

2012 REPORT



F U N D A C I Ó N
PROBITAS



ANNUAL REPORT 2012



F U N D A C I Ó N
PROBITAS

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SERGI ROURA

CHAIRMAN OF THE BOARD OF TRUSTEES
PROBITAS FOUNDATION

CHAIRMAN
GRIFOLS THERAPEUTICS INC.

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.





DRA. MARTA SEGÚ

EXECUTIVE DIRECTOR
PROBITAS FOUNDATION

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.



01_

MISSION, VISION AND VALUES

OUR MISSION

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

Kim Manresa ©



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

02_

IMPACT OF PROJECTS



DIRECT BENEFICIARIES 2011-2012

2011 58,962

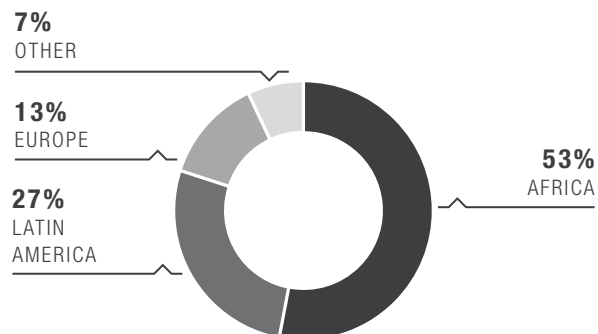
2012 102,953

INDIRECT BENEFICIARIES 2011-2012

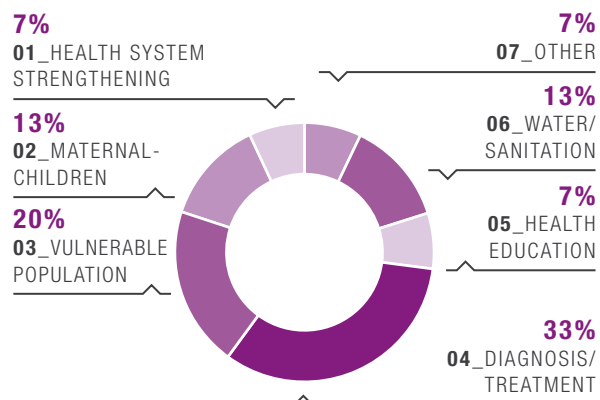
2011 586,755

2012 1,543,356

REGIONS



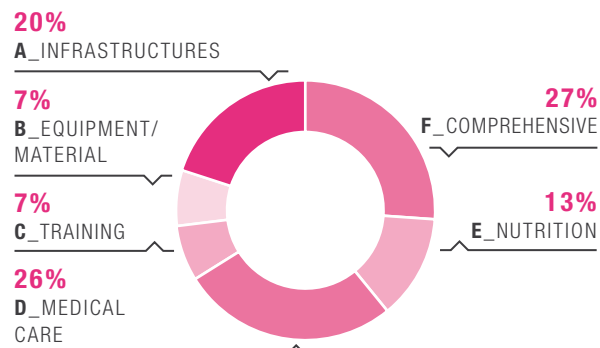
PROJECTS



PROJECT TYPE

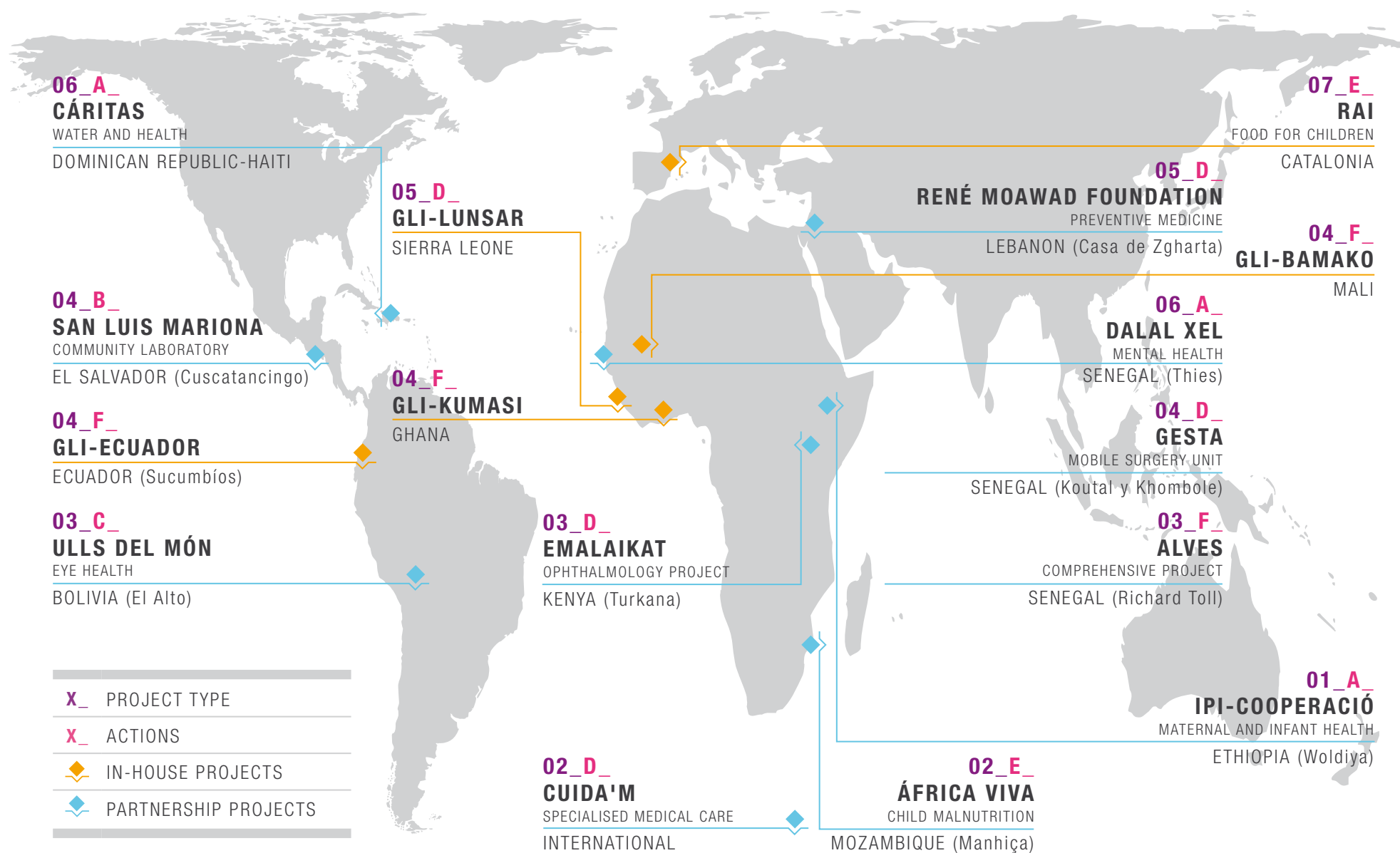
HEALTH SYSTEM STRENGTHENING	01_
MATERNAL-CHILDREN	02_
VULNERABLE POPULATION	03_
DIAGNOSIS/TREATMENT	04_
HEALTH EDUCATION	05_
WATER/SANITATION	06_
OTHER	07_

