ANNUAL REPORT 2012
01 Mission, vision and values

02 Impact of projects

03 Our own programs

03_1 GLI MODEL

**Global Laboratory Initiative**

- What is it?  
- Phases  
- Advantages GLI

**ONGOING GLI PROJECTS**

- **GLI-ECUADOR** WITH ACNUR/UNHCR 14
- **GLI-KUMASI** GHANA 18
- **GLI-BAMAKO** MALI 22
- **GLI-LUNSAR** SIERRA LEONE 26

03_2 RAI MODEL

**Child Nutrition Program**

- Context 28
- Methodology 31
- Impact 32
- Lessons learned 34
Partnership projects in 2012

CUIDA’M PROGRAM
HSJD-BARCELONA

MOAWAD FOUNDATION
LEBANON

ULLS DEL MÓN
BOLIVIA

SAN LUIS MARIONA
EL SALVADOR

CÁRITAS
DOMINICAN REPUBLIC

ALVES ASSOCIATION
RICHARD TOLL-SENEGAL

EMALAIKAT FOUNDATION
TURKANA-KENIA

ÁFRICA VIVA
MOZAMBIQUE

THE DALAL XEL CENTRE
THIÉS-SENEGAL

IPIC-OOPERACIÓ
ADENGUR-ETHIOPIA

ÁFRICA VIVA
MEKELLE-ETHIOPIA

HOSPITAL SAN JUAN DE DIOS
CHICLAYO-PERU

SOCIAL COOPERATION
CHICLAYO-PERU

INNOVATION IN VOLUNTEERING
CONFERENCE
MADRID-SPAIN

Partnership projects completed (2011-2012)

IPI-COOPERACIÓ
ADENGUR-ETHIOPIA

ÁFRICA VIVA
MEKELLE-ETHIOPIA

HOSPITAL SAN JUAN DE DIOS
CHICLAYO-PERU

SOCIAL COOPERATION
CHICLAYO-PERU

INNOVATION IN VOLUNTEERING
CONFERENCE
MADRID-SPAIN

Financial report

Who are we?

Partners

Team of partners
In 2012, the Probitas Foundation made great progress on strengthening its operational structure and consolidating its own Global Laboratory Initiative (GLI) program; an efficient model for developing countries. We have continued to help vulnerable countries by comprehensively strengthen their healthcare services and thus improve living conditions and the economic and social progress of their populations.

This period of economic uncertainty that is so seriously affecting Spanish society has led the board of trustees to make a number of strategic decisions, such as to broaden the scope of our action to include programs of a local nature. In 2012 we launched the new Child Nutrition Program (RAI) aimed at offering nutritional support to the most underprivileged children in a number of towns of Catalonia that have been highly affected by the economic crisis by supporting their school meals.

Besides supporting our own programs, the foundation has also set up various public-private partnerships (most of which at an international level) that have enabled us to help more people yet without lowering the quality of our action or the sustainability of our programs.

The communication tools used by the foundation have also played a key role. The website and the annual report have been highly useful for providing our various stakeholders with information about our programs and projects.

Looking ahead to our upcoming fifth anniversary, we will be reassessing our strategies and objectives to ensure that we use the resources we have available to reach more people.

“Our goal is for our own programs to grow at a steady pace and achieve results that generate a greater impact on the lives of the most underprivileged, wherever they may be in the world”.

I would like to take the opportunity provided by the publication of this report to express our gratitude for the support we receive from the shareholders of Grifols, without them our projects would be not possible.
Before reviewing our activity, I would like to point out that the progress achieved this year was only made possible by the efforts of our partners, the organisations with which we collaborate and Grifols and its employees, especially the team at Grifols Engineering. Our achievements would not have been possible without them.

In 2012, the Probitas Foundation maintained its efforts to enhance the professionalism nature and effectiveness of its action, especially its work with the GLI program set up in 2010. The first GLI was launched in Bamako (Mali) in 2011 and, from that year on, we began to start replicating the model in Kumasi (Ghana), Lago Agrio (Ecuador) and Lunsar (Sierra Leone).

One of the key factors guaranteeing the effectiveness and sustainability of this diagnosis laboratory model lies in the choice of our partners. Our collaboration with prestigious international aid entities, such as the UN Refugee Agency (UNHCR/ACNUR) that is working with the Health Ministry of Ecuador to promote the implementation of a GLI project in Ecuador, is proof of that. We are thus taking an important step in the fight against social inequality and we are bringing help to the most vulnerable populations. We attribute the same level of value to our collaboration with smaller local partners, such as our work with Mutuelle Benkan on the GLI-Bamako project in Mali.

“Our close relationship with partners is essential to each one of our projects for ensuring a comprehensive focus and resolving other health-related problems in the beneficiary population”.

The RAI program to support school meals, which we launched due to the strong impact of the crisis on more and more families in Spain, has helped 1,047 children in 39 schools. Child malnutrition is one of the consequences arising from this situation and has been linked to school absentism. We correctly chose to contact school principals to help tackle this problem in our society. The schools and social services will now help us identify other needs among the most vulnerable in order to examine the viability of a future RAI+ that would not focus exclusively on child malnutrition but would rather provide a more comprehensive support.

The Probitas Foundation will always face challenges as long as social inequalities and vulnerable populations exist, and will tackle them with professionalism, enthusiasm and commitment.

Thank you very much for your support.
MISSION, VISION AND VALUES

OUR MISSION

Using Grifols' expertise and know-how to support and train local populations, thus strengthening their healthcare systems.

OUR VISION

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

In order for social initiatives based on solidarity to have a real impact on the target population, the mobilisation of all sectors of society is required. 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 governed by the following principles:

- QUALITY OF ACTION
- PROJECT EFFICIENCY
- LONG-TERM SUSTAINABILITY
IMPACT OF PROJECTS

DIRECT BENEFICIARIES 2011-2012

2011 58,962
2012 102,953

INDIRECT BENEFICIARIES 2011-2012

2011 586,755
2012 1,543,356

PROJECTS

- 7% 01_HEALTH SYSTEM STRENGTHENING
- 13% 02_MATERNAL-CHILDREN
- 20% 03_VULNERABLE POPULATION
- 7% 04_DIAGNOSIS/TREATMENT
- 7% 05_HEALTH EDUCATION
- 13% 06_WATER/SANITATION
- 33% 07_OTHER

PROJECT TYPE

- HEALTH SYSTEM STRENGTHENING 01_
- MATERNAL-CHILDREN 02_
- VULNERABLE POPULATION 03_
- DIAGNOSIS/TREATMENT 04_
- HEALTH EDUCATION 05_
- WATER/SANITATION 06_
- OTHER 07_

ACTIONS

- 20% A_INFRASTRUCTURES
- 7% B_EQUIPMENT/MATERIAL
- 7% C_TRAINING
- 26% D_MEDICAL CARE
- 27% F_COMPREHENSIVE
- 13% E_NUTRITION

REGIONS

- 7% OTHER
- 13% EUROPE
- 27% LATIN AMERICA
- 53% AFRICA
GLOBAL LABORATORY INITIATIVE (GLI) is a model developed by the Probitas Foundation aimed at bringing basic diagnostic laboratories to the most vulnerable regions of the planet.

Via the GLI Program, the knowledge and experience of Grifols in the field of diagnostics enable the improvement of basic clinical laboratories in vulnerable regions and the correct diagnosis of the most prevalent infectious diseases (malaria, dengue fever, parasites and HIV/AIDS, among others) and chronic pathologies that are becoming increasingly common in developing countries (diabetes, hypertension, cardiovascular diseases, etc.).

With GLI, we are helping to break the vicious circle of poverty ≠ disease.
IMPLEMENTING THE GLI PROGRAM HELPS TO:

**DIAGNOSE AND TREAT**
Diseases with high impact on vulnerable populations, using basic techniques and resources currently available.

**IMPROVE HEALTHCARE SERVICES**
in general and especially the clinical diagnosis laboratories.

**ACT IN COORDINATION**
with the healthcare authorities of the beneficiary country, whether public or private non-profit organisations.

---

**PHASES**

**PHASE 1**
NEEDS ASSESSMENT

**PHASE 2**
STRENGTHENING INFRASTRUCTURES AND PROVIDING LABORATORY EQUIPMENT

**PHASE 3**
TRAINING AND CAPACITY BUILDING OF 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**
MEASURING THE EFFECTIVENESS, EFFICIENCY AND IMPACT
### WHAT ARE THE ADVANTAGES OFFERED BY A GLI LABORATORY?

