2011 REPORT

FUNDACIÓN PROBITAS

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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 running by the middle of 2010. However, this past year 2011 was when the Foundation's work really 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 main 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 –to me– one of our organization's clear purposes. The Probitas Foundation promotes and supports initiatives and actions as they get off the ground and take their first steps. 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, owning them, successfully meeting the targets that were set together.

We have already been hard at work with this interesting 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 also help in bringing more people and organizations together to join our cause. I hope you will feel and know that you are all truly essential to our project.

Sergi Roura

Chairman
Probitas Foundation

FUNDACIÓN PROBITAS

LETTER FROM THE EXECUTIVE DIRECTOR

This report is being written at an extremely important time for the Foundation. We are at the beginning of a period of professionalism and 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 moving 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 is 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 in the most vulnerable communities on the planet, will be implemented under our core principles of quality, transparency, efficacy and efficiency.

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

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

Our Foundation can also have a relevant role on 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 universities and well-known NGOs.

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 prevention, 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.

Dr Marta Segú

Executive Director
Probitas Foundation

FUNDACIÓN PROBITAS

MISSION, VISION AND VALUES

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 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 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 stakeholders 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.

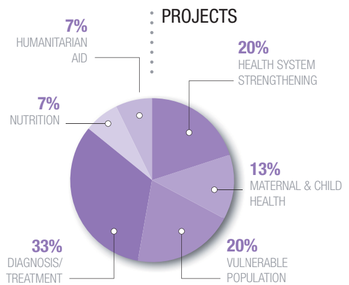
IMPACT OF PROJECTS

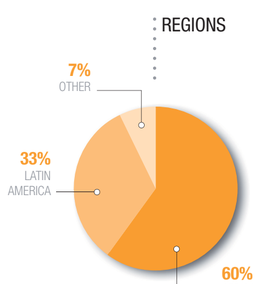
TOTAL DIRECT BENEFICIARIES

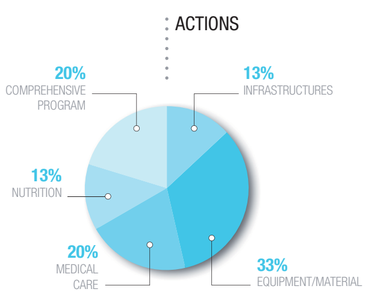
58,962