ACTIONS



ACTIONS

INFRASTRUCTURES	A_
EQUIPMENT/MATERIAL	B_
TRAINING	C_
MEDICAL CARE	D_
NUTRITION	E_
COMPREHENSIVE PROJECT	F_







OUR OWN PROGRAMS

03_1

GLOBAL LABORATORY INITIATIVE - GLI

WHAT IS IT?

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**

CLIMATE CHANGE, NATURAL DISASTERS
AND RESOURCE SHORTFALLS

UNFAIR TRADE POLICIES,
PLUNDERING AND HIGH
DEPENDENCE

CONFLICTS
AND WARS

CORRUPTION,
BAD GOVERNMENT
AND DEMOTIVATION

LACK OF ACCESS TO
EDUCATION AND TECHNOLOGY

LACK OF INFRASTRUCTURES
& BASIC SERVICES

INSUFFICIENT AND
UNEQUAL HEALTHCARE
COVERAGE

DISABILITY AND
DISEASES SEQUELAE

**POVERTY
≠
DISEASE**

03_1 GLI

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

03_1 GLI



WHAT ARE THE ADVANTAGES OFFERED BY A GLI LABORATORY?

ENABLE EPIDEMIOLOGICAL STUDIES	REDUCED RESISTANCE TO ANTIBIOTICS	ETIOLOGICAL DIAGNOSIS BECOMES POSSIBLE, THUS AVOIDING EMPIRICAL DIAGNOSIS
FEWER SIDE-EFFECTS AND SEQUELAE	GLI STRENGTHENS CLINICAL DIAGNOSIS LABORATORIES	RATIONAL USE OF RESOURCES
HELP THE FOLLOW-UP AND IMPROVED PROGNOSES	CONTROL OF EPIDEMICS AND DECISION-MAKING	PROPER TREATMENT







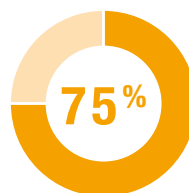
03_1A

GLI-ECUADOR

STRENGTHENING PUBLIC HEALTH SERVICES ON ECUADOR'S NORTHERN BORDER

EXECUTION: 2012-2014

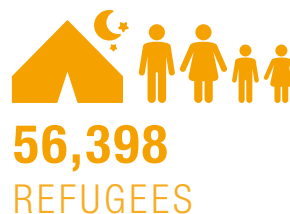
2012 BUDGET: € 145,000 (75% of the total)



LOCAL COUNTERPART

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

CONTEXT



40%
LIVE ON THE BORDER
WITH COLOMBIA
IN ISOLATED AND
UNDERDEVELOPED REGIONS

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.

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

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_1A GLI-ECUADOR

COMPLETED PHASES



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



"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

TARAPOA HEALTH CENTRE (CUYABENO)

WATER AND ELECTRICITY



STAFF TRAINING



MARCO VINICIO IZA PROVINCIAL HOSPITAL HEALTH CENTRE (LAGO AGRIO)

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.





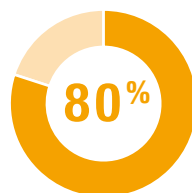
03_1B

GLI-KUMASI

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



CHILDREN WELFARE CLINIC

THE ONLY CENTRE SPECIALISING IN THE TREATMENT OF SEVERE CHILD MALNUTRITION IN THE SOUTH-CENTRAL REGION OF THE COUNTRY

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_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_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

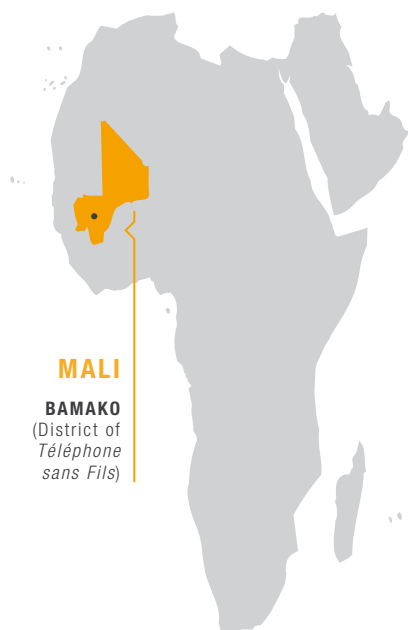
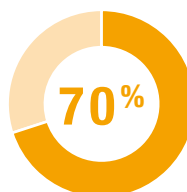
03_1C

GLI-BAMAKO

STRENGTHENING THE CLINICAL LABORATORY
AT THE VALENTÍN DE PABLO
HEALTH CENTRE

EXECUTION: 2011-2014

2012 BUDGET: € 100,000 (70% of the total)



LOCAL COUNTERPART

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.