<table>
<thead>
<tr>
<th>Advantage</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>ENABLE EPIDEMIOLOGICAL STUDIES</td>
<td>ENABLE EPIDEMIOLOGICAL STUDIES</td>
</tr>
<tr>
<td>REDUCED RESISTANCE TO ANTIBIOTICS</td>
<td>REDUCED RESISTANCE TO ANTIBIOTICS</td>
</tr>
<tr>
<td>ETIOLOGICAL DIAGNOSIS BECOMES POSSIBLE, THUS AVOIDING EMPIRICAL DIAGNOSIS</td>
<td>ETIOLOGICAL DIAGNOSIS BECOMES POSSIBLE, THUS AVOIDING EMPIRICAL DIAGNOSIS</td>
</tr>
<tr>
<td>FEWER SIDE-EFFECTS AND SEQUELAE</td>
<td>FEWER SIDE-EFFECTS AND SEQUELAE</td>
</tr>
<tr>
<td>GLI STRENGTHENS CLINICAL DIAGNOSIS LABORATORIES</td>
<td>GLI STRENGTHENS CLINICAL DIAGNOSIS LABORATORIES</td>
</tr>
<tr>
<td>RATIONAL USE OF RESOURCES</td>
<td>RATIONAL USE OF RESOURCES</td>
</tr>
<tr>
<td>HELP THE FOLLOW-UP AND IMPROVED PROGNOSSES</td>
<td>HELP THE FOLLOW-UP AND IMPROVED PROGNOSSES</td>
</tr>
<tr>
<td>CONTROL OF EPIDEMICS AND DECISION-MAKING</td>
<td>CONTROL OF EPIDEMICS AND DECISION-MAKING</td>
</tr>
<tr>
<td>PROPER TREATMENT</td>
<td>PROPER TREATMENT</td>
</tr>
</tbody>
</table>

---

**GLI**

**PROBITAS FOUNDATION**

---

**STRENGTHENED HEALTH SYSTEM**

---

**PARTNERS**

---

---
GLI - ECUADOR

STRENGTHENING PUBLIC HEALTH SERVICES ON ECUADOR’S NORTHERN BORDER

CONTEXT

ECUADOR HAS THE LARGEST REFUGEE POPULATION IN LATIN AMERICA WHO MAINLY COME FROM COLOMBIA AS THEY FLEE THE ARMED CONFLICT THAT HAS BEEN RAGING IN THEIR HOME COUNTRY FOR MORE THAN 40 YEARS.

40% LIVE IN ISOLATED, UNDERDEVELOPED AREAS WHERE THE EXPLOITATION OF OIL RESOURCES HAS CAUSED SIGNIFICANT ENVIRONMENTAL DAMAGE. THIS POPULATION ALSO HAS LIMITED ACCESS TO THE LABOUR MARKET AND HEALTHCARE AND EDUCATION SERVICES, PREVENTING THEM FROM BEING SELF-SUFFICIENT AND SUCCESSFULLY INTEGRATING INTO ECUATORIAN SOCIETY.

ACNUR/UNHCR is the United Nations Refugee Agency that provides protection and humanitarian aid to refugees and asylum seekers around the world.

LOCAL COUNTERPART

ECUADOR

CUYABENO Tarapoa Health Centre
PUTUMAYO Puerto del Carmen Health Centre
LAGO AGRI O Laboratory at the Marco Vinicio Iza Provincial Hospital

EXECUTION: 2012-2014
2012 BUDGET: € 145,000 (75% of the total)
03 OUR OWN PROGRAMS

03_1A GLI-ECUADOR

BENEFICIARIES

18,000 DIRECT BENEFICIARIES
POPULATION OF: PUERTO DEL CARMEN AND TARAPOA

158,000 INDIRECT BENEFICIARIES
POPULATION OF: PROVINCE OF SUCUMBÍOS

OBJECTIVES

1. TO IMPROVE DIAGNOSTIC CAPABILITIES at the laboratories of the health centres near the border with Colombia by improving infrastructure, laboratory equipment and staff training.

2. TO OFFER HEALTHCARE SERVICES to the most vulnerable groups via river-based health campaigns in the most inaccessible areas.

GLI-Ecuador is not only fully in line with the strategy of the Public Health Ministry of Ecuador but will act as a benchmark for the policy aimed to strengthen the laboratory network that the country intends to adopt.
03 OUR OWN PROGRAMS

03_1A GLI-ECUADOR

**COMPLETED PHASES**

"The partnership with the Probitas Foundation is an opportunity to strengthen clinical laboratory and community health services in the public health system of one of the most remote and forgotten areas of Sucumbíos province, thus benefiting the citizens of Ecuador and the refugees from Colombia".

CÉSAR CHÉRREZ
ACNUR/UNHCR COMMUNITY SERVICES OFFICER - Ecuador

---

**PHASE 1**

**DIAGNOSIS OF THE SITUATION**: after several months of exchange meetings and a joint mission on the ground involving all the partners, the following needs were identified:

- **PUERTO DEL CARMEN HEALTH CENTRE (PUTUMAYO)**
  - LABORATORY REHABILITATION
  - WATER AND ELECTRICITY
  - STAFF TRAINING

- **TARAPOA HEALTH CENTRE (CUYABENO)**
  - WATER AND ELECTRICITY
  - STAFF TRAINING

- **MARCO VINICIO IZA PROVINCIAL HOSPITAL HEALTH CENTRE (LAGO AGRIIO)**
  - STAFF TRAINING

---

**PHASE 2**

**STRENGTHENING INFRASTRUCTURES AND PROVIDING LABORATORY EQUIPMENT**:
Grifols Engineering is drawing up the plans and the technical specifications of the work to be carried out.
STRENGTHENING THE LABORATORY SERVICE AT THE MATERNAL CHILD HEALTH HOSPITAL IN KUMASI

EXECUTION: 2012-2014
2012 BUDGET: €120,000 (80% of the total)

LOCAL COUNTERPART
The Maternal Child Health Hospital (MCHH), also known as the Children Welfare Clinic (CVC), is located in the central metropolitan area of Kumasi and belongs to the Ghana Health Services (GHS).

CONTEXT

GHANA IS A CLEAR EXAMPLE OF A CONSOLIDATED DEMOCRACY. HOWEVER, THE PROGRESS HIDES CONSIDERABLE INEQUALITY: OVER 70% OF THE RURAL POPULATION LIVES ON LESS THAN $1 A DAY. DESPITE BEING ONE OF THE FEW AFRICAN NATIONS WITH A MINIMAL PUBLIC HEALTH SYSTEM, THERE IS CONSIDERABLE DISPARITY BETWEEN RURAL AREAS AND THE MAJOR CITIES.
03 OUR OWN PROGRAMS

03_1B GLI-KUMASI

OBJECTIVES

1. TO STRENGTHEN THE DIAGNOSTIC CAPABILITIES of the laboratory at the Maternal Child Health Hospital in Kumasi in order to improve prenatal care and delivery services.

2. TO OFFER HEALTHCARE SERVICES to the most vulnerable rural communities that live from cocoa plantations in highly precarious conditions and with limited access to healthcare services.

COMPLETED PHASES

PHASE 1
NEEDS ASSESSMENT:
the capabilities of the current laboratory are insufficient for responding to the large volume of patients treated by the hospital on a daily basis.

CHILDREN WELFARE CLINIC
LABORATORY REHABILITATION

PHASE 2
STRENGTHENING INFRASTRUCTURES AND PROVIDING LABORATORY EQUIPMENT:
Grifols Engineering is drawing up the plans and the technical specifications of the work to be carried out.
03 OUR OWN PROGRAMS

03_1B GLI-KUMASI

BENEFICIARIES

54,279 WOMEN OF CHILDBEARING AGE

233,962 PEOPLE FROM MORE THAN 23 COMMUNITIES

“...The management team and staff of the Maternal Child Health Hospital wish to say that we are especially impressed by the commitment and dedication shown by the Probitas Foundation to achieving the goal of strengthening the clinical laboratory and improving its management capability. The effective application of this project will help lower maternal morbidity and infant mortality in the long term, as well as improve the diagnosis of malaria and other serious diseases that affect both mothers and children in the area we serve.”

DR. ANNIE OPOKU
DIRECTOR of the MCHH

PEOPLE TREATED AT THE MATERNAL CHILD HEALTH HOSPITAL IN 2012

75,239 PEOPLE TREATED AT OUTPATIENT CLINICS

28,183 PRENATAL VISITS

2,855 DELIVERIES PERFORMED

10-15 DIFFERENT DIAGNOSTIC ANALYTICAL TESTS PERFORMED BY THE MCHH (PRE GLI)

35* DIFFERENT DIAGNOSTIC ANALYTICAL TESTS PERFORMED BY THE MCHH (POST GLI)

* Expected results
“GLI-Bamako is a solidarity program that enables the vulnerable population to access to the universal right to health through clinical diagnostics. Besides this social and healthcare perspective, GLI has also offered us the chance to improve infrastructure at the centre and offer quality medical services that effectively respond to the national healthcare policy.

Before Probitas launched this program, the laboratory service at the centre was wholly insufficient for responding to diagnostic needs and obtaining reliable results. Following two years of collaboration, we can now say that our results match international quality standards”.

HASSANE BORÉ,
DIRECTOR OF THE VALENTÍN DE PABLO CENTRE
Mutuelle Benkan is a non-profit community-based organisation that, through the fees paid by its members, carries out welfare actions based on solidarity and mutual help. One of them is the Valentín de Pablo Health Centre, supported by Probitas through the GLI. Bamako II City Council is also involved in this project.

**LOCAL COUNTERPART**

**CONTEXT**

**THE 15,000 INHABITANTS OF TÉLÉPHONE SANS FILS**

Live without drinking water, electricity or a sewer system.

