housing in a single space, patients with severe health conditions and the few personnel available to care for them.

In this regard, given the scarcity of trained nurses, this service is awaiting the end of the specific training courses given by a group of volunteer nurses from the Hospital Sant Joan de Déu and from the Althaia Foundation.

Training and teaching personnel is one of the two purposes of the rehabilitation project of the Lunsar Hospital. The SJGCH has had a nursing school since 2007 with students in several different academic years, which offers official degrees ordered by the Sierra Leone Ministry of Education. However, the lack of teaching staff and means made training quite difficult. This is why Probitas funded internal installation and connection for one year in 2010, as compensation for the lack of teaching staff and medical and training materials. Students can now access educational materials, as well as making contact with and exchanging knowledge with teachers and students at the school in Barcelona.

The Foundation also enabled the purchase of 6,500 sutures, which meet the needs for that year (some 100 surgeries), the purchase of a photometer for basic biochemistry and consequent improvement in diagnostics, treatment and monitoring of several pathologies; and improvements to the well and tank water system, with the aim of obtaining optimal pressure in the hospital area.

In 2011, the Foundation provided the funding required for equipment in the outpatient and hospitalization areas, as well as the pediatrics games room. It also provided funds so that the hospital employees could acquire medical supplies and cover costs of other unplanned events and repairs.

"Africa’s suffering is all of our suffering"

BROTHER FERNANDO AGUILÓ, HEAD DOCTOR OF THE SAINT JOHN OF GOD PROJECT

"In 2005 we set up a training program with the Mabesseneh Hospital to start supporting our African brothers. We were told that capacity building was the greatest priority. As Africans, they know that they need training, but they want to be themselves. The solution for Africa has to be found with the Africans. As Europeans, we can only make small connections..."
Despite the efforts made in recent years, Senegal’s healthcare system is still sorely lacking. The immense majority of the population, with precarious financial situations, cannot access the basic existing services. There is a large disparity of resources existing in Dakar, with large well-established leading public and private hospitals, compared to the rural areas. The sanitary conditions in African operating rooms are generally extremely poor, which increases perioperative infections, particularly in rural areas. Another shortage meriting mention is health professionals lack of training in specialized surgery such as eye surgery. Cataracts are the leading cause of functional blindness among the population.

### EXECUTION BUDGET LOCAL PARTNER

<table>
<thead>
<tr>
<th>Year</th>
<th>Budget</th>
<th>Executed 2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>€111,000</td>
<td>€67,927</td>
</tr>
<tr>
<td>2012</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Gesta Africa Association and the Dundu ak Afrika Association.

### SUMMARY

Acquisition and adaptation of a vehicle as a mobile clinic unit (medical and surgical) so that the Gesta Africa association can take health care to the remote rural communities furthest from health centers and carry out three health campaigns in 2012.

### DESCRIPTION

In 2011, Probitas funded the acquisition of a vehicle and its adaptation as a mobile clinic (medical & surgical unit) so that the Gesta Africa association could provide health care to the rural communities of Senegal that are furthest from health centers and live in conditions of extreme poverty. The project includes three campaigns to be executed in 2012. The staff participating in these campaigns is primarily local, with the exception of a few nurses from Spain who were part of a volunteer program organized by Gesta.

### ASSESSMENT AND IMPACT MEASUREMENT

**TOTAL BENEFICIARIES:** 1,207

- Circumcisions: 210
- Cataracts: 800
- Ophthalmological procedures: 262
- Minor surgical procedures: 125

**TRAINING & CAPACITY BUILDING**

- Training and capacity building of medical and technical personnel, and awareness-raising workshops to improve their education on several health issues.

**RESULTING COMMUNITY INITIATIVES**

- Support of the community of Koutal where families affected by leprosy and marginalized by their communities in which acts, while it helps the program to be accepted by the local community.

**IMPROVEMENT IN LIVING CONDITIONS IN THE AREA**

- Short-term improvement of individual health conditions and medium-long term improvement of health conditions among the general population.
3 MEDICAL CARE & NUTRITION FOR CHILDREN AT LA Pouponnière

SENEGAL

Dakar, located on the peninsula of Cap-Vert on the Atlantic coast of Africa, has an extremely advantageous position for sea traffic between America and Europe, which is why the largest maritime port in the region was established there. Between the 16th and 19th centuries, Dakar was the largest trafficking center for slaves being shipped to the Americas. The capital of Senegal has a population of 1,050,094 inhabitants, while Dakar has 2,450,000 when the metropolitan area is included. However, these statistics do not reflect the true situation. Problems have forced many Senegalese from southern coastal regions and from the Sahel desert region to Dakar, which is a growing phenomenon.

JUSTIFICATION

Between the 16th and 19th centuries, Dakar was the largest trafficking center for slaves being shipped to the Americas. The Franciscan Missionary Sisters of Mary run a center that can house over 100 babies. The Franciscan Missionary Sisters of Mary run a center that can house over 100 babies. The Franciscan Missionary Sisters of Mary run a center that can house over 100 babies.

SUMMARY

Support for the La Pouponnière Center through a project that focuses on medical and nutritional care for infants under two years of age, including formula feeding, nutritional supplements, children’s medicines and under two years of age, including formula feeding, nutritional supplements, children’s medicines and under two years of age, including formula feeding.