CONTEXT

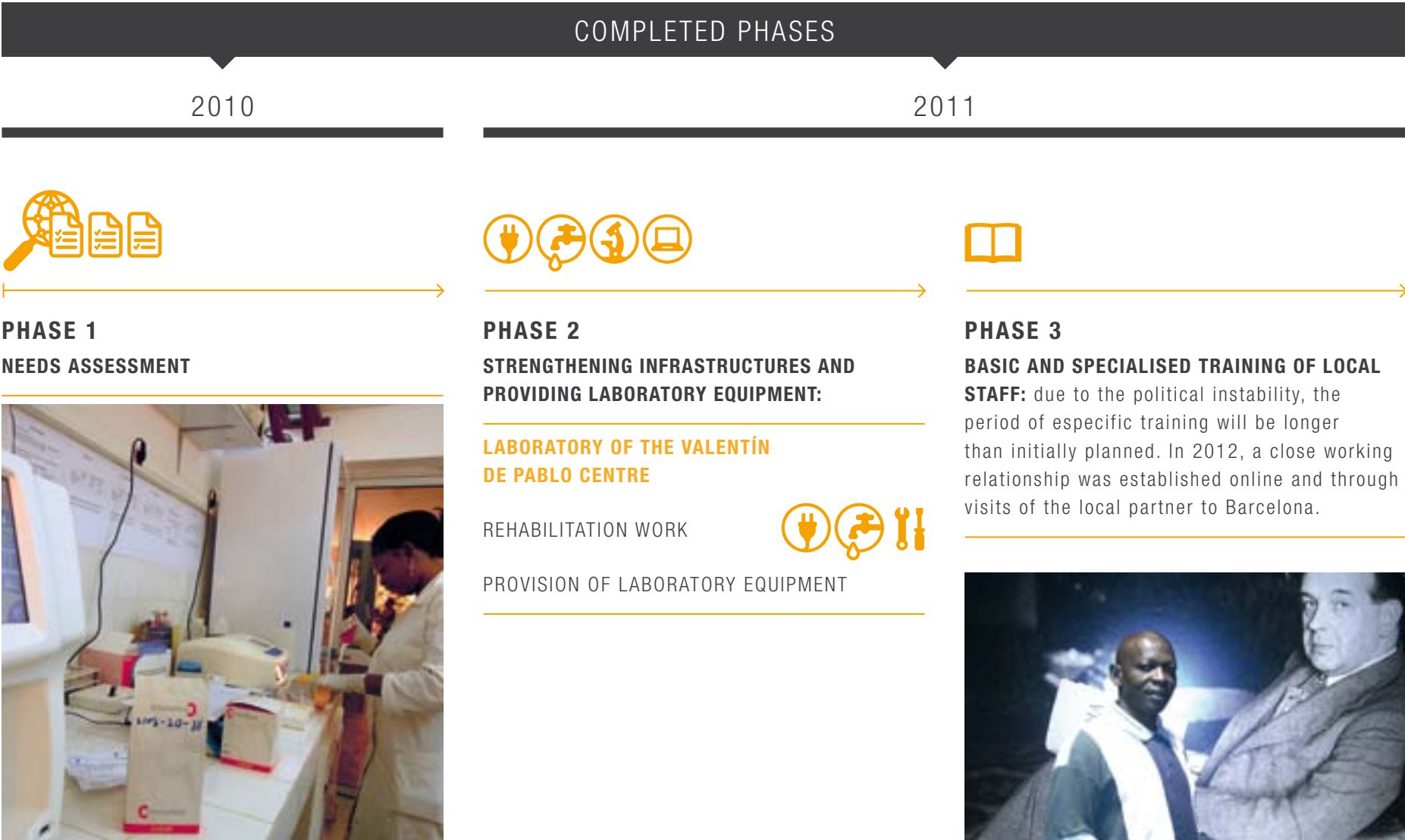


THE 15,000 INHABITANTS OF *TÉLÉPHONE SANS FILS*

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_1C GLI-BAMAKO



03_1C GLI-BAMAKO

COMPLETED PHASES

2012



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



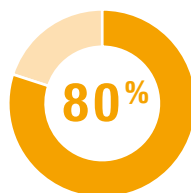
03_1D

GLI-LUNSAR

STRENGTHENING THE LABORATORY AT THE SAINT JOHN OF GOD HOSPITAL

EXECUTION: 2012-2014

2012 BUDGET: € 100,000 (80% of the total)



LOCAL COUNTERPART

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.

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 MABESSENEH AND PROVIDES SERVICE TO MORE THAN **120,000 PEOPLE** WHO ARRIVE FROM THE MOST REMOTE AREAS IN SEEK FOR MEDICAL ATTENTION.

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



+6,000
IN-
PATIENTS



+37,000
OUT-
PATIENTS



+120,000
PEOPLE
SERVED

ONLY 0.02 DOCTORS @ 0.017 NURSES
PER 1,000 INHABITANTS



CONTRIBUTION FROM PROBITAS IN 2011

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**.







03_2

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



1 NUTRITIONAL MEAL A DAY

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**

03_2 RAI



SOCIAL AID INTENDED TO SUPPORT SCHOOL MEALS
OFTEN FAIL TO REFLECT REALITY



They are insufficient



THE **FLAWS IN THEIR DESIGN
AND MANAGEMENT** LEAD TO:



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

—

DEGREE OF VULNERABILITY

+

03_2 RAI

METHODOLOGY

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_2 RAI

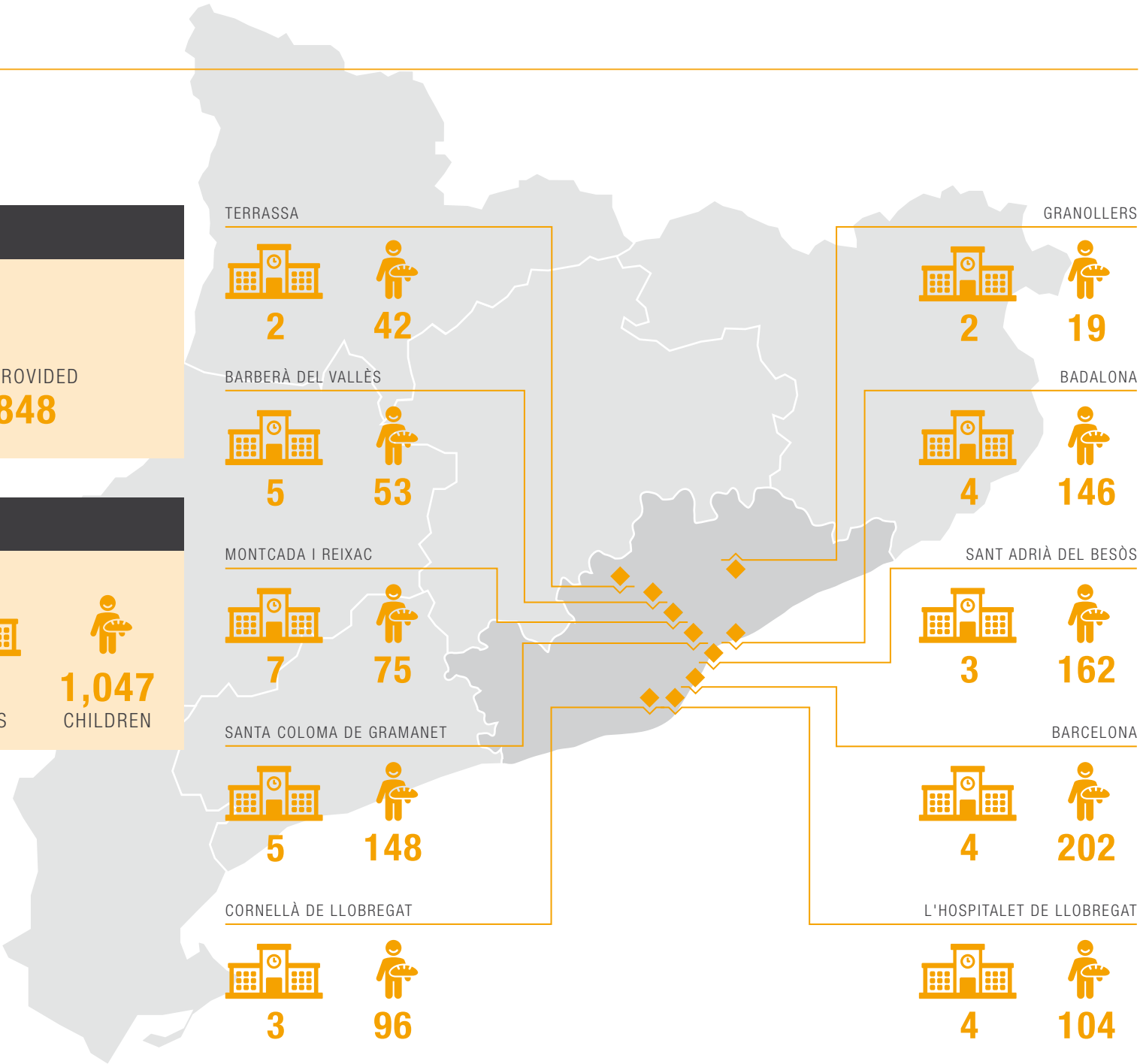
IMPACT



PROBITAS HAS PROVIDED
€ 419,848

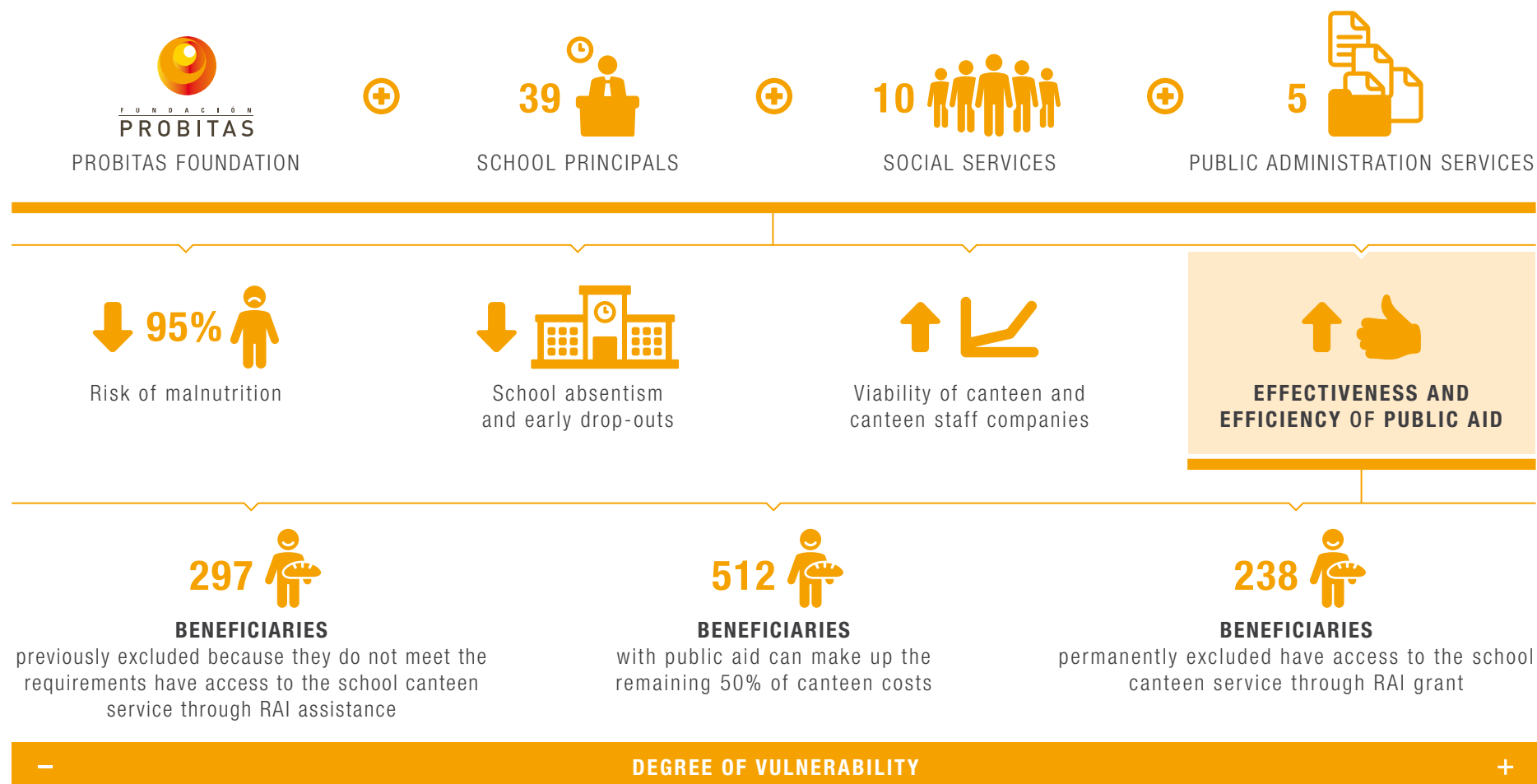
BENEFICIARIES

 10 MUNICIPALITIES	 39 SCHOOLS	 1,047 CHILDREN
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03_2 RAI

IMPACT



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)



03_2 RAI



"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 Galí 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 Galí 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 Galí School (Cornellà de Llobregat)