These unhealthy conditions enable the transmission of infectious diseases, especially those of a respiratory, skin or digestive nature.
03 OUR OWN PROGRAMS

03_1C GLI-BAMAKO

COMPLETED PHASES

2010

PHASE 1
NEEDS ASSESSMENT

2011

PHASE 2
STRENGTHENING INFRASTRUCTURES AND PROVIDING LABORATORY EQUIPMENT:
LABORATORY OF THE VALENTÍN DE PABLO CENTRE
REHABILITATION WORK
PROVISION OF LABORATORY EQUIPMENT

PHASE 3
BASIC AND SPECIALISED TRAINING OF LOCAL STAFF: due to the political instability, the period of specific training will be longer than initially planned. In 2012, a close working relationship was established online and through visits of the local partner to Barcelona.
PHASE 4
SUPPORT FOR SUSTAINABLE AND SELF-SUFFICIENT MANAGEMENT:

+ EFFICIENCY: Design of procedures and improved traceability and transparency, always hand-in-hand with and supported by the local staff.

SOFT-GLI: Preparation of basic and specific software for all GLI programs in order to computerise laboratory management (analysis requests, validation of results, analysis quality control, stock control, patient records, etc.)

+ SUSTAINABILITY: Monitoring of lab viability and the Valentín de Pablo Centre, and progress towards self-sufficiency of the program.

PHASE 5
PROMOTION OF OTHER COMPREHENSIVE PROGRAMS TO STRENGTHEN THE HEALTH SYSTEM

Promotion of other comprehensive healthcare programs through local associations to strengthen prevention and raise awareness. Income generating activities for women and promotion of access to water and sanitation.

PHASE 6
MEASURING THE EFFECTIVENESS, EFFICIENCY AND IMPACT

LABORATORY ACTIVITY 2012

PRE GLI
15 DIFFERENT ANALYTICAL TESTS
60-100 TESTS PER MONTH

POST GLI
35 DIFFERENT ANALYTICAL TESTS
700-1,000 TESTS PER MONTH

ACTIVITY BY THE VALENTÍN DE PABLO HEALTH CENTRE
11,225 MEDICAL CONSULTATIONS
1,311 PRENATAL VISITS
471 DELIVERIES
2,911 CHILDREN UNDER VACCINATION CONTROL
The Saint John of God Hospital is a missionary centre and currently a benchmark hospital in the country. It was opened in 1967 by Obra Social San Juan de Dios and transferred its management to the African branch of this organisation in 1986. It was closed between 1998 and 2002 because of the civil war and has been twinned with the Hospital Sant Joan de Déu in Barcelona since 2005.

**LOCAL COUNTERPART**

**CONTEXT**

**SIERRA LEONE HAS A POPULATION OF MORE THAN 6,000,000 INHABITANTS**

- **LIFE EXPECTANCY STANDS AT 48 YEARS**
- **THE MATERNAL AND INFANT MORTALITY RATE IS AMONG THE HIGHEST IN THE WORLD**
- **ALMOST 70% OF THE POPULATION LIVES BELOW THE EXTREME POVERTY LINE**

- **THE CRUEL AND DEVASTATING CIVIL WAR THAT AFFECTED SIERRA LEONE FOR 10 YEARS LED TO A SIGNIFICANT LOSS OF CAPACITY AND HUMAN RESOURCES, AS WELL AS THE DESTRUCTION OF A LARGE NUMBER OF ROADS AND OTHER BASIC INFRASTRUCTURE, LEAVING THE COUNTRY IN A HIGHLY PRECARIOUS SITUATION**.

**LUNSAR IS ONE OF THE COUNTRY’S MAJOR CITIES. IT IS LOCATED IN THE NORTHERN PROVINCE AND IS HOME TO 24,000 INHABITANTS. THE HOSPITAL IS LOCATED IN THE VILLAGE OF MABESSENÉH AND PROVIDES SERVICE TO MORE THAN 120,000 PEOPLE WHO ARRIVE FROM THE MOST REMOTE AREAS IN SEEK FOR MEDICAL ATTENTION.**
03 OUR OWN PROGRAMS

03_1D GLI-LUNSAR

OBJECTIVES

1 STRENGTHENING THE CURRENT INFRASTRUCTURE of the laboratory, using renewable energies and eco-friendly systems for a “green” and self-sufficient ECO-GLI laboratory.

2 CREATING LOCAL CAPACITY including laboratory equipment and the training of local staff for a quality service and good management of the laboratory and related services.

BENEFICIARIES

ONLY 0.02 DOCTORS @ 0.017 NURSES PER 1,000 INHABITANTS

Funds from Probitas for the installation of solar panels and a photovoltaic electricity supply in February 2011 has provided the hospital with 24-hour electricity, as well as a significant fuel saving through the use of clean and eco-friendly technology.

Improvements to the water supply system, as well as the renovation of sanitation services in hospital wards also financed by Probitas, has enabled the hospital to guarantee quality of medical care.
RAI (CHILD NUTRITION PROGRAM)

The RAI program is aimed at mitigating and preventing the risk of child malnutrition by supporting school meals at pre-school and primary education centres in some of the most vulnerable areas of Catalonia.

Context

1 out of 5 children in Catalonia is suffering child poverty

For many children, their school lunch is the only nutritional meal they receive each day.

Access to the school canteen is an important factor in school absenteeism and the resulting early school drop-out.

The support to school meals is a fundamental pillar for promoting equality in the education system.
SOCIAL AID INTENDED TO SUPPORT SCHOOL MEALS OFTEN FAIL TO REFLECT REALITY

They are insufficient

The lack of liquidity causes insolvency and instability in canteen and canteen staff companies

Families excluded as they do not meet the necessary requirements

Families that, even with public aid, cannot cover 50% of canteen costs

Families permanently excluded from aid due to lack of information, accessibility and major family breakdown

THE FLAWS IN THEIR DESIGN AND MANAGEMENT LEAD TO:

DEGREE OF VULNERABILITY
RAI is centred around the school principals in order to enable their **PROXIMITY** to **BALANCE** the lack of flexibility from the administration services.

The program is implemented in parallel with the public aid program but it’s no influencing the public administration processes, however **COORDINATION** mechanisms are in place to prevent duplicity.

The principals are those who decide, in collaboration with the social services, on the degree of coverage for each beneficiary according to their situation. This increases the **FLEXIBILITY** of the aid provided.
03 OUR OWN PROGRAMS

03_2 RAI

IMPACT

PROBITAS HAS PROVIDED
€ 419,848

BENEFICIARIES

10 MUNICIPALITIES
39 SCHOOLS
1,047 CHILDREN
Our Own Programs

Impact

- **95%** Risk of malnutrition
- **39** Beneficiaries previously excluded because they do not meet the requirements have access to the school canteen service through RAI assistance
- **10** Beneficiaries with public aid can make up the remaining 50% of canteen costs
- **5** Beneficiaries permanently excluded have access to the school canteen service through RAI grant

Effectiveness and efficiency of public aid

Degree of vulnerability

Viability of canteen and canteen staff companies

School absentism and early drop-outs

PROBITAS FOUNDATION

School Principals

Social Services

Public Administration Services
03 OUR OWN PROGRAMS

03_2 RAI

LESSONS LEARNED

THE METHODOLOGY USED FOR THE 7 SCHOOLS IN MONTCADA I REIXAC HAS BEEN DIFFERENT:

Creation of a joint committee between the principals of all the schools, social services and the Probitas Foundation.

By consensus and a priori, decision of the amounts to be allocated to each centre based on real needs and the aid received from the public administration services.

THE PILOT SCHEME HAS MADE AN IMPACT ON THE ENTIRE MUNICIPALITY AND IN A MORE EQUAL AND INCLUSIVE MANNER

“The collaboration and help from the Probitas Foundation in Montcada i Reixac has been very important at both family and school levels, as it has enabled 75 boys and girls attending schools in the area who were not eligible for help from the Local Council to gain access to the school canteen service. The benefiting children were mostly pupils with no resources and those living furthest from the school. Both the schools and social services warmly welcome this collaboration”.

M. ROSA BORRÀS
SOCIAL SERVICES (Montcada i Reixac)
“This year, we have been hugely fortunate to be one of the schools to benefit from the Probitas Foundation support to improve nutrition levels among those children suffering serious economic hardship. Ensuring a rich and balanced diet, while guaranteeing care for the child in a peaceful and relaxed environment, leads to an increased chance of the necessary school performance that is essential for personal growth.”

TERESA CABANES
PRINCIPAL at CEIP Agustí Bartra (Terrassa)

“I would like to thanks the Probitas Foundation for its contribution to our canteen at the Alexandre Gali School. Gestures such as this help improve nutrition in our children during these particularly tough times for many families. I thank you on behalf of our great family at the Alexandre Gali School and I encourage you to keep up the good work”.