TOTAL INDIRECT BENEFICIARIES

586,755





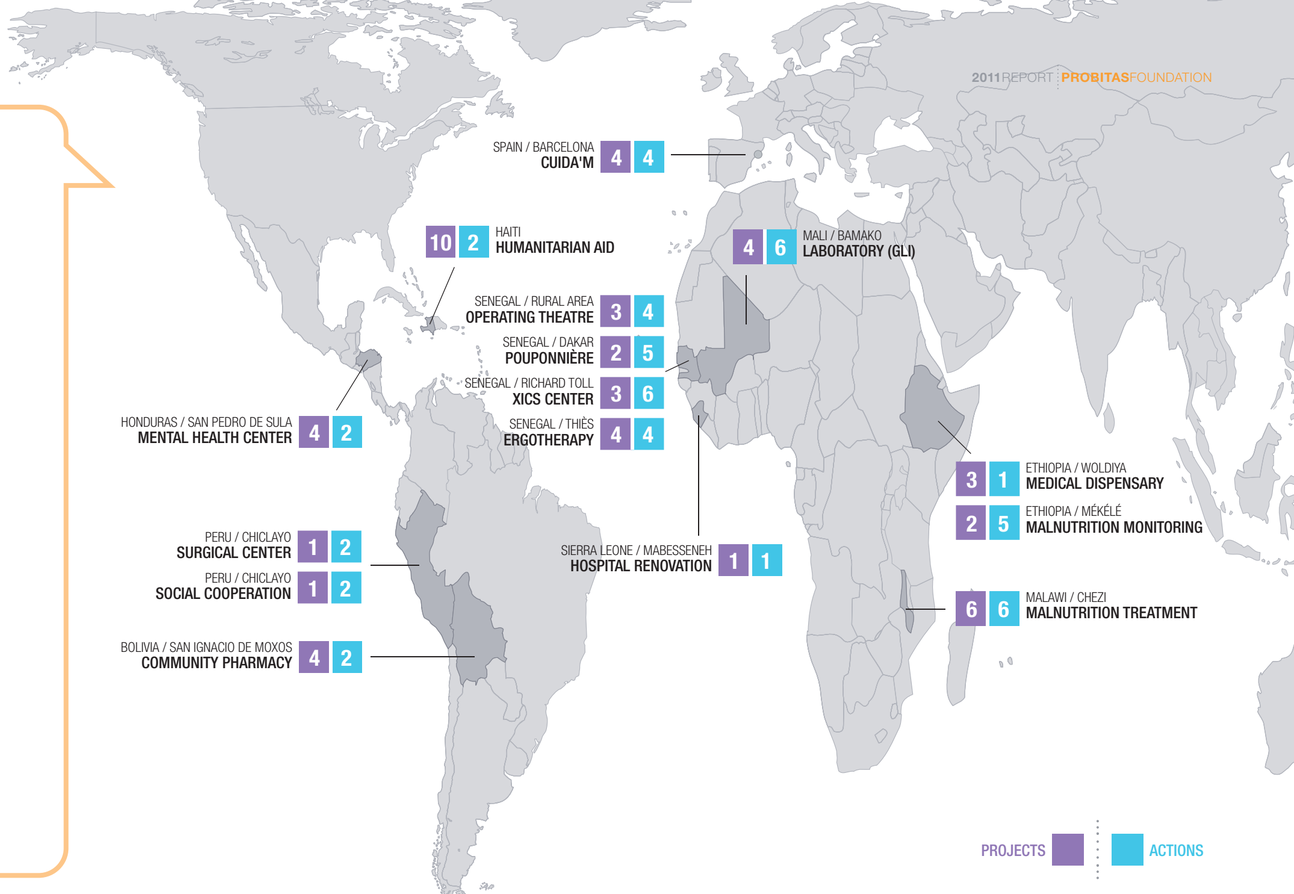


PROJECT TYPE

HEALTH SYSTEM STRENGTHENING	1
MATERNAL & CHILD HEALTH	2
VULNERABLE POPULATION	3
DIAGNOSIS/TREATMENT	4
HEALTH EDUCATION	5
MALARIA, HIV/AIDS	6
HEALTH & GENDER	7
HEALTH & DEVELOPMENT	8
WATER/SANITATION	9
HUMANITARIAN AID	10
OTHER	11

ACTIONS

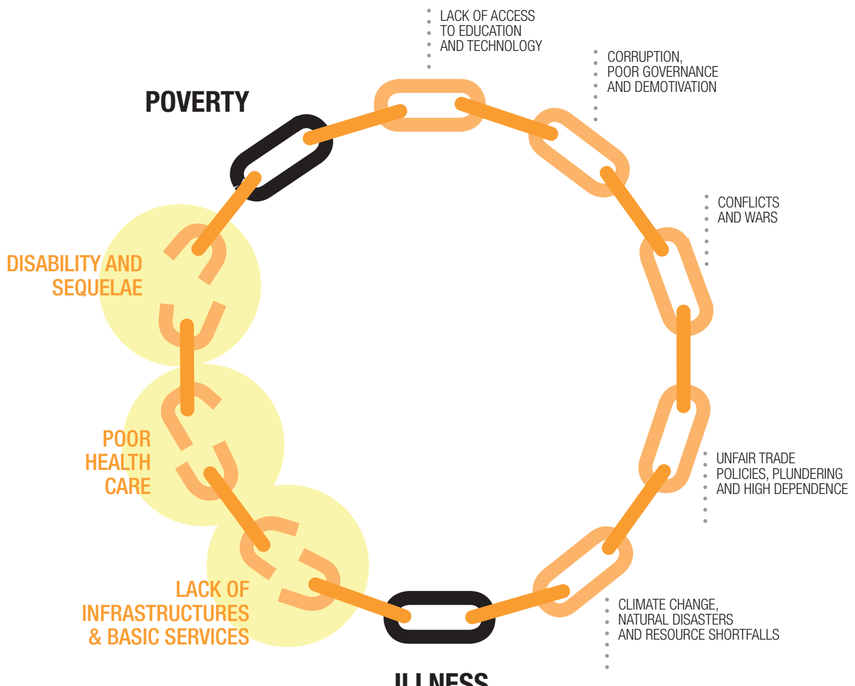
INFRASTRUCTURES	1
EQUIPMENT/MATERIAL	2
TRAINING	3
MEDICAL CARE	4
NUTRITION	5
ALL	6



OUR OWN PROGRAMS

1 DEVELOPMENT OF THE **GLI** MODEL

GLI



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 obtaining 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.

WHERE IS THE GLI DEVELOPED?

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.

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

3-4 months (depending on pilot)

PHASE 2

Strengthening infrastructures and providing laboratory equipment

6 months (depending on pilot)

PHASE 3

Training and capacity building for local personnel

6 months (depending on pilot)

PHASE 4

Support for a sustainable and self-sufficient management

Ongoing (depending on pilot)

PHASE 5

Promotion of other comprehensive programs to strengthen the health system

Ongoing (depending on pilot)

PHASE 6

Measurement of efficacy

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 diagnoses, treatment and prevention of the most prevalent diseases.** This joint action optimizes available resources in the current context of global crisis.

The GLI has a quite different approach from vertical models, which only handle part of a prevalent disease in a specific region. The model uses a comprehensive focus that cuts across all fields of diagnosis services to effectively fight several diseases at a time. This model maximizes available financial and technical resources, strengthening the entire health system, and providing more benefits to the community.

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 obtain **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.**

"Capacity building is therefore done through the expertise of Grifols and its employees, as well as the collaborators who are experts in several disciplines."

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.

PERMANENCE

GLI + FUNDACIÓN PROBITAS + PARTNERS = STRENGTHENED HEALTH SYSTEM

POSSIBLE PARTNERS

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.