Kim Manresa ©

04_A

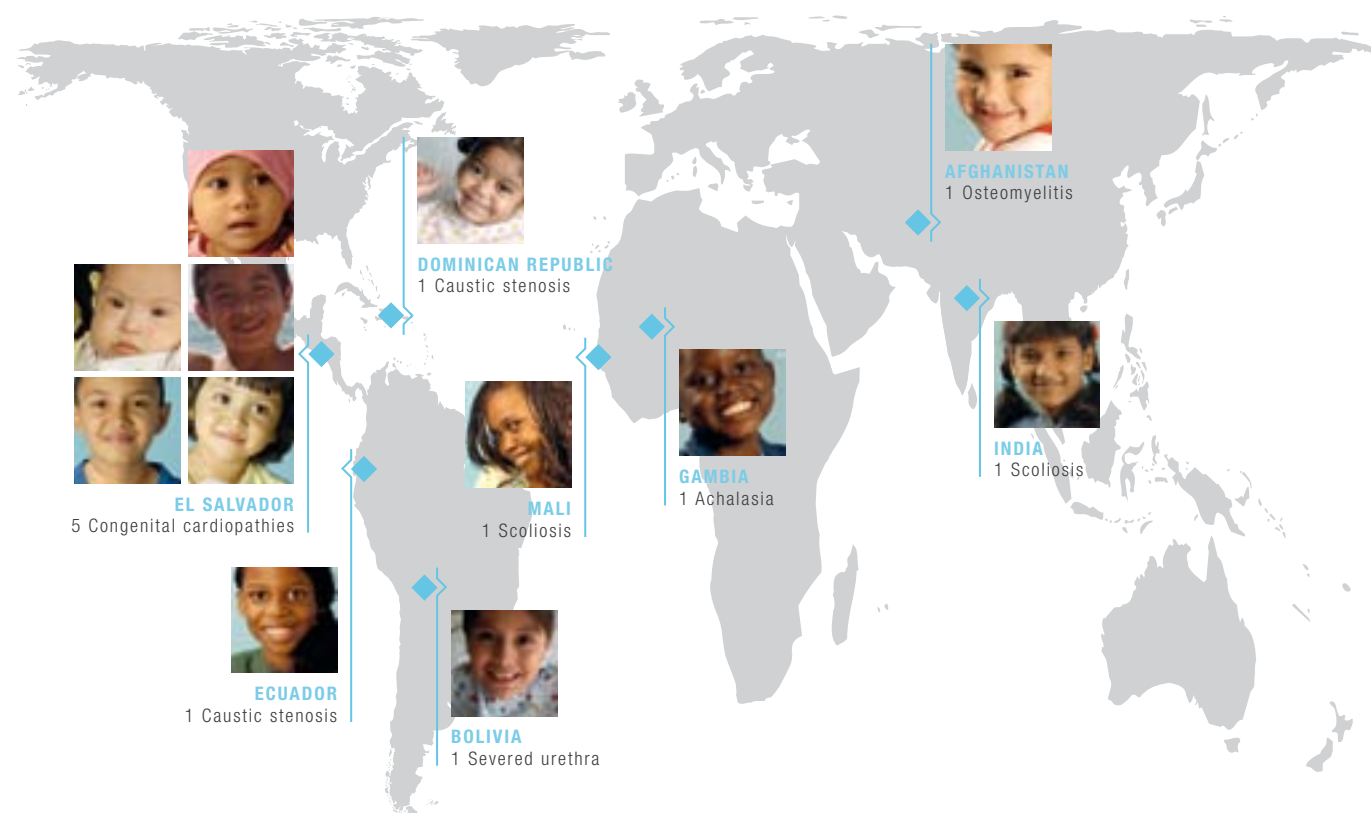
PARTNERSHIP PROJECTS IN 2012

CUIDA'M PROGRAM

cuidam

UN PROGRAMA DEL HOSPITAL SANT JOAN DE DÉU

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

04_A CUIDA'M

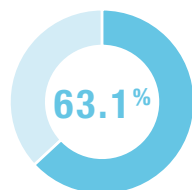
CUIDA'M 2012 PROCESS

FINANCING



CONTRIBUTION FROM THE
PROBITAS FOUNDATION IN 2012

€174,000



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

85

APPLICATIONS PROCESSED
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

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_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