LOLI RAMOS
MOTHER OF TWO BENEFICIARIES AND MEMBER of the School Board at the Alexandre Gali School (Cornellà de Llobregat)
PARTNERSHIP PROJECTS IN 2012

CUIDA’M PROGRAM

IT HELPS TO TREAT CHILDREN FROM VULNERABLE COUNTRIES AND ENABLE THEM ACCESS TO HIGH-COMPLEXITY MEDICAL TREATMENTS THAT WOULD BE INCREDIBLY DIFFICULT TO RESOLVE IN THEIR COUNTRIES OF ORIGIN

2004: The Sant Joan de Déu Hospital, Obra Social San Juan de Dios, DKV seguros and the El Somni dels nens Foundation founded the Cuida’m Program

2010: Probitas starts to support the program

2012: The foundation becomes one of the main partners

12 DIRECT BENEFICIARIES SUPPORTED BY PROBITAS AND TREATED AT THE SANT JOAN DE DÉU HOSPITAL

- **El Salvador**: 5 Congenital cardiopathies
- **Dominican Republic**: 1 Caustic stenosis
- **Ecuador**: 1 Caustic stenosis
- **Bolivia**: 1 Severed urethra
- **Mali**: 1 Scoliosis
- **Gambia**: 1 Achalasia
- **Afghanistan**: 1 Osteomyelitis
- **India**: 1 Scoliosis
- **Gambia**: 1 Achalasia

**EN**
04 PARTNERSHIP PROJECTS IN 2012

04_A CUIDA'M

CUIDA'M 2012 PROCESS

FINANCING

CONTRIBUTION FROM THE PROBITAS FOUNDATION IN 2012
€174,000

63.1%

ASSESSMENT OF CASES RECEIVED

THE ASSESSMENT COMMITTEE EXAMINES ALL APPLICATIONS

THOSE CASES THAT MEET THE CRITERIA ARE ACCEPTED:

The requested treatment cannot involve a period of stay in Barcelona of more than 3 months

The treatment must not require follow-up treatment or care that cannot be guaranteed in the country of origin

APPLICATIONS PROCESSED
85
IN 2012

ADMINISTRATIVE PROCEEDINGS

THE PROGRAM COVERS ALL THE NEEDS OF THE PATIENT AND ONE COMPANION FROM THE MOMENT THEY LEAVE THEIR PLACE OF ORIGIN UNTIL THEY RETURN TO THEIR COUNTRY

TREATMENT

19 CASES TREATED
AT THE SANT JOAN DE DÉU HOSPITAL IN BARCELONA IN 2012

180 DIRECT BENEFICIARIES
SINCE THE LAUNCH OF THE PROGRAM IN 2004
04 PARTNERSHIP PROJECTS IN 2012

04_A CUIDA’M

IN 2012, A TEAM FROM THE SANT JOAN DE DÉU HOSPITAL TRAVELLED TO PERU TO PERFORM SURGICAL OPERATIONS AT THE INSTITUTO NACIONAL DE SALUD DEL NIÑO (LIMA)

10 HEART SURGERIES

9 INTERVENTIONAL CATHETERISATIONS

“The resources were scarce but the medical and, above all, human quality was exceptional”

“When I was offered the chance to take part in the CUIDA’M Program’s solidarity mission at the Children’s Hospital in Lima (Peru), I was overwhelmed with excitement at first. I then felt responsibility and hoped I would be able to meet the expectations placed on me. I experienced an enormous sense of companionship during the mission because we became a small family in which to seek support from one another. I was amazed by the Children’s Hospital and, above all, felt great respect for their work. The Children’s Hospital is a charity centre used by the children of families with no resources from all over the country to receive treatment for all kinds of problems. Some of them had travelled for 24 hours by bus to be attended. Others had been waiting for months for the opportunity. The resources were scarce but the medical and, above all, human quality was exceptional. However, what I was most touched by were the looks and words of gratitude from the children themselves and their families”.

DR. AIDA FELIPE VILLALOBOS
Sant Joan de Déu PAEDIATRIC INTENSIVE CARE UNIT
**RENÉ MOAWAD FOUNDATION**

**EXECUTION:** 2012  
**PROBITAS CONTRIBUTION:** € 44,000

**LOCAL PARTNER**

The René Moawad Foundation (RMF) is a Lebanese NGO that tries to help the most vulnerable Lebanese communities in terms of their social, economic and rural development. It was founded by the widow of René Moawad (murdered 17 days after he was elected President of Lebanon).

**CONTEXT**

12 out of 1,000 Lebanese citizens **emigrate** every year because of:

- Religious Conflict
- Economic Difficulty
- Political Instability

Political Instability Casa de Zgharta is one of the poorest regions and has the highest rate of emigration.

Most children in the region receive no form of medical or nutritional care, except during large-scale vaccination campaigns.

The project is committed to providing **preventive medicine** and aims to **raise awareness and involve** the parents in the health of their children, thus strengthening the younger generations.
04 PARTNERSHIP PROJECTS IN 2012

04_B RENÉ MOAWAD FOUNDATION

OBJECTIVE

IMPLEMENTATION OF A SERVICE FOR MEDICAL EXAMS IN SCHOOLS IN ZGHARTA, SO THAT CHILDREN YOUNGER THAN 15 YEARS OLD FROM VULNERABLE HOUSEHOLDS CAN RECEIVE BASIC HEALTHCARE SERVICES AND CAN BE SENT TO CLINICS WHEN NECESSARY.

THE PROBITAS FOUNDATION PROVIDES FUNDING FOR MEDICAL EQUIPMENT AND SUPPLIES, DENTAL CHECK-UPS, AND A REFRACTOMETER FOR EYE EXAMS.

ACTIVITIES AND RESULTS

PERFORMANCE OF A FULL MEDICAL AND OPHTHALMOLOGICAL EXAMINATION

EDUCATION FOR FAMILIES ABOUT THE IMPORTANCE OF REGULAR MEDICAL EXAMS FOR THEIR CHILDREN AND ALSO TRAINING REGARDING HEALTHY HABITS, NUTRITION, AND HYGIENE

5,335 CHILDREN AT 21 SCHOOLS

87 MINOR AILMENTS TREATED ON-SITE

ILLNESSES DETECTED:

738 DENTAL CAVITIES
256 VISION PROBLEMS
72 SKIN LESIONS
7 SCOLIOSIS CASES
14 OESOPHAGEAL REFLUX CASES
ULLS DEL MÓN

IMPROVING ACCESS TO EYE CARE FOR THE PEOPLE IN EL ALTO AND SURROUNDING RURAL AREAS

EXECUTION: 2012-2013
PROBITAS CONTRIBUTION 2012: € 80,000 (28% of the total)

CONTEXT

IN THIS REGION OF BOLIVIA:

- 90% OF THE RESIDENTS ARE OF INDIGENOUS ORIGIN
- 69% LIVE IN CONDITIONS OF POVERTY
- ANNUAL POPULATION GROWTH: 5.1%

THE PHENOMENON OF URBAN CONCENTRATION GENERATES PRECARIOUS CONDITIONS

25% OF BOLIVIANS HAVE ADEQUATE ACCESS TO EYE CARE

CONJUNCTIVITIS AND PTERIGIUM, IF UNTREATED, DIMINISH THE CAPABILITIES OF PEOPLE ALREADY SUFFERING FROM INEQUALITY

ONE OF THE MAIN CAUSES OF AVOIDABLE BLINDNESS IS CATARACTS

THE PHYSICAL CONDITIONS IN EL ALTO (4,000 M ALTITUDE, CONSTANT WINDS, SUN EXPOSURE) AND THE SOCIO-ECONOMIC CONDITIONS OF EXTREME POVERTY MADE THE INCIDENCE AND PREVALENCE OF EYE PROBLEMS VERY HIGH AND SIGNIFICANTLY ABOVE NORMAL LEVELS. THIS FURTHER ACCENTUATES THE POVERTY EXPERIENCED BY THE PEOPLE WHO SUFFER FROM THESE AILMENTS AND CAUSES A BURDEN FOR THEIR FAMILIES.

LOCAL PARTNER

One of the Ulls del Món Foundation’s objectives is to allow people with eye-related diseases and limited economic resources who live in some of the world’s most vulnerable regions, to receive quality ophthalmological care from their local health services.
04 PARTNERSHIP PROJECTS IN 2012

04_C ULLS DEL MÓN

OBJECTIVE

ESTABLISHING AN EYE CARE SYSTEM INTEGRATED WITHIN THE PUBLIC HEALTH NETWORK AND BASED UPON A STRATEGY OF SELF-SUSTAINABILITY AND COMMUNITY-BASED HEALTH.

ACTIVITIES AND RESULTS

TRAINING OF SPECIALISTS IN OPHTHALMOLOGY AND CREATION OF A NETWORK

5*¹
SPECIALISTS AND

2*¹
OPTICAL TECHNICIANS

STRENGTHENING OF THE AVAILABLE PUBLIC SERVICES

2*¹
MUNICIPAL OPTICIANS

2*¹
MORE OPERATING ROOMS

CREATION OF A FIRST-RATE SYSTEM AT AFFORDABLE COSTS

600,000*¹ RESIDENTS BENEFITING

RAISING AWARENESS ABOUT EYE HEALTH

8,800*² PERSONS ATTENDING PREVENTIVE TALKS ON EYE HEALTH

722*² PATIENTS TRAINED IN RURAL AREAS

869*² PATIENTS TRAINED IN EL ALTO

*¹ Expected results at the end of 2013
*² Results obtained to date
04 PARTNERSHIP PROJECTS IN 2012

04_C ULLS DEL MÓN

PROBITAS FOUNDATION is contributing to the project through financing medical, surgical, and optical equipment and supplies. It has also supported the training of local medical and optical personnel as well as the medical-surgical campaigns for eye surgery and community awareness.