CHALLENGES AND OPPORTUNITIES

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 however huge. 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.

DISEASE

Poor and inadequate diagnoses and treatment can lead to long-term **sequelae** and **disability**

Treating an illness depending on unconfirmed clinical suspicions can cause **antibiotics** and **medicines** to be **misused**, causing **resistances** and higher **costs**

The fact of not knowing which microorganism causes a disease leads to difficulties in **controlling and preventing new cases**, which makes it difficult to control epidemics

The lack of suitable diagnosis makes **effective treatment** impossible in many cases and can even worsen the prognosis for the disease

WITHOUT SUITABLE LABORATORY SERVICE

GLI

Early etiological diagnosis allows for **suitable treatment and monitoring,** improving the prognosis for the disease

Suitable treatment of a disease **decreases transmission and prevents** new cases, which lets correct decisions be taken to control epidemics

Suitable diagnosis and treatment lets **resources be used rationally** by effectively combating the disease

Effective diagnosis and treatment **decreases sequelae and disability**, consequences that stem from poorly-treated diseases or those that are treated at late stages

DISEASE

OUR OWN PROGRAMS

2 EXECUTION OF THE **GLI-BAMAKO** PROJECT

GLI

PROJECT SUMMARY

The first Global Laboratory Initiative (GLI) project was implemented at the Valentín 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 Benkan

LOCATION

TSF District, Bamako Mali

OTHER COOPERATING 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

MALI

15 MILLION

CONTEXT OF MALI

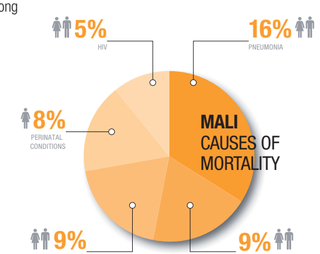
Despite the two large rivers that flow through the country, Mali is semiarid, exposed to desertification and with limited natural resources. With a population of some 15 million inhabitants, the per capital income is $600. Gold, cotton and improved communications have seen its economy improve in recent years. 90% of Malians are Muslim and 5% are Christian.

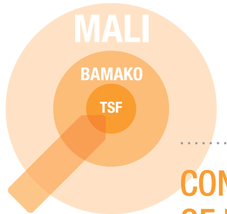
The majority of the population is rural, while the demographic growth rate is very high, with a fertility rate of 6.8. The battle against HIV/AIDS and access to drinking water (only 63% of the population has access to drinking water and 69% to plumbing) are two pending government tasks.

Medical facilities are extremely limited and the availability of medicines is very poor. According to WHO data (2006), the top causes of mortality are pneumonia (16%); diarrhea (9%); malaria (9%); perinatal conditions (8%) and HIV (5%). 39% of the population suffers from various degrees of malnutrition. In rural areas and among poor families, only 38% of deliveries are done at health centers.

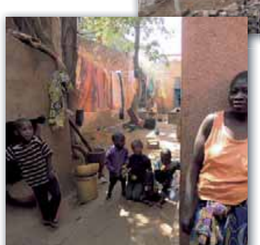
	MALI	SPAIN
POSITION IN THE HUMAN DEVELOPMENT INDEX (187 COUNTRIES) 2011	175	23
LIFE EXPECTANCY AT BIRTH (2009)	53	82
INFANT MORTALITY RATE < 5 (PER 1,000 BIRTHS) (2009)	191	4
MATERNAL MORTALITY (PER 100,000 LIVE BIRTHS) (2008)	830	6
DOCTORS (DENSITY PER 10,000 INHABITANTS)	0.5	37.1
ADULT LITERACY RATE (%)	26	98
GLOBAL HUNGER INDEX (GHI) 2011	19.7	<5
POPULATION WHO LIVE WITH LESS THAN $1 / DAY	51.4	-

Source: WHO, UNDP, IFPRI, FAO





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 projection. It is divided into six *communes*, which are run by elected mayors. Each of them has five assistants who have different competences. TSF is located in *commune* II, which houses 80% of Malian industry.

CONTEXT OF TÉLÉPHONE SANS FILS (TSF)

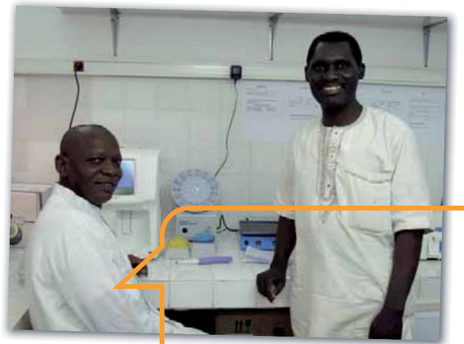
Téléphone Sans Fils is a neighborhood that has seen random and spontaneous growth through migratory flows. Its current population is estimated at 15,000 inhabitants. The majority live in unhealthy conditions, as the families cannot afford even the most basic amenities and have great difficulties in accessing basic social and health services. The district also suffers from a serious lack of essential urban services: distribution of drinking water, electricity, drains for waste waters and collection and treatment of waste.

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 delimited, as well as the instruments for democratic governance 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 structures, part of its shortages and needs, such as equipping a primary school and a health center.