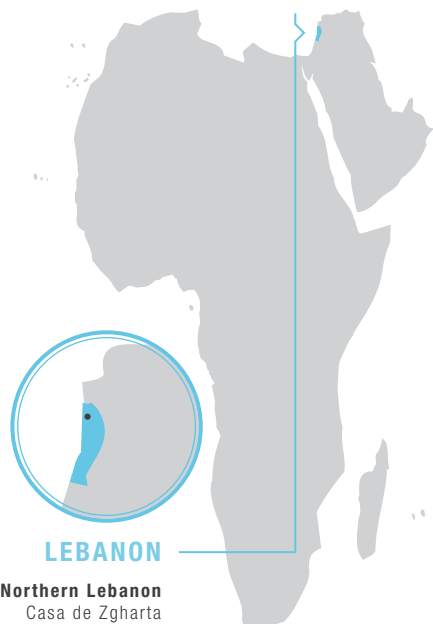
04_B

RENÉ MOAWAD FOUNDATION

COMPREHENSIVE MEDICAL CARE PROJECT FOR
VULNERABLE CHILDREN AT EDUCATION CENTRES
IN NORTHERN LEBANON

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_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

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



Elisenda Pons / Ulls del Món ©

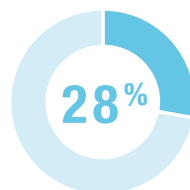
04_C

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)



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.

CONTEXT

IN THIS REGION OF BOLIVIA:

90% OF THE RESIDENTS ARE OF **INDIGENOUS ORIGIN**

69% **LIVE IN CONDITIONS OF POVERTY**

5.1% **ANNUAL POPULATION GROWTH**
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.



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

TRAINED BY THE PROJECT AND
INTEGRATED INTO THE PUBLIC
NETWORK

STRENGTHENING OF THE
AVAILABLE PUBLIC SERVICES

2^{*1}

MUNICIPAL OPTICIANS

2^{*1}

MORE OPERATING ROOMS

9,606^{*2}

PERSONS TREATED WITHIN THE
OPHTHALMOLOGICAL NETWORK

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_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.

Elisenda Pons / Ulls del Món ©



"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



04_D

THE SAN LUIS MARIONA CLINIC

CLINICAL LABORATORY EQUIPMENT

EXECUTION: 2012

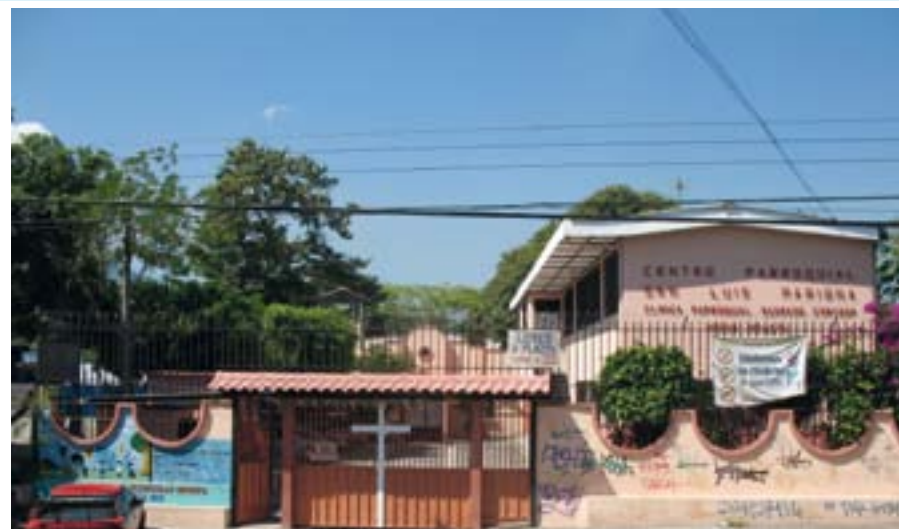
PROBITAS CONTRIBUTION: € 11,062.94
(100% of the total)

100%



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 than 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


500,000

AN OVERBURDENED PUBLIC HEALTH CENTRE **SERVES** THE NEEDS OF **500,000 RESIDENTS**


450/MONTH

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**

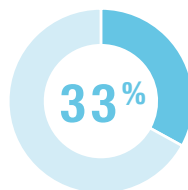
PROBITAS IS FUNDING THE EQUIPMENT OF THE CLINICAL LABORATORY WITH THE OBJECTIVE OF IMPROVING DIAGNOSIS, PROPER TREATMENT, AND PREVENTION OF ILLNESSES

04_E 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_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

04_E CÁRITAS

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**.





Kim Manresa ©

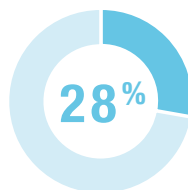
04_F

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**



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

04_F ALVES ASSOCIATION

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*

MEDICAL, NUTRITIONAL, AND
PSYCHOLOGICAL MONITORING

203 

CHILDREN RECEIVE **BREAKFAST
AND LUNCH** EACH DAY AND
NUTRITIONAL MONITORING



874 

ANNUAL **MEDICAL CONSULTATIONS**



2 

SOCIAL WORKERS PERFORM **HOME-
BASED PSYCHOLOGICAL-SOCIAL
FOLLOW-UP** FOR THE FAMILIES

SUPPORT FOR SCHOOLS AND
SPORTING ACTIVITIES

66 

CHILDREN ENROLLED (AGE 3 - 5)



164 

CHILDREN ENROLLED (AGE 6 - 14)

PROFESSIONAL TRAINING AND
LITERACY WORKSHOPS

174 

YOUTH ENROLLED (AGE 14 TO 20)
WHO RECEIVE TRAINING AS
ELECTRICIANS, HAIRDRESSERS,
COMPUTER TECHNICIANS,
CARPENTERS, AND TAILORS

INCOME-GENERATING ACTIVITIES
LINKED TO FOOD SECURITY

2 

HECTARES OF GARDENS
CULTIVATED BY THE MOTHERS
OF THE YOUTHS ENROLLED
AT THE CENTRE



* Provisional results

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 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

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.



04_G

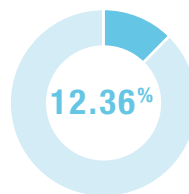
EMALAIKAT FOUNDATION

THE OPHTHALMOLOGY PROJECT IN TURKANA

EXECUTION: 2012

PROBITAS CONTRIBUTION: € 48,524

(12.36% of the total)



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.