"Thanks to the project, the city of El Alto and the surrounding areas now have a public eye care network through which the Bolivian professionals trained by the foundation treat more than 20,000 persons with eye problems each year"

MARISOL GONZÁLEZ
HEAD OF THE OPHTHALMOLOGY DEPARTMENT, Bolivian-Dutch El Alto Municipal Hospital
THE SAN LUIS MARIONA CLINIC

CLINICAL LABORATORY EQUIPMENT

EXECUTION: 2012
PROBITAS CONTRIBUTION: € 11,062.94
(100% of the total)

SITUATION

El Salvador is a middle-low income country with a high level of income distribution inequality. Although there has been a sharp decrease in infant mortality, there is still a long way to go in achieving the Millennium Development Goals. More that 10% of the population is excluded from health-related social protection.

CONTEXT

There are high crime levels in Cuscatancingo due to the increasing presence of street gangs and groups at risk of social exclusion.

An overburdened public health centre serves the needs of 500,000 residents.

The Sagrado Corazón Parish Clinic, which is supported by the San Luis Mariona Parish, tries to provide health care coverage to an average of 450 patients per month with medical, gynaecological, dental, and pharmaceutical services.

Probitas is funding the equipment of the clinical laboratory with the objective of improving diagnosis, proper treatment, and prevention of illnesses.
CÁRITAS

BI-NATIONAL CROSS-BORDER PLAN FOR IMPROVING ACCESS TO HEALTH CARE, CLEAN WATER, AND FOOD SECURITY

EXECUTION: 2011-2012
PROBITAS CONTRIBUTION: € 150,000 (33% of the three-year total)

LOCAL PARTNER

Cáritas Española is promoting comprehensive development for people and towns struggling against poverty, social exclusion, intolerance, and discrimination.

CONTEXT

THE 2010 EARTHQUAKE AND THE SUBSEQUENT CHOLERA OUTBREAKS HAVE INCREASED HAITI’S VULNERABILITY

THE DOMINICAN REPUBLIC RECEIVES A LARGE NUMBER OF HAITIAN IMMIGRANTS UNDER CIRCUMSTANCES OF HIGH SOCIAL RISK

THE BORDER ZONE SUFFERS FROM A LACK OF GOVERNMENT INVESTMENT IN RELATION TO ACCESS TO BASIC SERVICES AND THE CREATION OF OPPORTUNITIES FOR EMPLOYMENT AND ECONOMIC INCOME
04_PARTNERSHIP_PROJECTS_IN_2012

04_E_CÁRITAS

OBJECTIVE

TO IMPROVE HUMAN CAPABILITIES IN THE VARIOUS COMMUNITIES ON THE BORDER BETWEEN HAITI AND THE DOMINICAN REPUBLIC BY IMPROVING ACCESS TO HEALTH CARE, CLEAN WATER, AND SANITATION, WHILE ALSO PROMOTING FOOD SECURITY.

ACTIVITIES AND RESULTS*

- IMPROVING THE HEALTH CARE INFRASTRUCTURE
  - 98 HEALTH COMMITTEES TRAINED IN TREATING AND PREVENTING COMMON ILLNESSES
  - ESTABLISHMENT OF A CHOLERA PREVENTION AND TREATMENT PROGRAM
  - 5,000 PERSONS WITH COMMUNITY FIRST-AID KITS

- IMPROVING ACCESS TO SAFE WATER AND SANITATION SYSTEMS THROUGH THE CONSTRUCTION OF AQUEDUCTS AND CISTERNS
  - 2,000 FAMILIES WITH ACCESS TO SAFE WATER
  - 1,061 SEWER SYSTEMS CONSTRUCTED
  - 3,000 PERSONS TRAINED ABOUT THE PROPER USE OF WATER

- CREATION OF FAMILY GARDENS AND IMPLEMENTATION OF A TRAINING PROGRAM IN AGRICULTURAL PRACTICES, LIVESTOCK RAISING, AND MARKETING
  - 902 FAMILIES HAVE ACCESS TO A COMMUNITY GARDEN
  - ESTABLISHMENT OF A MONITORING AND CARE SYSTEM FOR MALNOURISHED CHILDREN
  - 150 COMMUNITIES WITH AN AGRICULTURE AND LIVESTOCK PRODUCTION AND MARKETING PROGRAM

* Expected results at the end of 2013
SUPPORT FROM THE PROBITAS FOUNDATION FOCUSES ON THE PROJECT’S HEALTH COMPONENT. THE FUNDS DONATED HAVE BEEN INVESTED IN THE CONSTRUCTION OF AQUEDUCTS, LATRINES, AND GREENHOUSES; IN SUPPLYING COMMUNITY FIRST AID KITS, AND ORGANISATION OF HEALTH CARE TRAINING COURSES.
**ALVES ASSOCIATION**

**A COMPREHENSIVE PROGRAM TO IMPROVE HEALTH CARE ACCESS AND FOOD SECURITY FOR VULNERABLE FAMILIES**

**EXECUTION:** 2012-2013  
**PROBITAS CONTRIBUTION 2012:** € 40,886 (28% of the total)

---

**LOCAL PARTNER**

The ALVES Association is fighting against **child and youth vulnerability** in Richard Toll through the development of educational, health care, nutritional, and economic activities, with the goal of improving the conditions of the lives of these kids and young people.

---

**CONTEXT**

**THE HIGH LEVELS OF VULNERABILITY** FOR THE FAMILIES IN RICHARD TOLL ARE DUE TO:

- **90%** HAVING NO ACCESS TO **ELECTRICITY OR SAFE WATER**
- **$1/DAY** **50%** LIVING ON **LESS THAN 1 DOLLAR A DAY**
- **>8** **80%** OF THE FAMILIES HAVING **MORE THAN 8 CHILDREN**
- **58%** OF THE **FAMILIES** BEING **SINGLE-PARENT**, **HEADED BY A WOMAN**
- A **LACK OF FINANCING** FOR **INVESTMENT IN AGRICULTURE AND FARMLAND**
- EACH YEAR AT SUGAR CANE HARVESTING TIME, THE CITY IS FULL OF **TEMPORARY WORKERS SEARCHING FOR EMPLOYMENT**, WHICH CAUSES A SITUATION OF **HIGH FAMILY AND COMMUNITY VULNERABILITY**
OBJECTIVE

IMPROVING ACCESS TO HEALTH CARE, EDUCATION, PROFESSIONAL TRAINING, AND INCOME-GENERATING ACTIVITIES FOR THE MOST VULNERABLE FAMILIES IN RICHARD TOLL THROUGH A SPORTS AND EDUCATION CENTRE MANAGED BY ALVES AND SUPPORTED BY THE FC BARCELONA FOUNDATION IN 2006.

ACTIVITIES AND RESULTS*

<table>
<thead>
<tr>
<th>MEDICAL, NUTRITIONAL, AND PSYCHOLOGICAL MONITORING</th>
<th>SUPPORT FOR SCHOOLS AND SPORTING ACTIVITIES</th>
<th>PROFESSIONAL TRAINING AND LITERACY WORKSHOPS</th>
<th>INCOME-GENERATING ACTIVITIES LINKED TO FOOD SECURITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>203 CHILDREN RECEIVE BREAKFAST AND LUNCH EACH DAY AND NUTRITIONAL MONITORING</td>
<td>66 CHILDREN ENROLLED (AGE 3 - 5)</td>
<td>174 YOUTH ENROLLED (AGE 14 TO 20) WHO RECEIVE TRAINING AS ELECTRICIANS, HAIRDRESSERS, COMPUTER TECHNICIANS, CARPENTERS, AND TAILORS</td>
<td>2 HECTARES OF GARDENS CULTIVATED BY THE MOTHERS OF THE YOUTHS ENROLLED AT THE CENTRE</td>
</tr>
<tr>
<td>874 ANNUAL MEDICAL CONSULTATIONS</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>164 CHILDREN ENROLLED (AGE 6 - 14)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>SOCIAL WORKERS PERFORM HOME-BASED PSYCHOLOGICAL-SOCIAL FOLLOW-UP FOR THE FAMILIES</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>* Provisional results</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Provisional results
04 PARTNERSHIP PROJECTS IN 2012

04_F ALVES ASSOCIATION

Richard Toll has more than 2,000 children and youth between 4 and 20 years old living in daaras (Islamic schools), where they study the Koran and survive by begging, without access to health care, hygiene, or proper nutrition.

The Alves Association is one of the few NGOs that has succeeded in raising awareness among the marabouts (heads of the Islamic schools) about the importance of improving the living conditions of their children.

The contribution of the Probitas Foundation consists of the purchasing of supplies for medical and nutritional services for the beneficiaries, support for the preschool care program for children aged 3 - 5, and the income-generating activities carried out by the women’s association.