DESCRIPTION

The center that founded La Pouponnière in 1955 is located in the neighborhood of Medina, one of the poorest of Dakar. La Pouponnière is not a conventional orphanage. The center temporarily takes in newborns and infants up to one and a half or two years old, who have lost their mothers or who, for any other reason, have been made unable to care for them, and 3.5% were abandoned due to the family being unable to care for them, and 3.5% were abandoned due to the family being unable to care for them.

ASSESSMENT AND IMPACT MEASUREMENT

TOTAL DIRECT BENEFICIARIES

100

TOTAL INDIRECT BENEFICIARIES

450

BENEFICIARIES WHO RECEIVED GRANTS FOR STUDY AT MARÍA GORETTI

95% motherless orphans

3.5% abandoned

1.5% social cases

DEPRECATED

TOTAL CHILDREN TAKEN IN SINCE BEGINNING

4,150

1.5% social cases

1 year old

IMPORTANCE OF NUTRITIONAL CARE

The Probitas Foundation supported La Pouponnière through a nutrition and healthcare project to provide equipment for the dispensary, pediatric drugs and to cover expenses for laboratory tests and other complementary tests for them 24 hours a day.

REASONS FOR FOSTERING

1.5% social cases

1 year old

شاكر


depression, osteoporosis, malnutrition, diabetes, and infections, among other health conditions. In additional to this project, a pediatric visit this children three times a week, following the national vaccination calendar, and in some cases three times 4 hours a day. Probitas also helped them hundreds little babies receive their complete nutritional needs, from formula feeding during their initial months of life to nutritional supplements and vitamin-enriched foods to later stages of their development.

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ECONOMIC BENEFITS

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JUSTIFICATION

The Compagnie Sucrière Sénégalaise (CSS) was established in Richard Toll over 30 years ago, causing a temporary exodus each year during sugar cane harvest season of day workers who come from all regions of Senegal and from bordering countries. Among the thousands of people whom the company hires, some are particularly vulnerable, as they are given unstable or sporadic contracts that often cause their and their families’ lives to be beset with great uncertainty and fear.

In 2006, with the support of the Fundació Futbol Club Barcelona, the ALVES Association established a program for the complete support of children who live with the risk of social exclusion. Thanks to this comprehensive program, the 400 beneficiaries receive one nourishing meal a day and educational activities, medical care, occupational training, computer and physical education classes and psychosocial support.

Their families (approximately 60 families) also benefit from the program through different activities. There is a women’s association that is in charge of the vegetable garden, the cantina and the livestock, thus helping to make the center self-sufficient.

Staff with stable work at the center includes the director of the XICS Program and ALVES chairman, two social workers, one nurse, three cooks, two security guards, two cleaning people and teachers for different disciplines.

SUMMARY

Support to provide appropriate medical and nutritional care for beneficiary children at the center of the ALVES Association (Association de Lutte contre la Vulnerabilité et la Exclusion Sociale) which develops a comprehensive support program for children who live with high levels of vulnerability and at risk of social exclusion, in collaboration with the Futbol Club Barcelona Foundation.

DESCRIPTION

In 2011, the Probitas Foundation worked on this comprehensive initiative, through a nutritional and health support project for 449 beneficiaries. The center’s dispensary was stocked with medicines and medical supplies, such as basic prepayment sterilization materials and a binocular optical microscope.

The Foundation also funded the analyses and other complementary tests for minors admitted to the hospital. Some children came to the center at great risk, affected by malnutrition, malaria, diarrheas and pneumonia, among other conditions. Besides these hospital referrals, a doctor from the district health center frequently visits the children, while a full-time nurse performs medical checkups, psychomotor development and staturo-ponderal checks. Injuries and common diseases are also treated.
JUSTIFICATION

Mental health, especially in developing countries and even more so in Africa, is one of the areas that is often marginalized due to the lack of human and financial resources and due to the stigma that still persists with regard to mental illness. The Saint John of God Order provides coverage for 50% of the psychiatry in Senegal, with three centers that work actively with the Ministry of Health and the Dakar University Hospital. The purpose is to provide dignity to these patients’ lives and improve prognosis for their mental illnesses through occupational therapy.

ASSESSMENT AND IMPACT MEASUREMENT

<table>
<thead>
<tr>
<th>PATIENTS HOSPITALIZED PER YEAR</th>
<th>542</th>
</tr>
</thead>
<tbody>
<tr>
<td>NEW CASES PER YEAR</td>
<td>364</td>
</tr>
<tr>
<td>RE-HOSPITALIZATIONS</td>
<td>178</td>
</tr>
<tr>
<td>LOCAL PERSONNEL</td>
<td>32</td>
</tr>
<tr>
<td>NUMBER OF AVAILABLE BEDS</td>
<td>48</td>
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<tr>
<td>OCCUPATION RATE</td>
<td>95%</td>
</tr>
<tr>
<td>TOTAL ANNUAL CONSULTATIONS (2009)</td>
<td>11,830</td>
</tr>
<tr>
<td>AVERAGE HOSPITAL STAY</td>
<td>32  days</td>
</tr>
</tbody>
</table>

DESCRIPTION

In 2011, the Probitas Foundation provided support for occupational therapy at the Dalal Xel Mental Health Center in Thiès, which was created in 1995 to provide coverage for the mental health patients from this region. The activities – now strengthened – include an ergotherapy room, a garden, vegetable crops, animal care and mechanical activities. They all help improve the prognosis for patients’ illnesses and require pharmacological treatment.