THE LOCAL PARTNER

Mutuelle Benkan is a non-profit community-based group that, through the fees paid by its members, carries out welfare actions of general interest based on previsions, solidarity and mutual help. Its creation is framed in the program promoted by the government to try to strengthen and complement the capacities of the public system. Thus, Mutuelle Benkan represents the interests of the population of TSF and carries out initiatives they deem priorities for the community, operating 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 the center having long-term sustainability via suitable training and education through the contributions of the mutual benefit society members of the community and other alternative funding sources.



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 Mutuelle Benkan is proof 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 them understand that it is possible to improve and change. And thanks to this, we now have a school and health center."

Benoit:

"I think the most important thing in cooperation is the accompaniment that other international organizations can give you. The Mutuelle is in place, it already was here before, but with the accompaniment it is doing now with the Probitas Foundation, we can do it even better, imitating other experiences."

PHASE I | PHASE II | PHASE III | PHASE IV | PHASE V | PHASE VI

NEEDS ASSESSMENT

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 health care, prenatal care and infant vaccination program. 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.





PHASE I | PHASE II | **PHASE III** | **PHASE IV** | **PHASE V** | PHASE VI

TRAINIG AND CAPACITY BUILDING FOR LOCAL 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.

SPECIFIC LONG-TERM TECHNICAL SUPPORT

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.

PROMOTION OF OTHER COMPREHENSIVE HEALTH PROGRAMS

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.






PHASE I | PHASE II | PHASE III | PHASE IV | PHASE V | **PHASE VI**

FINAL ASSESSMENT OF RESULTS AND IMPACT MEASUREMENT

DIRECT BENEFICIARIES

3,446

INDIRECT BENEFICIARIES

>15,000

BENEFICIARIES WHO HAVE RECEIVED TRAINING

18

NUMBER OF EMPLOYEES & EXTERNAL WORKERS INVOLVED

6

CONTRIBUTION TO ATTAINING MDGs

Objectives 4, 5 and 6

DIAGNOSTIC TESTS DONE BEFORE & AFTER THE GLI

Pre-GLI:
15 different analysis techniques (with 100 tests executed per month)

Post-GLI:
35 different analysis techniques (with 400 tests executed per month)

IMPROVEMENT IN LIVING CONDITIONS IN THE AREA

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.

LESSONS LEARNED

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.

CHANNELS OF DIALOGUE & PROCESSES TO INVOLVE STAKEHOLDERS

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 paramedic 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 MABESS-ENEH HOSPITAL

SIERRA LEONE

SUMMARY

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.

COUNTRY

Sierra Leone

GEOGRAPHIC AREA

Lunsar

EXECUTION

2010
2011

BUDGET

2010: € 176,000
2011: € 149,920

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 privately-run mission that is currently operated as a leading state 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 delegation 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.

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 GENERATORS

24 hours
For basic services
(8.5 hours of generators
and 15.5 hours for solar panels)

MONTHLY SAVINGS ON FUEL

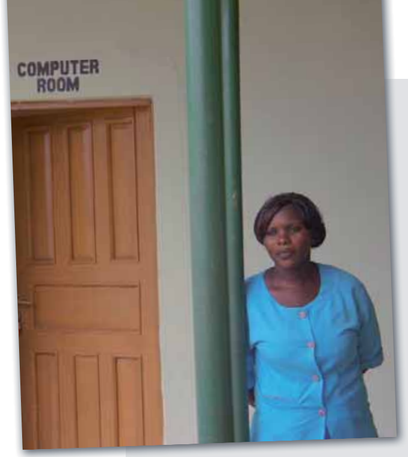
€ 1,000

ESTIMATED ANNUAL SAVING IN TONNES OF CO2 NO LONGER EMITTED

26.7

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, represent 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-networks, 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 sun radiation for three days, battery chargers let these basic infrastructures continue running.

Given that running the system that was installed is 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 best 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 endorsed by the Sierra Leone Ministry of Education. However, the lack of teaching staff and means made training quite difficult. This is why Probitas funded internet 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 lecturers and students at the school in Barcelona.

In 2010, the Foundation also enabled the purchase of 6,500 sutures, which met the needs for that year (some 850 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 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 twinning 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..."

2 MOBILE SURGERY UNIT AND FIRST HEALTH CAMPAIGN OF GESTA-AFRICA

SENEGAL

JUSTIFICATION

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 services 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.

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.

GEOGRAPHIC AREA

Senegal

EXECUTION

2011
2012

BUDGET

€ 111,000

EXECUTED 2011

€ 67,927

LOCAL PARTNER

Gesta Africa Association and the Dundu ak Afrika Association.

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 live in peace.

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.

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.

The Gesta Africa Association works in Senegal in coordination with the Ministry of Health and surgical procedures are done in collaboration with the National Program to Combat Blindness. The scope of action is decided upon jointly.

The mobile surgical unit increases the number of beneficiaries and the scope of action. Furthermore, it is a platform from which to train medical and technical staff, raise awareness through workshops on basic hygiene, nutrition and prevention of the most prevalent diseases.