"The assistance from Probitas has really been a lifesaver. Thanks to the foundation, we have been able to face the recurring problems of health and nutrition, with malnutrition now practically eradicated at the centre. We have been able to continue with the training workshops, the support for the youngest children, and the income-generating activities for the women, who at the same time are receiving literacy classes. We have also been able to pass an external international audit, which has provided some suggestions and recommendations that will be a big help in ensuring the centre’s sustainability."

Ngary Ba
General Coordinator, Richard Toll Centre
04 PARTNERSHIP PROJECTS IN 2012

04_G

EMALAIKAT FOUNDATION

THE OPHTHALMOLOGY PROJECT IN TURKANA

EXECUTION: 2012
PROBITAS CONTRIBUTION: € 48,524
(12.36% of the total)

CONTEXT

TURKANA IS A SEMI-DESERT REGION WITH 850,000 RESIDENTS, WHICH ALMOST ENTIRELY LACKS HEALTH CARE SERVICES AT ANY LEVEL

ABOUT 30% OF THE POPULATION IS NOMADIC AND ABOUT 60% IS SEMI-NOMADIC

THE HIGH PREVALENCE OF VISION IMPAIRMENT IN THE REGION MAKES IT IMPOSSIBLE FOR THOSE AFFECTED TO WORK WITH LIVESTOCK, CAUSING THEM TO BECOME A BURDEN ON THEIR FAMILIES. THERE ARE TWO MAIN CAUSES:

THE EXTREME SUN AND WIND CONDITIONS THAT LEAD TO EARLY DEVELOPMENT OF CATARACTS

A LACK OF VITAMIN A IN THE DIET INCREASES THE RATES OF XEROPHTHALMIA, ONE OF THE PRIMARY CAUSES OF CHILDHOOD BLINDNESS

THE LACK OF ADEQUATE HYGIENE AND THE CONTEXT LEAD TO A 42.3% RATE OF TRACHOMA AMONG CHILDREN UNDER 9 YEARS OLD

LOCAL COUNTERPART

The Emalaikat Foundation focuses its activities on long-term programs with the permanent presence in the field. This project is being carried out together with the Kenyan government and the Missionary Community of Saint Paul the Apostle, which has been in the area for 25 years.

KENIA TURKANA

850,000

ABOUT 30% OF THE POPULATION IS NOMADIC AND ABOUT 60% IS SEMI-NOMADIC

THE EXTREME SUN AND WIND CONDITIONS THAT LEAD TO EARLY DEVELOPMENT OF CATARACTS

A LACK OF VITAMIN A IN THE DIET INCREASES THE RATES OF XEROPHTHALMIA, ONE OF THE PRIMARY CAUSES OF CHILDHOOD BLINDNESS

THE LACK OF ADEQUATE HYGIENE AND THE CONTEXT LEAD TO A 42.3% RATE OF TRACHOMA AMONG CHILDREN UNDER 9 YEARS OLD
# 04 G EMALAIKAT FOUNDATION

## OBJECTIVE

**Reducing the rate of preventable blindness and establishing a comprehensive, stable, and sustainable ophthalmology service** through:

### Activities and Results*

<table>
<thead>
<tr>
<th><strong>Objective</strong></th>
<th><strong>Results</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Construction and maintenance of a storehouse at the Eye Unit of the Lodwar Hospital</td>
<td>1,000 eye droppers supplied</td>
</tr>
<tr>
<td>Annual campaigns for patient consultations and cataract operations at the Eye Unit</td>
<td>3 annual campaigns</td>
</tr>
<tr>
<td>Dispatcher of mobile clinics to the villages to identify patients with ocular pathologies</td>
<td>60 mobile clinic visits in 35 villages</td>
</tr>
</tbody>
</table>

**350 patients with cataracts treated**

**1,350 treatments**

**7,948 patients examined (8.3% of the population)**

**5,591 patients treated while living in remote areas**

---

*Results obtained to date*
04 PARTNERSHIP PROJECTS IN 2012

04_G EMALAIKAT FOUNDATION

ACTIVITIES AND RESULTS*

DISTRIBUTION OF VITAMIN A IN COLLABORATION WITH UNICEF (TO PREVENT XEROPHTHALMIA) AND ANTIBIOTICS TO TREAT TRACHOMA. EDUCATION REGARDING EYE HEALTH

- **836,374** PERSONS RECEIVING AZITHROMYCIN
- **610** TRACHOMA PATIENTS OPERATED
- **123,377** CHILDREN RECEIVING VITAMIN A
- **2,246** CHILDREN RECEIVING EDUCATIONAL LECTURES

EYE TESTING FOR THE PATIENTS AND PRODUCTION OF EYEGlasses IN THE OPTICAL WORKSHOP BY THE TECHNICIANS TRAINED

- **66** PATIENTS RECEIVING EYEGlasses

SCHOLARSHIPS AND DIRECT TRAINING FOR HEALTH CARE PERSONNEL

- **15** PERSONS RECEIVING TRAINING
- **9** TRACHOMA SURGERY CAMPAIGNS CARRIED OUT ENTIRELY BY LOCAL RESIDENTS

PROBITAS IS COLLABORATING DIRECTLY BY PROVIDING MEDICATION AND SURGICAL TOOLS AND SUPPLIES, BY TRANSPORTING PATIENTS TO THEIR VILLAGES, BY SENDING PATIENTS TO OTHER CENTRES, AND THROUGH THE ANTI-TRACHOMA PROGRAM.
LOCAL COUNTERPART
África Viva Foundation’s objective is to improve the health care conditions of the people of Africa through technical and economic support and assistance for health-related research and the training of local health care personnel. This project is being carried out in cooperation with the Manhiça Health Research Centre and the Manhiça Foundation.

PROBITAS CONTRIBUTION: € 44,133 (56% of the total)

CONTEXT
- Up to 25% of pregnant women in Mozambique may be affected by HIV/AIDS.
- AIDS IS DIMINISHING THE PRODUCTIVE FORCE THAT THE COUNTRY DEPENDS UPON FOR ITS DEVELOPMENT.
- THE PUBLIC HEALTH NETWORK IS ENTIRELY INSUFFICIENT FOR MANAGING THE PROBLEM.
- IF THE MOTHER IS NOT DIAGNOSED AND TREATED IN TIME, THE RISK OF MALNUTRITION AND MORTALITY IN HER CHILDREN UNDER ONE YEAR OLD INCREASES CONSIDERABLY, ESPECIALLY IF THEY ARE ALSO HIV-POSITIVE.
- According to UNICEF, 24% of children under 5 years of age are below the normal weight. Nutritional problems have reached a crisis level in the country.
**04 PARTNERSHIP PROJECTS IN 2012**

**04_H ÁFRICA VIVA**

**OBJECTIVE**

**IMPROVING CHILD HEALTH IN MANHIÇA THROUGH PREVENTION AND TREATMENT OF MALNUTRITION AND RESOURCE SUPPORT FOR ITS HEALTH CARE UNITS.**

**ACTIVITIES AND RESULTS***

- **IDENTIFICATION OF CHILDREN AT RISK OF MALNUTRITION AND SUPPORT FOR EARLY DIAGNOSIS OF HIV/AIDS**
  - **3,653** CHILDREN TREATED
  - **443** HIV TESTS PERFORMED

- **SUPPORT FOR COMMUNITY-BASED PREVENTION AND REHABILITATION**
  - **30** CHILDREN AND THEIR FAMILIES PARTICIPATE EACH MONTH IN THE COMMUNITY KITCHENS, WHERE A "MODEL MOTHER" FROM THE COMMUNITY SHOWS HER NEIGHBOURS HOW TO KEEP THEIR CHILDREN HEALTHY WITH THE SAME ECONOMIC RESOURCES

- **REDUCTION IN MORTALITY AND MORBIDITY RATES CAUSED BY MALNUTRITION**
  - **342** CHILDREN ENROLLED IN THE NUTRITIONAL REHABILITATION PROGRAM
  - **87** CHILDREN WITH SERIOUS OR SEVERE MALNUTRITION CHECKED IN THE NUTRITIONAL REHABILITATION CENTRE

- **SUPPORT FOR PAEDIATRIC HOSPITALISATION SERVICES AND EXTERNAL CONSULTATIONS, INCLUDING BOTH MEDICATIONS AND HUMAN RESOURCES**

---

* Results obtained for the project after 6 months
04 PARTNERSHIP PROJECTS IN 2012

04_H ÁFRICA VIVA

SCIENTIFIC STUDIES HAVE SHOWN THAT NUTRITIONAL TREATMENT IN PATIENTS WEAKENED BY HIV/AIDS REDUCES THEIR MORTALITY RATE AT ONE YEAR BY 70%

THE PROBITAS FOUNDATION CONTRIBUTES WITH FUNDING FOR LABORATORY SUPPLIES, PAEDIATRIC MEDICATIONS, INFANT FORMULA, AND IMPROVED DIETS FOR CHILDREN AND ENRICHED FOODS.
THE DALAL XEL MENTAL HEALTH CENTRE

CONSTRUCTION OF SANITARY SERVICES FOR THE DALAL XEL MENTAL HEALTH CENTRE’S THERAPY ROOM

EXECUTION: 2012
PROBITAS CONTRIBUTION: € 8,224 (88% of the total)

CONTEXT

MENTAL HEALTH PROBLEMS VERY OFTEN GO UNTREATED IN AFRICA BECAUSE OF:
- A LACK OF HUMAN RESOURCES AND FUNDING
- THE STIGMA AND REJECTION ASSOCIATED WITH MENTAL ILLNESS

THE DALAL XEL CENTRE, WHICH WAS CREATED IN 1995 WITH THE SUPPORT OF THE BROTHERS OF ST JOHN OF GOD, ATTEMPTS TO PROVIDE DIGNITY IN THE LIVES OF MENTAL HEALTH PATIENTS THROUGH OCCUPATIONAL THERAPY AND IMPROVED PROGNOSIS FOR ILLNESSES

LOCAL COUNTERPART

The Brothers of St John of God is a not-for-profit international aid organisation that promotes care and services for the sick and needy, through its worldwide network of hospitals and health care centres.