Furthermore, interaction with other people creates a climate of social cohesion, which stimulates creativity and helps them remain somewhat independent.

Probitas has donated material to the center’s workshops for painting, sewing, cooking and dyeing, as well as providing tools for working in the kitchen garden and looking after the farm animals. This kind of occupational therapy model is an innovation in Senegal and other surrounding countries. If targets are achieved, this model could be replicated in other areas.
6 EQUIPMENT FOR A MEDICAL DISPENSARY AT A SCHOOL IN ADENGUR

JUSTIFICATION

Ethiopia, a nation that has never been colonized, is one of the poorest countries in the world, where 20% of its population lives in abject poverty. The economy is highly dependent on rain-fed agriculture, where coffee is the main product on which 30% of the population lives. According to data from the United Nations Office for the Coordination of Humanitarian Affairs (OCHA), one in eight Ethiopians suffers from hunger. Some 6.4 million children and women continue to be extremely vulnerable to the effects of the food crisis, which was caused by drought (subsidized agricultural sector, 30% on rainfed), the skyrocketing food prices, speculation and foreign occupation of fertile lands in Africa, which results in the poor states producing food for wealthy countries at the expense of their own hungry populations.

The main health problems are malaria, HIV/AIDS, tuberculosis and acute and chronic malnutrition. Access to health care is a challenge for the national health system, which is currently promoting a specific program for rural areas and also trying to respond to the enormous change in needs and available services.

DESCRIPTION

The school in Adengur takes in some 900 students, who come from a suburb of one of the poorest cities in Ethiopia, Woldiya. In 2011, the Probitas Foundation supported the Associació Iniciativa Pro Infància (IPI), which was founded in 2000 and has focused on Ethiopia since 2003, with the aim of providing equipment for a medical dispensary for children who would otherwise not have access to receiving competent medical attention.

The first stage of the project focused on the rehabilitation and outfitting of one of the classrooms as a medical dispensary. At present, the service is fully operational and has suitable diagnosis equipment, as well as all necessary medicines and materials. The second stage forecasted the hiring of a nurse, who now works with an average of 15 cases each day. This number will increase when the nurse’s working day is adapted to the school schedule. The most recurrent problems are wounds, different infections and respiratory, dermatological and gastro-intestinal problems. Cases that cannot be treated, either due to their complexity or due to the lack of technical-diagnostic means, are sent to the Woldiya General Hospital, with which the IPI is trying to implement a referral system. In 2011, an average of seven to ten cases per month were sent to the Woldiya General Hospital.

The nurse also gives talks on the prevention of several diseases (water management, food, protection from adverse weather) and hygiene, a factor which in the majority of cases causes and aggravates diseases. All students are given medical check-ups, so they have medical records. This type of initiative is pioneering in a country like Ethiopia.

ASSESSMENT AND IMPACT MEASUREMENT

| TOTAL DIRECT BENEFICIARIES | 900 |
| TOTAL INDIRECT BENEFICIARIES | 54,523 |
| NUMBER OF ATTENDEES AT HEALTH TRAINING & PREVENTION SESSIONS | 3,500 |

ETHIOPIA

SUMMARY

Fitting out of a medical dispensary at the Adengur School in Woldiya.

EXECUTION

2011

BUDGET

€ 15,690

LOCAL PARTNER

Associació Iniciativa Pro Infància (IPI).

COUNTRY

Ethiopia

GEOGRAPHIC AREA

Woldiya

JUSTIFICATION

Ethiopia, a nation that has never been colonized, is one of the poorest countries in the world. Around 32 million of its 80.7 million inhabitants live in abject poverty. Its economy is highly dependent on rain-fed agriculture, where coffee is the main product on which 30% of the population lives. According to data from the United Nations Office for the Coordination of Humanitarian Affairs (OCHA), one in eight Ethiopians suffers from hunger. Some 6.4 million children and women continue to be extremely vulnerable to the effects of the food crisis, which was caused by drought (subsidized agricultural sector, 30% on rainfed), the skyrocketing food prices, speculation and foreign occupation of fertile lands in Africa, which results in the poor states producing food for wealthy countries at the expense of their own hungry populations.

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ASSESSMENT AND IMPACT MEASUREMENT

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| TOTAL INDIRECT BENEFICIARIES | 54,523 |
| NUMBER OF ATTENDEES AT HEALTH TRAINING & PREVENTION SESSIONS | 3,500 |
SUMMARY
Improving access to healthcare for the population of Mekelé, Tigray, particularly HIV+ mothers and children, improving the diagnosis and prevention of diseases and health education of mothers.

EXECUTION
November 2011 - November 2012

BUDGET
€7,161.79

LOCAL PARTNER
Africa Viva and Daughters of Charity.

COUNTRY
Ethiopia

GEOGRAPHIC AREA
Mekelé, Tigray

JUSTIFICATION
The regional state of Tigray borders Eritrea in the north. 90% of the population resides in rural areas and survives by subsistence agriculture. This region has one of the highest infant and maternal mortality rates in the world. It also suffers from a lack of infrastructures.