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**

04_G EMALAIKAT FOUNDATION

OBJECTIVE

REDUCING THE RATE OF PREVENTABLE BLINDNESS AND ESTABLISHING A COMPREHENSIVE, STABLE, AND SUSTAINABLE OPHTHALMOLOGY SERVICE THROUGH:




ACTIVITIES AND RESULTS*


CONSTRUCTION AND MAINTENANCE
OF A **STOREHOUSE** AT THE EYE UNIT
OF THE LODWAR HOSPITAL


1,000 
EYE DROPPERS SUPPLIED




ANNUAL CAMPAIGNS FOR PATIENT
CONSULTATIONS AND CATARACT OPERATIONS
AT THE EYE UNIT


3 
CAMPAIGNS


403 
PATIENTS WITH CATARACTS TREATED

1,350 
TREATMENTS

DISPATCHING OF MOBILE CLINICS
TO THE VILLAGES TO IDENTIFY PATIENTS
WITH OCULAR PATHOLOGIES

60 
MOBILE CLINIC VISITS IN 35 VILLAGES

7,948 
PATIENTS EXAMINED (8.3% of the population)

5,591 
PATIENTS TREATED WHILE LIVING
IN REMOTE AREAS

* Results obtained to date

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



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.

SCHOLARSHIPS AND **DIRECT TRAINING** FOR HEALTH CARE PERSONNEL

15 

PERSONS RECEIVING TRAINING



9 

TRACHOMA SURGERY **CAMPAIGNS** CARRIED OUT ENTIRELY BY LOCAL RESIDENTS



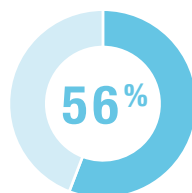
04_H

ÁFRICA VIVA

CHILD MALNUTRITION PROGRAM,
ESPECIALLY FOCUSED ON HIV/AIDS-POSITIVE
CHILDREN AND MOTHERS

EXECUTION: 2012

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



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.



CONTEXT



UP TO **25%** OF **PREGNANT WOMEN** IN MOZAMBIQUE MAY BE AFFECTED BY **HIV/AIDS**.



HIV/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_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 AT 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_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.



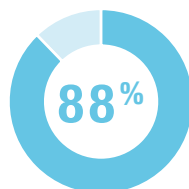
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THE DALAL XEL MENTAL HEALTH CENTRE

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

EXECUTION: 2012

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



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.



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 PROGNoses** FOR ILLNESSES

2011: PROBITAS PROVIDES PARTIAL FUNDING FOR THE **SUPPLIES** REQUIRED FOR THE FUNCTIONING OF THE **OCCUPATIONAL WORKSHOPS**

2012: PROBITAS FUNDS THE **CONSTRUCTION OF THE OUTPATIENT SANITARY SERVICES** FOR USE BY THE **277 PATIENTS** WHO MAKE FREQUENT USE OF THE ACTIVE THERAPY ROOM AND THEIR **124 COMPANIONS**

OBJECTIVE

IMPROVING THE HYGIENIC CONDITIONS, OPTIMISING THE SERVICE'S SESSIONS, AND RAISING AWARENESS OF THE IMPORTANCE OF **HYGIENE**

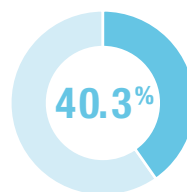
04_J

IPI-COOPERACIÓ

DEVELOPMENT OF MATERNAL AND
NEONATAL HEALTH IN WOLDIYA

EXECUTION: 2012-2013

PROBITAS CONTRIBUTION 2012: € 122.897
(40.3% of the total)



LOCAL COUNTERPART

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

1/16

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

1/4,000

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

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

50%

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

-5%

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

04_J IPI-COOPERACIÓ

IPI COOP Maternal and Neonatal Health Project © Xavier Vilalta - XVA Arquitectes

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**

IPI COOP Maternal and Neonatal Health Project © Xavier Vilalta - XVA Arquitectes



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



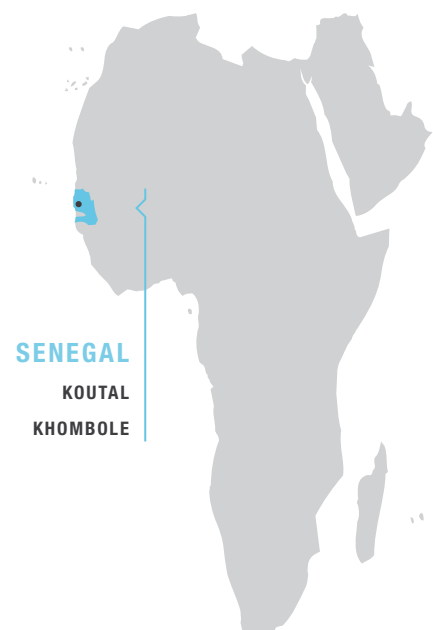
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GESTA-ÁFRICA

FIRST CAMPAIGNS WITH
THE MOBILE SURGERY UNIT

EXECUTION: 2012

PROBITAS CONTRIBUTION: € 42,767



SENEGAL

KOUTAL

KHOMBOLE



**1,000 AVOIDABLE
CASES**

OF BLINDNESS
CAUSED BY CATARACTS IN
SENEGAL PER YEAR

OBJECTIVE

BRING **SURGICAL MEDICAL
CARE** TO THE MOST REMOTE
RURAL COMMUNITIES,
ENABLING THE BENEFICIARIES
TO IMPROVE THEIR SOCIO-
ECONOMIC CONDITIONSS.

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:



123 ADULTS AND 114 CHILDREN TREATED

(GENERAL MEDICINE CONSULTATIONS)



57 ULTRASOUND SCANS



75 SURGICAL PROCEDURES

JUNE, OCTOBER AND DECEMBER 2012

SENEGAL

GESTA CARRIES OUT **1 OPHTHALMOLOGY CAMPAIGN** IN THE DISTRICT OF KHOMBOLEE



514 PATIENTS OPERATED ON AND INFORMED ABOUT DAILY
AND POST-OPERATIVE HYGIENE

05_

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 **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 through workshops.