OBJECTIVE

IMPROVING THE HYGIENIC CONDITIONS, OPTIMISING THE SERVICE’S SESSIONS, AND RAISING AWARENESS OF THE IMPORTANCE OF HYGIENE
The work of Associació Iniciativa Pro Infancia (IPI) is mainly aimed at protecting all aspects of childhood and defending children’s rights. This project is being undertaken in conjunction with the Regional Health Department of Amhara, UNICEF and IFHP (Integrated Family Health Program). Probitas is also a major partner.

**CONTEXT**

**AFRICAN WOMEN HAVE A 1 IN 16 CHANCE OF DYING FROM COMPLICATIONS RELATED TO PREGNANCY AND DELIVERY**

**1/16**

**THIS CHANCE FOR WOMEN IN NORTHERN EUROPE IS 1 IN 4,000**

**MATERNAL MORTALITY IS A KEY INDICATOR OF DISPARITY AND INEQUALITY BETWEEN COUNTRIES**

**ETHIOPIA IS ONE OF THE SIX COUNTRIES THAT ACCOUNT FOR 50% OF THE GLOBAL MATERNAL MORTALITY RATE**

**50%**

**LESS THAN 5% OF BIRTHS IN WOLDIYA ARE ATTENDED BY HEALTHCARE PROFESSIONALS DUE TO THE EXTREME FRAGILITY OF THE HEALTH SYSTEM AND THE FACT THAT 90% OF THE POPULATION LIVES IN RURAL AREAS**

**-5%**
OBJECTIVE

TO DEVELOP A COMPREHENSIVE PILOT SCHEME FOR TACKLING ALL KEY ISSUES THAT HAVE A NEGATIVE IMPACT ON MATERNAL AND NEONATAL HEALTH IN WOLDIYA.

ACTIVITIES

- CONSTRUCTION OF A MATERNITY WARD AT THE GENERAL HOSPITAL IN WOLDIYA AND A “WAITING HOUSE” WHERE WOMEN FROM RURAL AREAS IN THEIR THIRD TRIMESTER CAN BE HOSTED IN ORDER TO LOWER THE MATERNAL MORTALITY RATE
- PROVIDE ADEQUATE CARE TO NEWBORN BABIES IN ORDER TO LOWER THE NEONATAL MORTALITY RATE
- TRAINING OF LOCAL STAFF ON OBSTETRIC AND NEONATAL EMERGENCY PROTOCOLS
- RAISE AWARENESS ON THE IMPORTANCE OF RECEIVING CARE DURING PREGNANCY, DELIVERY AND POST-DELIVERY
- ESTABLISHMENT OF A SYSTEM TO MONITOR THE MORBIDITY AND MORTALITY RATES IN THE REGION
04_J IPI-COOPERACIÓ

BENEFICIARIES

21,399
WOMAN OF CHILDBEARING AGE
AND THEIR NEWBORN CHILDREN
(15% ARE LIKELY TO PRESENT COMPLICATIONS
THAT ENDANGER THEIR LIVES)

EXPECTED RESULTS

82% INCREASE PRENATAL CARE COVERAGE TO 82%
40% INCREASE THE NUMBER OF BIRTHS ATTENDED BY QUALIFIED PROFESSIONALS TO 40%
58% INCREASE POSTNATAL CARE COVERAGE TO 58%
100% TRAIN 100% OF STAFF AT HEALTH CENTRES IN OBSTETRIC AND NEONATAL EMERGENCIES

PROBITAS IS PROVIDING THE FUNDS TO REFURBISH THE MATERNITY WARD, PURCHASE A 4x4 VEHICLE AND PAY FOR THE PROJECT’S OPERATING COSTS.
**GESTA-ÁFRICA**

**FIRST CAMPAIGNS WITH THE MOBILE SURGERY UNIT**

**EXECUTION: 2012**

**PROBITAS CONTRIBUTION: € 42,767**

---

**OBJECTIVE**

Bring surgical medical care to the most remote rural communities, enabling the beneficiaries to improve their socio-economic conditions.

---

**1,000 AVOIDABLE CASES**

Of blindness caused by cataracts in Senegal per year.

---

**SENEGAL**

Gesta carries out 2 medical-surgical campaigns in Koutal, one of the nine social reinsertion towns in Senegal:

- 123 Adults and 114 Children treated (general medicine consultations)
- 57 Ultrasound scans
- 75 Surgical procedures

---

**SENEGAL**

Gesta carries out 1 ophthalmology campaign in the district of Khombolee:

- 514 Patients operated on and informed about daily and post-operative hygiene

---

**DECEMBER 2011**

**BARCELONA**

Funding for the conversion of 1 vehicle into a mobile surgery unit that is self-sufficient and prepared for all sorts of ophthalmology operations, minor procedures and essential surgery.

---

**MAY AND NOVEMBER 2012**

**SENEGAL**

Gesta carries out 2 medical-surgical campaigns in Koutal, one of the nine social reinsertion towns in Senegal:

---

**JUNE, OCTOBER AND DECEMBER 2012**

**SENEGAL**

Gesta carries out 1 ophthalmology campaign in the district of Khombolee:

---

**KOUTAL**

**KHOMBOLE**
PARTNERSHIP PROJECTS COMPLETED

IPI COOPERACIÓ (ADENGUR-ETHIOPIA)

PROVISION OF A MEDICAL SERVICE FOR THE ADENGUR SCHOOL

At the Adengur school in Woldiya (Ethiopia), a clinic was set up in 2011 to provide medical and nursing care to the 900 children at the school. For many of these children from underprivileged families, this school clinic is the only contact they have with the healthcare system. The service has enabled 376 pupils to be treated between February and June 2012, with the most common pathologies being respiratory and gastro-intestinal infections, skin ailments and wounds. Furthermore, 7 healthcare training sessions were provided to school staff on the prevention and treatment of malaria, HIV/AIDS and personal hygiene, and training was also given to the local nurse responsible for the clinic.

ÁFRICA VIVA (MEKELLE-ETHIOPIA)

SERIOUS MALNUTRITION IN WOMEN AND CHILDREN IN MEKELLE

The most important health problems suffered by the population of Mekelle are malaria, HIV/AIDS, tuberculosis and malnutrition. To enable a solution for the serious child malnutrition problem, the Adihaki Clinic is trying to improve the early diagnosis and prevention of malnutrition by offering health education to local mothers and healthcare professionals. In 2011, a total of 4,472 women and 450 children benefited from this project. Of that total, 4,022 children were treated by the nutritional rehabilitation program and 450 women received proper nutritional treatment. The program also trained 8,000 women on health and nutrition trough workshops.
In March 2012, the Probitas Foundation attended the “Innovation in Volunteering Summit” that was held in Madrid. A series of seminars and round table discussions were organised to explore innovative and creative lines of action to encourage the involvement of civil society through the volunteering system and thus seek solutions to unemployment and economic development through citizen participation and relations between companies, non-governmental organisations and volunteer leaders to promote social responsibility.

**HOSPITAL SAN JUAN DE DIOS (CHICLAYO-PERU)**

**EQUIPMENT FOR THE SPECIALISED SURGERY CENTRE**

In 2011 and 2012, the Probitas Foundation provided funding for new equipment at this specialised surgery centre in Chiclayo (Peru) in order to renew and modernise the operating theatres and equipment so that children with serious musculoskeletal diseases can be properly operated on with the necessary material to ensure success from the surgical treatment. This funding has enabled the purchase of low-temperature equipment for the sterilisation centre, a new anaesthesia machine, a crash cart fitted with a cardiac defibrillator, a new infusion pump and the surgery instruments necessary for complex procedures on the locomotor system.