The primary financial hardships are low crop productivity, high soil erosion, great overpopulation and few or no earnings, hindering access to health services.

The main health problems in Tigray are malaria, HIV/AIDS, tuberculosis and acute and chronic malnutrition. The health network is absolutely insufficient, with only one unit for every 15,000 inhabitants.

Malnutrition is a fundamental problem which ranks the second priority. For this reason, the project developed by Africa Viva in one of the three regional health centers, the Afrika Clinic, is an initial and necessary step for the development of Tigray. The Afrika Clinic is run by the Daughters of Charity, an organization that was awarded the Prince of Asturias Prize in 2005 and has a far-reaching network in the most disadvantaged communities of Mekelé.
The Adihaki Clinic provides medical care and complementary meals to the poorest families in the Tigray region. Specifically, nutritional monitoring is provided for 1,500 children from 0 to 5 years old and 2,500 women, including people who are HIV+. Furthermore, some 1,900 children also receive health care at this center. The project executed by Africa Viva and supported by the Probitas Foundation outlines the following objectives: I) improve the diagnosis and prevention of malnutrition; II) provide health education to mothers and to local healthcare personnel on infant malnutrition; and III) improve the population’s access to health care.

Malnutrition is in itself a cause of mortality, but also an important aggravating factor for the majority of diseases responsible for infant mortality. This is why the diagnosis and proper treatment of malnutrition has an impact, not only on children’s weight-height statuses, but also on preventing and improving the progresses for many other diseases that mostly affect the African continent.

With the aim of improving access to primary health care, the Africa Viva project reinforces the clinic by providing equipment, medical supplies and drugs. It also plans to adopt protocols for treating infant malnutrition, conducting home preventive checkups and ensuring the availability of essential treatments for malnutrition with the purpose of improving children’s development and decreasing rates of mortality, abandonments and relapses.

DIRECT BENEFICIARIES WHO ARE MINORS (0-5)
1,500

DIRECT BENEFICIARIES WHO ARE WOMEN (15-70)
2,500

INDIRECT MINOR BENEFICIARIES TREATED FOR MALNUTRITION EACH YEAR
1,900

INDIRECT BENEFICIARIES WHO RECEIVE EDUCATION IN HEALTH, HYGIENE, NUTRITION AND HEALTH & REPRODUCTIVE CARE
2,500

INDIRECT MINOR BENEFICIARIES DIAGNOSED, TREATED & MONITORED EACH YEAR
1,500

POTENTIAL INDIRECT BENEFICIARIES
4.3 million

ASSESSMENT AND IMPACT MEASUREMENT

DESCRIPTION

OBJECTIVES

1. IMPROVE DIAGNOSES AND PREVENT MALNUTRITION.
2. PROVIDE HEALTH EDUCATION ON CHILD MALNUTRITION TO MOTHERS AND TO LOCAL HEALTH PERSONNEL.
3. IMPROVE THE LOCAL POPULATION’S ACCESS TO HEALTH CARE.
Support for the Malnutrition Treatment Center in Dowa, Malawi

**Summary**

Provision of medical supplies and medicines for the dispensary in Chezi.

**Country**

Malawi

**Geographic Area**

Dowa

**Justification**

In recent years, Malawi has made great strides in its development as a country, due to two strategies: a pro-West foreign policy implemented by the democratic government and an open-door policy for refugees from Mozambique and Rwanda, which has led to the country receiving a lot of international aid. Nonetheless, Malawi is still facing great challenges. HIV/AIDS has wreaked havoc on the country, with 14.2% of the population infected. More than one million of the country's children are orphans—victims of HIV/AIDS and live in situations of maximum risk and vulnerability. Some of them must take over as the head of family at the young age of 14 or 15, caring for and responsible for their younger siblings. Malaria is another prevalent disease that holds back the country's development, with a significant impact on the population’s health.

**Description**

In 2011, the Probitas Foundation, through the NGO Active Africa, collaborated by providing medicines and medical supplies for the dispensary in Chezi, in Dowa Province, one of the poorest regions in the country. Promoted by the dioceses of Lilongwe in 1992 and currently operated by the Mary Mediatrix Sisters, the health center provides coverage to 27 villages and in 2011 attended 44,803 consultations. The main purpose of the St Mary’s Rehabilitation Center is to be a center for children affected by malnutrition, taking in 189 children and attending another 20,000 children on an outpatient basis in 2011.

The center, which has been supported by Active Africa for several years, treats the population’s health problems (malnutrition in the large number of cases), carries out obstetrics health programs and others on preventing diseases such as HIV/AIDS and malaria. The center also has a hospital that admitted 3,733 patients in 2011 and a farm-school-vegetable garden, among other programs, which is run by 70 local people.

The program also has five clinics in the mountains of Dowa, to which a medical and nursing team travels each month with the aim of vaccinating children under five and performing complete nutritional follow-through for malnourished children, as well as detecting new cases of malnutrition.