Surgical procedures include cataract operations and other types of ophthalmological procedures, circumcisions and minor surgeries.

Gesta's local partner, Dunku ak Afrika, upholds good relations with the beneficiaries and the communities in which it acts, which helps the program to be accepted by the local community.

3 MEDICAL CARE & NUTRITION FOR CHILDREN AT LA POUPONNIÈRE

SENEGAL

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 hospital care for babies with severe medical conditions. Also grants to train disadvantaged youth as childcare assistants.

COUNTRY

Senegal

GEOGRAPHIC AREA

Dakar

EXECUTION

2011

BUDGET

€ 42,623

LOCAL PARTNER

La Pouponnière Center-Franciscan Missionary Sisters of Mary.

JUSTIFICATION

Dakar, located on the peninsula of Cape Verde 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 1,030,594 inhabitants, which leaps to 2,450,000 when the metropolitan area is included. However, these official data do not reflect the true situation.

Problems have forced many Senegalese from southern coastal regions and from the Sahel desert regions to swarm to Dakar seeking opportunities. The poor neighborhoods and unplanned settlements have been growing at the same rate as the health problems caused by environmental issues (waste management, contamination of drinking water and overcrowding, to name just a few), in turn creating huge socioeconomic disparity.

Many families live in conditions with great uncertainty and with a high risk of social and healthcare exclusion. In turn, minors are the group that are most affected by the situation and those who suffer the most from the lack of access to adequate social-health care. 55% of children born in Senegal lack birth certificates, which is the first step to having their rights recognized, and makes them more vulnerable to exploitation and abuse.

ASSESSMENT AND IMPACT MEASUREMENT

TOTAL DIRECT BENEFICIARIES

100

TOTAL INDIRECT BENEFICIARIES

450

REASONS FOR FOSTERING

95% motherless orphans

3.5% abandoned

1.5% social cases

BENEFICIARIES WHO RECEIVED GRANTS FOR STUDY AT MARÍA GORETTI

60

TOTAL CHILDREN TAKEN IN SINCE BEGINNING

4,150 children under 1 year old

MEDICAL & NUTRITIONAL CARE

FOR INFANTS UNDER **2 YEARS OLD**

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 center or a regular orphanage. The center temporarily takes in newborns and infants up to one-and-a-half or two years old, who have lost their mothers during birth or in the postnatal period, who have been abandoned and not claimed, and those who, malnourished, have been forced to leave overcrowded hospitals in the capital.

94% of the population of Senegal practices the Muslim religion, with rites, traditions and ceremonies that cloak pregnancy and delivery with airs of mystery and superstition. Maternal mortality is very high, despite the progress and advances that have been made, while the survival of newborns in families with few resources is shockingly low.

The Franciscan Missionary Sisters of Mary run this center that can house over 100 babies. After the babies are in good health and no longer in danger, nutritionally speaking, they are returned to their birth families, who receive assistance with food until the children are two or three years old. Adoption procedures are only initiated as a last resort, when children are not claimed or not recognized.

La Pouponnière has fostered 4,150 infants since 1955. 95% of them were motherless orphans, 1.5% were abandoned due to the family being unable to care for them, and 3.5% were minors from broken homes.

In 2011, the Probitas Foundation supported La Pouponnière through a nutrition and health-care project to provide equipment for the dispensary, pediatric drugs and to cover expenses for laboratory tests and other complementary tests for babies admitted to the hospital due to acute malnutrition, dehydration, malaria, diarrhea and pneumonia, among other health conditions. In addition to this project, a pediatrician visits the children three times a week, following the national vaccination calendar, and a nurse cares for them 24 hours a day.

Probitas also helped these hundred little babies receive their complete nutritional needs, from formula feeding during their initial months of life to nutritional supplements and vitamin-enriched foods in later stages of their development.

Moreover, in 2011 Probitas also supported 60 girls from impoverished families, so that they could be educated as child-care assistants at the María Goretti Occupational Center, an initiative that is also managed by the Franciscan Missionary Sisters. Alternating a week of practical classes (with the babies at La Pouponnière) with other theory classes, beneficiaries' training included courses on caring for infants, basic economics and hygiene-dietetics. After finishing the training, they will have a chance to find dignified work.

4 COMPREHENSIVE HEALTH CARE FOR BENEFICIARIES AT THE XICS CENTER IN RICHARD TOLL

SENEGAL

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.

COUNTRY

Senegal

GEOGRAPHIC AREA

Richard Toll

EXECUTION

2011

BUDGET

€ 30,898

LOCAL PARTNER

XICS Center for Education and Sport in Richard Toll and the ALVES Association.

JUSTIFICATION

The Compagnie Sucriere Senegalaise (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.

ASSESSMENT AND IMPACT MEASUREMENT

TOTAL DIRECT BENEFICIARIES

449

BENEFICIARIES WHO HAVE RECEIVED HOSPITAL CARE

TOTAL INDIRECT BENEFICIARIES

2,550

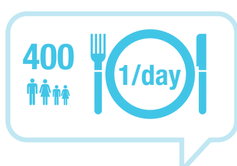
MEDICAL VISITS MADE

more than
1,000
per year

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 *poupinel* 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, diarrhea 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.