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.

INNOVATION IN VOLUNTEERING CONFERENCE (MADRID-SPAIN)

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.

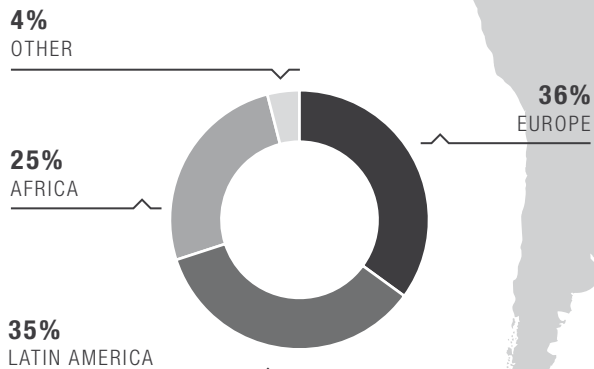
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FINANCIAL REPORT

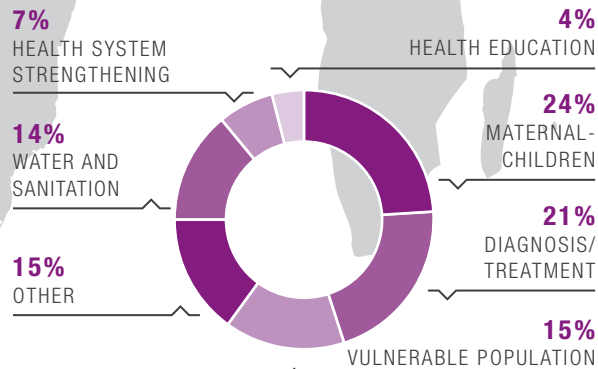


FUNDACIÓN
PROBITAS

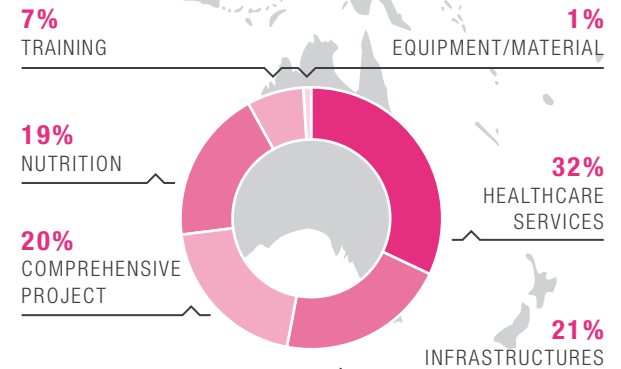
RESOURCES ALLOCATED BY COUNTRY



RESOURCES ALLOCATED BY TYPE OF PROJECT



RESOURCES ALLOCATED BY ACTION



BALANCE SHEET

ASSETS	2012	2011
WORKING CAPITAL		
OTHER RECEIVABLES		
Other receivables	45	45
CASH & BANKS		
Banks and credit institutions, demand current accounts	295,315	20,116
TOTAL WORKING CAPITAL	295,315	20,116
TOTAL ASSETS	295,360	20,161

LIABILITIES	2012	2011
EQUITY		
Endowment fund	60,000	60,000
Accumulated earnings	-53,088	296,603
Surplus from fiscal year	4,114	-349,691
TOTAL EQUITY	11,026	6,912
SHORT-TERM PAYABLES		
Creditor beneficiaries	0	0
SUPPLIERS & OTHER PAYABLES		
Debts for purchases & provision of services	271,106	7,100
Public administrations	13,228	6,149
TOTAL SHORT-TERM PAYABLES	284,334	13,249
TOTAL LIABILITIES	295,360	20,161

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.

PROFIT & LOSS ACCOUNTS

EXPENSES	2012	2011
PERSONNEL COSTS	160,234	34,601
MONETARY AID AND OTHER EXPENSES	1,131,635	912,950
OTHER EXPENSES		
External services	103,737	1,988
Taxes	39	133
TOTAL OPERATING EXPENSES	1,235,411	915,071
POSITIVE OPERATING RESULTS	4,355	0
Financial expenses	241	19
POSITIVE RESULTS FROM ORDINARY ACTIVITIES	4,114	0
FISCAL YEAR POSITIVE SURPLUS (PROFIT)	4,114	0

INCOME	2012	2011
FOUNDATION EARNINGS FROM ACTIVITIES		
Earnings from promotions, sponsors and collaborations	1,400,000	600,000
TOTAL OPERATING INCOME	1,400,000	600,000
NEGATIVE OPERATING RESULTS	0	349,672
FINANCIAL RESULTS		19
NEGATIVE RESULTS FROM ORDINARY ACTIVITIES		349,691
FISCAL YEAR NEGATIVE SURPLUS (LOSS)		349,691

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.

07_ WHO ARE WE?

IN DAILY OPERATIONS

MARTA SEGÚ, Executive Director

MIREIA ROURA, Project Manager



THE TRUST

CHAIRMAN

SERGI ROURA, Chairman of Grifols Therapeutics Inc.

MEMBERS

TOMÁS DAGÁ, Lawyer and managing director at Osborne Clarke (Associated Lawyers and Economists)

RAIMON GRIFOLS, Lawyer and managing director at Osborne Clarke (Associated Lawyers and Economists)

IGNACIO CALERO, Lawyer at Osborne Clarke (Associated Lawyers and Economists)

ESPERANZA GUIADO, Director of Institutional Relations at Grifols

EMILIA SÁNCHEZ CHAMORRO, Director of Projects and Innovation at the Saint John of God Hospital Order

JOSEP CORTADA, Representative from the Football Club Barcelona Foundation

JAVIER ROURA, Financial Director of Grifols

08_ PARTNERS



F U N D A C I Ó N
PROBITAS

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08022 Barcelona
Tel. +34 93 571 00 43
fundacion.probitas@grifols.com
www.fundacionprobitas.org

09_ 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 RUIZ

BLOOD BANK ANALYSIS LINE SPECIALIST Movaco-Diagnostic



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