**Assessment and Impact Measurement**

| Number of orphaned children taken in by the St Mary’s Rehabilitation Center | 189 |
| Number of children who benefit from a malnutrition follow-up program | 600 |
| Number of patients admitted to hospital | 3,733 |
| Number of children vaccinated in 2011 | 12,400 |
| Number of beneficiaries of essential medicines | 48,725 |

**Execution Budget**

2011 € 24,475

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The mission took in 189 children, who are distributed in eight houses according to their ages. However, the needs are so great that the mission had to expand the service and today has a special program through which educational and health monitoring is done on an outpatient basis for 600 children.

The program also has five clinics in the mountains of Dowa, to which a medical and nursing team travels each month with the aim of vaccinating children under five and performing complete nutritional follow-through for malnourished children, as well as detecting new cases of malnutrition.
**9 MEDICINES FOR THE COMMUNITY-RUN PHARMACY AT THE VINARE SINARE HEALTH CENTER**

**DESCRIPTION**

In 2011, the Probitas Foundation provided funds so that the Vinare Sinare Parish Health Center, run by the Ursuline Sisters, could handle the shortages in their community pharmacy, as the beneficiaries of this dispensary, 70% indigenous, have extremely few resources.

An initial load of 700 kilos of medicines was sent to Bolivia via Selati, the Jesuit’s sea transport company. The second shipment, of 677 kilos, was made by aircraft. Customs clearance was complicated and a long series of bureaucratic steps were required before the materials reached their final destination.

The drugs, which did end up arriving in perfect condition, included daily medication for 50 patients with deforming rheumatoid arthritis and for a group of epileptics.

The center also executed the Growth and Development program for the Provincial Health Network, which supervises the recovery of 80 malnourished children and 28 children who need special education and that the Ursuline Sisters take in each day.

**EXECUTION BUDGET LOCAL PARTNER**

<table>
<thead>
<tr>
<th>Year</th>
<th>Budget</th>
<th>Local Partner</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>€22,621</td>
<td>Ursuline Sisters</td>
</tr>
</tbody>
</table>

**SUMMARY**

Shipment of 1,373 kilos of antibiotic, antiparasitic, antifungal, anti-inflammatory, antiparasitic and antidiabetic drugs.

**GEOGRAPHIC AREA**

Bolivia

San Ignacio de Moxos

**HONDURAS**

**ASSESSMENT AND IMPACT MEASUREMENT**

- Kilos of psychiatric medication sent: 180,220
- Direct beneficiaries from August to March: 1,658
- Average monthly direct beneficiaries: 207
- Number of psychotropic drugs sent: 14

**10 MEDICINES FOR THE MENTAL HEALTH CENTER IN SAN PEDRO DE SULA**

**DESCRIPTION**

The San Pedro de Sula Mental Health Center provides care in the field of mental health due to the scarcity of health resources in the country to handle the population’s needs. It was constructed at the request of the Honduran church as mental care was carried out under unhealthy conditions, with overcrowding and using primitive treatments much removed from modern psychiatric protocols.

The large demand for health care in the area of San Pedro de Sula is due to several situations that Hondurans are currently experiencing: financial instability, poverty, violence, robberies, etc. that cause maladjustments in individuals’ personalities, leading to true psychiatric problems that require professional intervention.

The Foundation’s help is established by defraying the costs of medicines needed for 2011 for a value of 70,526 euros. The choice of the most appropriate drug for treatment needs and shipments are done jointly with Farmamundi.

The list of pharmaceuticals was studied and approved by psychiatric professionals in the Mental Health Department of the Parc Sanitari Sant Joan de Déu in Sant Boi de Llobregat.

**EXECUTION BUDGET LOCAL PARTNER**

<table>
<thead>
<tr>
<th>Year</th>
<th>Budget</th>
<th>Local Partner</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>€70,526</td>
<td>Saint John of God Hospital Order</td>
</tr>
</tbody>
</table>

**SUMMARY**

Shipment of 180,220 kilos of psychiatric medication needed for one year of operations at the Mental Health Center in San Pedro de Sula.

**COUNTRY**

Honduras

**GEOGRAPHIC AREA**

San Pedro de Sula
Inhabitants of every 1,000

Chiclayo, a city founded in 1720, is located in northwest Peru and is the capital of the Department of Lambayeque. Unlike other cities that were designed and colonized by the Spaniards as places they would live, such as Lima and Trujillo, this metropolis grew up around an Indian reservation. Subjects from the Iberian Peninsula and criollos were banned from entering the city. At present, Chiclayo is a commercial city with 586,564 inhabitants and a metropolitan area of 30,000 hectares.

Disabilities, both congenital and acquired, have a high prevalence in Lambayeque. The department has one of the highest indexes: 9.4 inhabitants out of every 1,000 or, in other words, at least one member in every 25,400 families has some type of physical or mental handicap that prevents them from leading a normal life.

The San Juan de Dios Home-Clinic in Chiclayo is a non-profit health institute belonging to the Saint John of God Hospital Order and created in August 1982 with the purpose of attending to boys and girls with musculoskeletal system problems, paralysis and other congenital and acquired orthopedic problems. It works with impoverished children and adolescents younger than 17 years of age with few financial resources, coming from north and northwest Peru who usually live in poverty.