There is also an agreement between the XICS center and the district health center for the referral of the most serious cases that require complex treatment or complementary tests that the dispensary cannot provide.

The Probitas project also has a nutritional component, to ensure that all of the center's beneficiaries receive one hot meal a day, which is supervised by the same nurse.

5
SUPPORT FOR THE MENTAL HEALTH & **OCCUPATIONAL THERAPY** CENTER IN THIÈS

SENEGAL

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 prognoses for their mental illnesses through occupational therapy.

SUMMARY

In 2011, the Probitas Foundation provided support to the Center de Santé Mentale Dalal Xel de Saint Jean de Dieu in Thiès for occupational therapy for mental health patients, particularly ergotherapy activities.

COUNTRY

Senegal

GEOGRAPHIC AREA

Thiès

EXECUTION

2011

EXECUTION

€ 9,466

ASSESSMENT AND IMPACT MEASUREMENT

PATIENTS HOSPITALIZED PER YEAR
542

NEW CASES PER YEAR
364

RE-HOSPITALIZATIONS
178

LOCAL PERSONNEL
32

NUMBER OF AVAILABLE BEDS
48

OCCUPATION RATE
95%

TOTAL ANNUAL CONSULTATIONS (2009)
11,830

AVERAGE HOSPITAL STAY
32 days

DESCRIPTION

In 2011, the Probitas Foundation provided support for occupational therapy at the Dalel Xel Mental Health Center in Thiés, 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 prognostics for patients' illnesses that also require pharmacological treatment.

Occupational therapy provides patients with functional rehabilitation that helps stabilize the onset of their mental illnesses.

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 repeated in other areas.

6 EQUIPMENT FOR A **MEDICAL DISPENSARY** AT A SCHOOL IN ADENGUR

ETHIOPIA

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

COUNTRY
Ethiopia

GEOGRAPHIC AREA
Woldiya

EXECUTION
2011

BUDGET
€ 15,690

LOCAL PARTNER
Associació Iniciativa Pro Infància (IPI).

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 heavily dependent on rain-fed agriculture, where coffee is the main product on which 25% 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 draught (subsistence agriculture relies 97% on rainwater), the skyrocketing food prices, speculation and foreign acquisition of fertile lands in Africa, which results in the poor states producing foods for wealthy countries at the expense of their own hungry population.

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 thus trying to respond to the enormous chasm between needs and available services.

ASSESSMENT AND IMPACT MEASUREMENT

TOTAL DIRECT BENEFICIARIES
900

TOTAL INDIRECT BENEFICIARIES
54,523
(population of Woldiya)

NUMBER OF ATTENDEES AT HEALTH TRAINING & PREVENTION SESSIONS
3,500

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 Infancia* (IPI), which was founded in 2000 and has focused on Ethiopia since 2003, with the aim of providing equipment to a medical dispensary for children who would otherwise not have any possibility of receiving outpatient 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 will then have medical records. This type of initiative is pioneering in a country like Ethiopia.

7 MONITORING OF **SEVERE MALNUTRITION** AMONG WOMEN & CHILDREN WITH HIV/AIDS IN MÉKÉLÉ

ETHIOPIA

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 must be given priority. For this reason, the project developed by Africa Viva in one of the three regional health centers, the Adihaki Clinic, is an initial and necessary step for the development of Tigray. The Adihaki 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 Mékélé.

SUMMARY

Improving access to healthcare for the population of Mékélé, Tigray, particularly HIV+ mothers and children, improving the diagnosis and prevention of diseases and health education of mothers.

COUNTRY

Ethiopia

GEOGRAPHIC AREA

Mékélé, Tigray

EXECUTION

November 2011-
November 2012

BUDGET

€ 17,161.79

LOCAL PARTNER

Africa Viva and
Daughters of Charity.

ASSESSMENT AND IMPACT MEASUREMENT

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

1,500

INDIRECT MINOR BENEFICIARIES DIAGNOSED, TREATED & MONITORED EACH YEAR

1,900

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

2,500

POTENTIAL INDIRECT BENEFICIARIES

4.3 million

people

DESCRIPTION

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 prognoses 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.

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.

8 SUPPORT FOR THE **MALNUTRITION** TREATMENT CENTER IN DOWA, MALAWI

MALAWI

SUMMARY

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

COUNTRY

Malawi

GEOGRAPHIC AREA

Dowa

EXECUTION

2011

BUDGET

€ 24,475

JUSTIFICATION

In recent years, Malawi has made great strides forward 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 it 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.

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

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, and 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 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

BOLIVIA

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.

SUMMARY

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

COUNTRY

Bolivia

GEOGRAPHIC AREA

San Ignacio de Moxos

EXECUTION

2011

BUDGET

€ 22,621

LOCAL PARTNER

Ursuline Sisters

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

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

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.