**SOCIAL COOPERATION (CHICLAYO-PERU)**

**IMPROVEMENT IN THE BASIC CARE SERVICES FOR WOMEN AND CHILDREN IN THE MARGINALISED URBAN AREAS OF THE DISTRICT OF CHICLAYO**

In 2011 and 2012, the Probitas Foundation provided support for the improvement of health services at the Maternal Child Health Centre at the Santo Toribio de Mogrovejo University through a program that gave equipment to the laboratory and blood bank in order for it to offer a quality service. An awareness program was also carried out to promote voluntary donation. This program has directly benefited 15,419 women and 3,558 children under 12. Furthermore, training was given to local medical professionals and medical action protocols were created for cases of tuberculosis, cancer and other prevalent diseases.
RESOURCES ALLOCATED BY COUNTRY

- 35% Latin America
- 36% Europe
- 25% Africa
- 4% Other

RESOURCES ALLOCATED BY TYPE OF PROJECT

- 14% Water and Sanitation
- 7% Health System Strengthening
- 15% Other
- 4% Health Education
- 24% Maternal-Children
- 21% Diagnosis/Treatment
- 7% Vulnerable Population
- 7% Comprehensive Project

RESOURCES ALLOCATED BY ACTION

- 21% Infrastructures
- 32% Healthcare Services
- 19% Nutrition
- 7% Training
- 1% Equipment/Material
### BALANCE SHEET

#### ASSETS

<table>
<thead>
<tr>
<th></th>
<th>2012</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>WORKING CAPITAL</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other receivables</td>
<td>45</td>
<td>45</td>
</tr>
<tr>
<td>CASH &amp; BANKS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Banks and credit institutions, demand current accounts</td>
<td>295,315</td>
<td>20,116</td>
</tr>
<tr>
<td><strong>TOTAL WORKING CAPITAL</strong></td>
<td>295,315</td>
<td>20,116</td>
</tr>
<tr>
<td><strong>TOTAL ASSETS</strong></td>
<td>295,360</td>
<td>20,161</td>
</tr>
</tbody>
</table>

#### LIABILITIES

<table>
<thead>
<tr>
<th></th>
<th>2012</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>EQUITY</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Endowment fund</td>
<td>60,000</td>
<td>60,000</td>
</tr>
<tr>
<td>Accumulated earnings</td>
<td>-53,088</td>
<td>296,603</td>
</tr>
<tr>
<td>Surplus from fiscal year</td>
<td>4,114</td>
<td>-349,691</td>
</tr>
<tr>
<td><strong>TOTAL EQUITY</strong></td>
<td>11,026</td>
<td>6,912</td>
</tr>
<tr>
<td><strong>SHORT-TERM PAYABLES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Creditor beneficiaries</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Suppliers &amp; other payables</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Debts for purchases &amp; provision of services</td>
<td>271,106</td>
<td>7,100</td>
</tr>
<tr>
<td>Public administrations</td>
<td>13,228</td>
<td>6,149</td>
</tr>
<tr>
<td><strong>TOTAL SHORT-TERM PAYABLES</strong></td>
<td>284,334</td>
<td>13,249</td>
</tr>
<tr>
<td><strong>TOTAL LIABILITIES</strong></td>
<td>295,360</td>
<td>20,161</td>
</tr>
</tbody>
</table>

### PROFIT & LOSS ACCOUNTS

#### EXPENSES

<table>
<thead>
<tr>
<th></th>
<th>2012</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PERSONNEL COSTS</strong></td>
<td>160,234</td>
<td>34,601</td>
</tr>
<tr>
<td>Monetary aid and other expenses</td>
<td>1,131,635</td>
<td>912,950</td>
</tr>
<tr>
<td><strong>OTHER EXPENSES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>External services</td>
<td>103,737</td>
<td>1,988</td>
</tr>
<tr>
<td>Taxes</td>
<td>39</td>
<td>133</td>
</tr>
<tr>
<td><strong>TOTAL OPERATING EXPENSES</strong></td>
<td>1,235,411</td>
<td>915,071</td>
</tr>
<tr>
<td><strong>POSITIVE OPERATING RESULTS</strong></td>
<td>4,355</td>
<td>0</td>
</tr>
<tr>
<td>Financial expenses</td>
<td>241</td>
<td>19</td>
</tr>
<tr>
<td><strong>POSITIVE RESULTS FROM ORDINARY ACTIVITIES</strong></td>
<td>4,114</td>
<td>0</td>
</tr>
<tr>
<td><strong>FISCAL YEAR POSITIVE SURPLUS (PROFIT)</strong></td>
<td>4,114</td>
<td>0</td>
</tr>
</tbody>
</table>

#### INCOME

<table>
<thead>
<tr>
<th></th>
<th>2012</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>FOUNDATION EARNINGS FROM ACTIVITIES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Earnings from promotions, sponsors and collaborations</td>
<td>1,400,000</td>
<td>600,000</td>
</tr>
<tr>
<td><strong>TOTAL OPERATING INCOME</strong></td>
<td>1,400,000</td>
<td>600,000</td>
</tr>
<tr>
<td><strong>NEGATIVE OPERATING RESULTS</strong></td>
<td>0</td>
<td>349,672</td>
</tr>
<tr>
<td><strong>FINANCIAL RESULT</strong></td>
<td>19</td>
<td></td>
</tr>
<tr>
<td><strong>NEGATIVE RESULTS FROM ORDINARY ACTIVITIES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>FISCAL YEAR NEGATIVE SURPLUS (LOSS)</strong></td>
<td>349,691</td>
<td>349,691</td>
</tr>
</tbody>
</table>

**Note:** at 31 December, Probitas Fundación Privada has €1,548,002 from previous years at its disposal, accrued and pending application plus more than €2,919,000 corresponding to the 0.7% of the 2012 result from the Grifols consolidated group, pending approval; a total of €4,467,002.
## WHO ARE WE?

### THE TRUST

<table>
<thead>
<tr>
<th>CHAIRMAN</th>
</tr>
</thead>
<tbody>
<tr>
<td>SERGI ROURA, Chairman of Grifols Therapeutics Inc.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>MEMBERS</th>
</tr>
</thead>
<tbody>
<tr>
<td>TOMÁS DAGÁ, Lawyer and managing director at Osborne Clarke (Associated Lawyers and Economists)</td>
</tr>
<tr>
<td>RAIMON GRIFOLS, Lawyer and managing director at Osborne Clarke (Associated Lawyers and Economists)</td>
</tr>
<tr>
<td>IGNACIO CAÑERO, Lawyer at Osborne Clarke (Associated Lawyers and Economists)</td>
</tr>
<tr>
<td>ESPERANZA GUIZADO, Director of Institutional Relations at Grifols</td>
</tr>
<tr>
<td>EMILIA SÁNCHEZ CHAMORRO, Director of Projects and Innovation at the Saint John of God Hospital Order</td>
</tr>
<tr>
<td>JOSEP CORTADA, Representative from the Football Club Barcelona Foundation</td>
</tr>
<tr>
<td>JAVIER ROURA, Financial Director of Grifols</td>
</tr>
</tbody>
</table>

### IN DAILY OPERATIONS

| MARTA SEGÚ, Executive Director |
| MIREIA ROURA, Project Manager |
TEAM OF PARTNERS

“For those who are not indifferent to inequality, the GLI Project is a great opportunity.”

MIQUEL IGLESIAS
AREA PROJECT MANAGER Grifols Engineering, S.A.

“My time with the Probitas Foundation gave me a great opportunity to discover more about what they do. I was enormously impressed by its focus on multidisciplinary involvement, its design of strategies based on stimuli, efficiency, control of available resources, social justice and common sense; tools that ensure a strong impact on the communities in which it operates.”

RAMON GARRIGA
MARKETING CONTROLLER Grifols International, S.A.

“I have always worked on the construction of infrastructure. I liked the idea of leaving a mark on the world but, through such projects as those run by the Probitas Foundation, we can also be sure we are making it a little bit easier for those in difficult situations.”

ROBERTO RODRÍGUEZ
AREA PROJECT MANAGER Grifols Engineering, S.A.
“Who doesn’t remember their primary school friends? Who wouldn’t like to relive moments of rivalry in the school playground during a game of football? And then go back to class for some “maths” and think about the next day’s game. These should be a child’s main concerns, nothing more. And if there are public-private foundations that help ensure children at least one nutritive meal a day, I think the initiative is worthwhile forming part of.”

**GUSTAVO TOMÁS**
HOSPITAL LOGISTICS SPECIALIST Movaco

“Within the framework of the GLI Program, I would like to highlight the visit by Dr. Boré to Barcelona that enabled an exchange of knowledge to take place. Strengthening the laboratory in Puerto del Carmen will also mean significant progress due to the large number of Colombian refugees that travel to this region of Ecuador. Finally, I would like to highlight the creation of the GLI-software, which will represent a noteworthy step forward in the management of the laboratory and which can be replicated in all GLI projects. In spite of the limitations, the GLI Program continues to grow all over the world, consolidating and achieving its targets.”

**DR. JOAN JOSEPH**
DOCTOR SPECIALISING IN CLINICAL LABORATORIES AND TECHNICAL CONSULTANT TO THE GLI PROGRAM

“Why? Because I have always believed that our way of building this complicated world is part of the same problem. I am not one of those optimistic volunteers who think they can change things, nor one of those who accompany people who suffer until their last breath; I just try to reduce inequality. Until when? Until the living conditions of those who we’re trying to help improve enough. I believe more in development and self-sufficiency than in direct intervention, I’m more of an ant than a grasshopper.”

**MANEL RUÍZ**
BLOOD BANK ANALYSIS LINE SPECIALIST Movaco-Diagnostic