Assessment and Impact Measurement

<table>
<thead>
<tr>
<th>Description</th>
<th>Total Direct Beneficiaries 2011</th>
<th>Total Indirect Beneficiaries</th>
<th>Expected Increase in Beneficiaries in Three Years</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Surgical</strong></td>
<td>3,200</td>
<td>1,112,000</td>
<td>6,000</td>
</tr>
<tr>
<td><strong>Cases Handled To Present</strong></td>
<td>32,845</td>
<td>109,170</td>
<td></td>
</tr>
<tr>
<td><strong>Major and Minor Surgery</strong></td>
<td>5,455</td>
<td>3,118</td>
<td></td>
</tr>
<tr>
<td><strong>Hospitalized Patients</strong></td>
<td>3,118</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Disabilities</strong></td>
<td>9.4 / 100,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Cases Handled To Present</strong></td>
<td>32,845</td>
<td>109,170</td>
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<td>3,118</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Atended</strong></td>
<td>3,200</td>
<td>1,112,000</td>
<td>6,000</td>
</tr>
<tr>
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<tr>
<td><strong>Hospitalized Patients</strong></td>
<td>3,118</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Country</strong></td>
<td>Peru</td>
<td>Peru</td>
<td>Peru</td>
</tr>
<tr>
<td><strong>Province</strong></td>
<td>Chiclayo</td>
<td>Chiclayo</td>
<td>Chiclayo</td>
</tr>
<tr>
<td><strong>Geographic Area</strong></td>
<td>30,000 hectares</td>
<td>586,564 inhabitants</td>
<td></td>
</tr>
</tbody>
</table>

Summary

Provision of equipment for the traumatology and orthopedic surgery operating rooms and for the clinic’s anesthesiology service, with the aim of improving care and the quality of surgical procedures for children in need who are affected by paralysis and other musculoskeletal disorders or with congenital or acquired orthopedic problems.

Justification

Chiclayo, a city founded in 1720, is located in northwest Peru and is the capital of the Department of Lambayeque. Unlike other cities that were designed and colonized by the Spaniards as places they would live, such as Lima and Trujillo, this metropolis grew up around an Indian reservation. Subjects from the Iberian Peninsula and criollos were banned from entering the city. At present, Chiclayo is a commercial city with 586,564 inhabitants and a metropolitan area of 30,000 hectares.

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The endowment of equipment from Probitas Foundation has improved and contributed to optimizing operating room performances and values and enabling savings of much greater complexity to be performed.

The purpose of the center is to become the leading, high-complexity pediatric, surgery and medical clinic in northeast Peru, with a giant leap from 3,000 to close to 9,000 patients treated.
JUSTIFICATION

Demographic and demographic traffic moving between Chiclayo and the surrounding valleys every day, as the city has acquired its influence on a large radius. This city and its territory has led to the existence of a growing number of rural and urban poor settlements where poverty prevails and a lack of basic services, like drinking water and sanitation. The most vulnerable population has no access to hospitals, forcing them to turn to state-run health centers, which are extremely precarious and unable to handle demand, due to lack of means.

In 2005, the Santo Toribio de Mogrovejo University (USAT) installed a small integrated health center, which, in addition to providing care to students and teachers, also offers services to the rural populations from these young towns. In 2010, 3,600 service was provided to 75,000 people, of whom close to 75% were women and children under 5. As needs continued to increase, a new obstetrics center was constructed with the aid of Spanish NGOs, such as Cooperación Social. All present, the new service is being equipped thanks to cooperation from several organizations.

CONCLUSIONS

- In 2011, the Probitas Foundation provided support to this initiative by equipping the laboratory at the obstetrics hospital with the material and equipment needed to be able to diagnose the most prevalent illnesses and conduct a correct follow-up.
- Probitas also equipped the blood bank with the aim of providing an immediate response to transfusion needs owing to accidents or complications during delivery.

The aim of the initiative is to reduce the high maternal mortality rate that occurs in these vulnerable settings.

The Foundation’s support includes the training of local personnel for the laboratory and blood bank. A team of teachers from the University of Medicine, Nursing and Dentistry is managing this project and has committed to providing the services required at the lowest costs possible. Namely, they have promised to establish similar costs to the public health system to facilitate access by the vulnerable population.

DESCRIPTION

In 2011, the Probitas Foundation supported this initiative by equipping the laboratory of the obstetrics hospital with the material and equipment needed to be able to diagnose the most prevalent illnesses and conduct a correct follow-up.

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EXECUTION

<table>
<thead>
<tr>
<th>LOCAL PARTNER</th>
<th>PROJECT BUDGET 2011</th>
<th>PROVINCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cooperación Social, Chiclayo Obstetrics Center</td>
<td>88,933 €</td>
<td>Chiclayo</td>
</tr>
<tr>
<td>Santo Toribio University in Mogrovejo and Schools of Medicine, Dentistry and Nursing</td>
<td>88,933 €</td>
<td>Chiclayo</td>
</tr>
</tbody>
</table>

PERU

SUMMARY

Providing laboratory and blood bank equipment for the recently-constructed obstetrics hospital, which provides coverage to families with low resources in the marginal urban regions of the Chiclayo district.