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

EXECUTION

2011

BUDGET

€ 70,526

LOCAL PARTNER

Saint John of God Hospital Order

11 EQUIPMENT FOR THE SPECIALIZED **SURGICAL UNIT** AT THE SAN JUAN DE DIOS CLINIC IN CHICLAYO

PERU

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.

Disabilities, both congenital and acquired, have a high prevalence in Lambeyeque. 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.

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.

COUNTRY
Peru

GEOGRAPHIC AREA
Chiclayo

EXECUTION
2011

BUDGET
€ 132,000

LOCAL PARTNER
San Juan de Dios Home-Clinic, Chiclayo, Peru

ASSESSMENT AND IMPACT MEASUREMENT

TOTAL DIRECT BENEFICIARIES 2011
3,200

TOTAL INDIRECT BENEFICIARIES
1,112,000

EXPECTED INCREASE IN BENEFICIARIES IN THREE YEARS
6,000

CASES HANDLED TO PRESENT
32,845

OUTPATIENT CONSULTATIONS
109,170

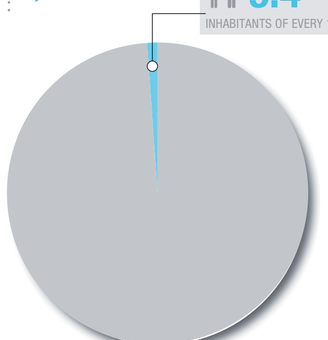
REHABILITATION
418,000

MAJOR AND MINOR SURGERY
5,455

HOSPITALIZED PATIENTS
3,118

DISABLED
9.4
INHABITANTS OF EVERY 1,000

CHICLAYO
30,000 HECTARES
586,564
INHABITANTS



DESCRIPTION

At the end of 2011, Probitas Foundation endowed the clinic with an anesthesia machine to better monitor children during their surgeries, with an ethylene oxide gas sterilizer to provide safer anesthesia for the young patients treated, with a volumetric infusion pump and a pneumatic perforator to make orthopedic and trauma service procedures easier.

Despite being a clinic that is widely recognized by the population (it offers trauma procedures, orthopedics, plastic and reparative surgeries), the condition of the different machines and equipment (some totally inoperative and others obsolete) and the lack of specialized instruments for specific surgeries became a limitation to providing service.

The endowment of equipment from Probitas Foundation has improved and contributed to optimizing operating room performance and outputs and enabling operations 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.

12 IMPROVEMENT OF **BASIC CARE** SERVICES IN THE CHICLAYO DISTRICT

PERU

JUSTIFICATION

There is heavy pedestrian traffic moving between Chiclayo and the smaller surrounding villages every day, as the city hub exercises its influence on a large radius. This ebb and flow has led to the existence of an increasingly larger number of so-called *young towns*, 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 vulnerable populations from these *young towns*. In 2009, service was provided to 13,348 people, where 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. At present, the new service is being equipped thanks to cooperation from several organizations.

SUMMARY

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

COUNTRY

Peru

GEOGRAPHIC AREA

Chiclayo

EXECUTION

2011

BUDGET

€ 88,933

LOCAL PARTNER

Cooperación Social, Chiclayo Obstetrics Center, Santo Toribio University in Mogrovejo and Schools of Medicine, Dentistry and Nursing.

ASSESSMENT AND IMPACT MEASUREMENT

TOTAL DIRECT BENEFICIARIES 2011

15,553

8,368

7,185

TOTAL INDIRECT BENEFICIARIES

23,496

12,053

11,443

and the **586,564** inhabitants of Chiclayo

CASES HANDLED TO PRESENT

64,093

BY GENDER & AGES

75%
(children under 5 years old)

MOST FREQUENT REASONS FOR CONSULTATION

Intestinal and respiratory infections, malnutrition, pregnancy and care during delivery

DESCRIPTION

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 this 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.

13
HUMANITARIAN AID IN HAITI AFTER THE EARTHQUAKE AND THE LATER OUTBREAKS OF CHOLERA

HAITI

SUMMARY

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

COUNTRY
Haiti

GEOGRAPHIC AREA
Port-au- Prince

EXECUTION
2010
2011

BUDGET
2010: € 211,000
2011: € 26,475

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 slews of fatalities in the capital of Port-au-Prince, as well as considerable material damages. The earthquake was the largest 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.

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

NUMBER OF RECORDED CASES OF CHOLERA
500,000

NUMBER OF SHIPMENTS BY PLANE
2

NUMBER OF SHIPMENTS BY BOAT
3

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.

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.

14
CUIDA'M PROGRAM: SMALL PATIENTS, BIG CAUSES

cuidam

DESCRIPTION

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 resolve in their countries of origin.

The **Cuida'm** program takes charge of the entire process, from seeking funding –the step in which the Probitas Foundation participates– to evaluating the cases received, 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.

DESCRIPTION

Funding of high-complexity medical treatments for children from countries with scarce resources.

EXECUTION

2010
2011

BUDGET

2010: € 96,000
2011: € 116,000

EXECUTED

2010: € 47,764
2011: € 106,000

COUNTRIES

Morocco, Nicaragua, Sudan, Paraguay, Senegal, Ecuador, Mali, Bolivia, Gaza, Sierra Leone and Gambia.