PERU

ASSessment and Impact Measurement

<table>
<thead>
<tr>
<th>TOTAL DIRECT BENEFICIARIES 2011</th>
<th>TOTAL INDIRECT BENEFICIARIES 2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>15,553</td>
<td>23,496</td>
</tr>
<tr>
<td>8,368</td>
<td>12,053</td>
</tr>
<tr>
<td>7,185</td>
<td>11,443</td>
</tr>
</tbody>
</table>

CASES HANDLED TO PRESENT

<table>
<thead>
<tr>
<th>IN PERU</th>
<th>IN CITIZENS OF CHICLAYO</th>
</tr>
</thead>
<tbody>
<tr>
<td>64,093</td>
<td>586,564</td>
</tr>
</tbody>
</table>

MOST FREQUENT REASONS FOR CONSULTATION

- Skin and respiratory infections
- Malnutrition
- Pregnancy and care during delivery
13 HUMANITARIAN AID IN HAITI AFTER THE EARTHQUAKE AND THE LATER OUTBREAKS OF CHOLERA

SUMMARY
During 2010, the Probitas Foundation sent humanitarian aid material to attenuate the effects of dehydration and mitigate the cholera epidemic.

EXECUTION BUDGET
2010: €211,000
2011: €26,475

DESCRIPTION
After the disappearance of many of the country’s health infrastructures, Probitas Foundation approved an urgent sanitary aid plan. An initial shipment was sent immediately by sea with a value of 94,000 euros, including glucose-saline, glucosade, physiological saline and Ringer’s lactate solutions, all to treat dehydration. This shipment was managed by the Spanish Red Cross.

At the end of October 2010, a serious cholera epidemic ravaged the city, with over 500,000 cases registered. Probitas sent an aircraft chartered by the Spanish Agency of International Cooperation and Development (AECID), a second shipment of 1,560 kilos of serum to mitigate dehydration and improve the prognosis for many patients affected by cholera.

ASSESSMENT AND IMPACT MEASUREMENT

| TOTAL CONSUMPTION UNITS SENT | 248,370 |
| RINGER’S LACTATE UNITS TO COMBAT DEHYDRATION | 99,130 |
| PHYSIOLOGICAL SALINE UNITS ALSO TO COMBAT CHOLERA | 44,160 |

JUSTIFICATION
On 12 January 2010, a huge earthquake measuring 7.3 on the Richter scale shook Haiti, the poorest country on the American continent, sounding the alarm throughout the Caribbean. The sudden movement of earth caused colossal losses of buildings in the capital of Port-au-Prince, as well as considerable material damages. The earthquake was the strongest registered on the island since 1946. Many of the people who managed to survive still suffer from physical and psychological after-effects. The scars can still be seen on the streets, where rubble and buildings in ruins pile up.

The third phase of sending aid was done through the Red Cross, shipping an initial load by air of 13,690 units of Ringer’s Lactate. In parallel, the Foundation sent a total of six containers (144,000 consumption units in serums) by sea, three of them to Haiti and another three for the Dominican Republic. The foundation also sent bags to store blood, valued at 24,000 euros.

At present, thousands of displaced people continue living in high-risk conditions in improvised camps. The lack of access to drinking water and sewage facilities continues to be extremely limited throughout the country, particularly in rural and remote areas, which considerably increases the risk of propagation of infectious diseases.
In 2010 and 2011, Probitas Foundation financially supported Cuida’m, a program founded in 2004 by the Hospital Sant Joan de Déu, the Welfare Services of the Brothers of Saint John of God and another two organizations. This program helps poor children from vulnerable countries, with the aim of providing access to high-complexity medical treatments that would be incredibly difficult to receive in their countries of origin.

Cuida’m program takes charge of the entire process, from seeking funding – the step in which the Probitas Foundation participates – to the administrative process and actual treatment. It also covers all the patient’s needs from the time they leave their country and until their return home.

Of the 21 cases that Cuida’m treated in 2010, eight were financed by Probitas, representing 38% of the total. In 2011, of 14 children, the Foundation financially supported nine (64%). Since it was started up, the Cuida’m program has received some 538 requests and has treated 142 cases.
DITZA, MOTHER OF MOISÉS ESPINOZA, 2 YEARS OLD, NICARAGUAN, OPERATED ON FOR A SERIOUS HEART CONDITION

"It's like he was reborn."

OMER HASSAN, FATHER OF DUAA, 3 YEARS OLD, SUDANESE, OPERATED ON FOR A SERIOUS HEART CONDITION

"Now there is a bond that never existed before. I even braid her hair."

Omer Hassan, father of three children, from Kassala (Sudan) and a cook by profession, hadn’t provided income for his family in two months. He left everything behind, even his cultural traditions, so that his daughter Duaa would recover her health and quality of life. "When she was four months old, I took her to the doctor for an infection and he diagnosed three problems: transposition of the great vessels, pulmonary valve stenosis and a heart murmur. There was nowhere in Sudan that could perform the surgery she needed to be cured. And I didn’t have the money to do it either", explained Omer.

And it was a true network of contacts that saved Duaa. A chemist and neighbor of Omer knew the anesthetist at the Hospital Sant Joan de Deu who, in turn, knew about the Cuida’m program. "Many people have taken action for this little girl. Now there is a bond between my daughter and myself that never existed before", he claims.

MOISÉS was always bruised. He couldn’t play, or cry, because it tired him and he bruised. They told me that he had to have surgery before he was six years old or he would not survive. But they told me they couldn’t do the surgery in Nicaragua. Now he’s another boy. It’s like he was born again."

The assessment of patients is essential. We wanted to create the most ethical criteria possible, in the sense of choosing those children who had greater chances of benefitting from surgery than others. They must be effective treatments, where the child’s prognosis becomes similar to any other child of their age in this specific setting. These criteria seek sustainability: to obtain the greatest benefit for everyone at the lowest cost possible.

FRANCISCO JOSÉ CAMBRA, Podiatrist in the ICU and director of the Cuida’m program

"Cuida’m is a way of fighting against the injustice of being born into contexts that mark you and limit you for life."

ASSESSMENT AND IMPACT MEASUREMENT

<table>
<thead>
<tr>
<th>TOTAL DIRECT BENEFICIARIES</th>
<th>17</th>
</tr>
</thead>
<tbody>
<tr>
<td>TOTAL INDIRECT BENEFICIARIES</td>
<td>102</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PATHOLOGIES TREATED</th>
<th>SUCCESS OF TREATMENTS</th>
<th>DIRECT BENEFICIARIES</th>
<th>INDIRECT BENEFICIARIES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Congenital heart disease (7)</td>
<td>95%</td>
<td>17</td>
<td>102</td>
</tr>
<tr>
<td>Osteomyelitis (2)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Torsion</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hypoglycemia</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Importation of aneurysms</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gastroesophageal reflux disease</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oesophageal stenosis</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hypospadias</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Imperforate anus</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gastroesophageal reflux disease</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oesophageal stenosis</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Torn urethra</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Arthrogryposis</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Marfan’s Syndrome</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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2011 | REPORT
PROBITAS
FOUNDATION

FINANCIAL
REPORT

BALANCE
SHEET

2011 2010
ASSET

WORKING CAPITAL

20,116 475,685

OTHER RECEIVABLES

20,116 475,685

LIABILITIES

TOTAL WORKING CAPITAL

20,116 475,685

TOTAL ASSETS

20,116 475,685

EQUITY

Endowment fund

60,000 60,000

Accumulated earnings

296,603 -1,217

Surplus from fiscal year

-349,691 297,821

TOTAL EQUITY

6,912 356,604

SHORT-TERM PAYABLES

Creditor beneficiaries

00

SUPPLIERS & OTHER PAYABLES

Debts for purchases & provision of services

7,100 119,079

Public administrations

6,149 2

TOTAL SHORT-TERM PAYABLES

13,249 119,081

2011 2010
PROFIT & LOSS ACCOUNT

EXPENSES

PERSONAL COSTS

34,601 0

MONETARY AND OTHER EXPENSES

912,356 435,264

OTHER EXPENSES

Services abroad

1,088 14,877

Taxes

131 38

TOTAL OPERATING EXPENSES

915,071 452,179

POSITIVE OPERATING RESULTS

0 297,821

FISCAL YEAR POSITIVE SURPLUS (PROFIT)

0 297,821

INCOME

FOUNDATION EARNINGS FROM ACTIVITIES

600,000 750,000

Earnings from promotions, sponsors and collaborations

348,672 0

TOTAL OPERATING INCOME

948,672 750,000

NEGATIVE OPERATING RESULTS

349,691 0

FINANCIAL RESULTS

19 0

LOSSES FROM ORDINARY ACTIVITIES

349,691 0

FISCAL YEAR NEGATIVE SURPLUS (LOSS)

349,691 0

Note: € 1,000,000 is the Probitas Foundation’s annual budget, accounted for in euros. All results are reported in euros.

This document is a non-official English translation of the original Spanish document for information purposes only. It may not be the final version of the document and should be cross-referenced with the original text.

Financial expenses

19 0

Profits from ordinary activities

297,821 0

Working capital

Other receivables

CASH & BANKS

Banks and credit institutions, demand current accounts

TOTAL WORKING CAPITAL

TOTAL ASSETS

20,116 475,685

20,161 475,685

Note: € 3,014,817 is the amount available, accrued and pending application as of December 31, 2011.
THE TRUST:
Chairman
Sergi Roura
President of Grifols Therapeutics Inc.

Members
Tomàs Dagà
Lawyer and managing director at Osborne Clarke (Associated Lawyers and Economists)

Raimon Grifols
Lawyer and managing director at Osborne Clarke (Associated Lawyers and Economists)

Raimon Grifols
Lawyer and managing director at Osborne Clarke (Associated Lawyers and Economists)

Ignacio Calero
Lawyer at Osborne Clarke (Associated Lawyers and Economists)

Esperanza Guisasado
Director of Institutional Relations at Grifols

Emilia Sánchez Chamorro
Director of Projects and Innovation at the Saint John of God Hospital Order

Josep Cortada
Representative from the Futbol Club Barcelona Foundation

IN DAILY OPERATIONS:
Marta Segú
Executive Director

Mireia Roura
Project Manager

Who are we?
People who worked with the Foundation in 2011: Dr Joan Joseph and employees from Grifols Engineering: Mr Miquel Iglesias and Mr Jordi Llavina.

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COOPERATION SOCIAL
Sant Joan de Déu