LOCAL PARTNER

Saint John of God Hospital in Barcelona

$ 2010 **38%** funded by Probitas

2011 **64%** funded by Probitas

ASSESSMENT AND IMPACT MEASUREMENT

TOTAL DIRECT BENEFICIARIES

17

TOTAL INDIRECT BENEFICIARIES

102

PATHOLOGIES TREATED

Congenital heart disease (7)
Osteomyelitis (2)
Teratoma
Hypospadias
Imperforate anus
Gastroesophageal reflux disease
Oesophageal stenosis
Torn urethra
Arthrogryposis
Marfan's Syndrome

SUCCESS OF TREATMENTS

95%

"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."

"It's like he was reborn."

DITZIA, MOTHER OF MOISÉS ESPINOZA, 2 YEARS OLD, NICARAGUAN,

OPERATED ON FOR A SERIOUS HEART CONDITION

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.

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

OMER HASSAN, FATHER OF DUAA, 3 YEARS OLD, SUDANESE,

OPERATED ON FOR A SERIOUS HEART CONDITION

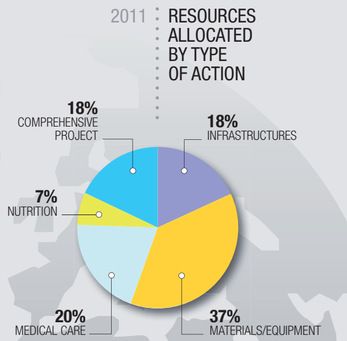
"The selection of patients in essential. We wanted to create the most ethical criteria possible, in the sense of choosing those children who had greater chances of benefitting from surgery than others. They must be effective treatments, where the child's prognosis becomes similar to any other child of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

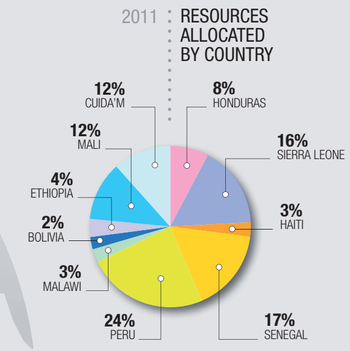
FRANCISCO JOSÉ CAMBRA,

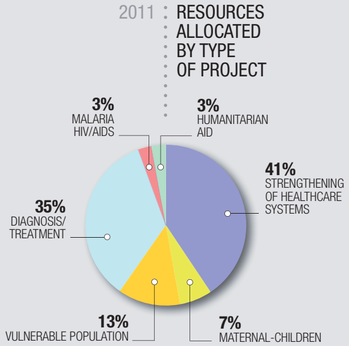
Podiatrist in the ICU and director of the Cuida'm program

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

FINANCIAL REPORT







FUNDACIÓN PROBITAS

BALANCE SHEET

ASSET	2011	2010
WORKING CAPITAL		
OTHER RECEIVABLES		
Other receivables	45	
CASH & BANKS		
Banks and credit institutions, demand current accounts	20,116	475,685
TOTAL WORKING CAPITAL	20,116	475,685
TOTAL ASSETS	**20,161**	**475,685**

LIABILITIES	2011	2010
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	0	0
SUPPLIERS & OTHER PAYABLES		
Debts for purchases & provision of services	7,100	119,079
Public administrations	6,149	2
SHORT-TERM PAYABLES	13,249	119,081
TOTAL LIABILITIES	**20,161**	**475,685**

Note: *To 31 December, the Probitas Foundation has available, accrued and pending application, the amount of € 3,014,817.*

PROFIT & LOSS ACCOUNT

EXPENSES	2011	2010
PERSONNEL COSTS	34,601	0
MONETARY AID AND OTHER EXPENSES	912,950	435,264
OTHER EXPENSES		
Services abroad	1,988	16,877
Taxes	133	38
TOTAL OPERATING EXPENSES	**915,071**	**452,179**
POSITIVE OPERATING RESULTS	**0**	**297,821**
Financial expensess	19	0
PROFITS FROM ORDINARY ACTIVITIES		**297,821**
FISCAL YEAR POSITIVE SURPLUS (PROFIT)	**0**	**297,821**

INCOME	2011	2010
FOUNDATION EARNINGS FROM ACTIVITIES		
Earnings from promotions, sponsors and collaborations	600,000	750,000
TOTAL OPERATING INCOME	**600,000**	**750,000**
NEGATIVE OPERATING RESULTS	**349,672**	**0**
FINANCIAL RESULTS	**19**	**0**
LOSSES FROM ORDINARY ACTIVITIES	**349,691**	**0**
FISCAL YEAR NEGATIVE SURPLUS (LOSS)	**349,691**	**0**

This document is a non-official English translation of the original Spanish document for information purposes only. You may find an original version of this document at www.fundacionprobitas.org.

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IN DAILY OPERATIONS:

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Mireia Roura
Project Manager

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(Associated Lawyers and Economists)

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Emilia Sánchez Chamorro
Director of Projects and Innovation
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Josep Cortada
Representative from the Futbol Club Barcelona Foundation









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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