

# **ANNUAL REPORT 2013**



F U N D A C I Ó N  
**PROBITAS**

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**Sergi Roura**

Chairman of the Board of Trustees

*“Shareholder support helps us improve the quality of our actions each and every day”*

It is a pleasure to once again present the 2013 report on activities of the Probitas Foundation. It has been five years since we embarked on this project, and the summary of our activities in the present document confirms just how far we have progressed and developed. In 2013 the Probitas Foundation introduced innovations to its lines of work. The first is the new space for reflection and debate, promoted jointly by Probitas and the Víctor Grífols i Lucas Foundation, which had its inauguration on November 27 at the Ateneu Barcelonès. The director of the Global Justice Program and professor at Yale University, Thomas Pogge, in his speech entitled *The Scope and Limits of Solidarity in Time of Crisis*, detailed the grave situation of severe poverty that prevails in the world and how inhabitants of countries with fewer risks can help mitigate the constant violation of human rights. With 250 attendees, the first round table provided an interesting debate on how to distribute resources between local needs and international cooperation in times of crisis, while a second one discussed how to refocus the third world sector to make it viable.

The second innovation is the Probitas Foundation's work with the environment. On the one hand, the implementation of renewable energies in the *Global Laboratory Initiative* (GLI) project in Sierra Leone. On the other, the RAI program which has added an ecological component by encouraging vegetable gardens and raising awareness among children of healthy eating habits based on local, high-quality products.

With regard to GLI, its new cooperation with UNICEF merits mention, as they have been working together to strengthen the national decentralization plan on HIV/AIDS, with special emphasis on the most vulnerable populations of the Peruvian Amazon, employing a multicultural approach. During 2013, phase one of basic training, laboratory practice, and specific diagnostic techniques was successfully carried out at GLI-Kumasi and GLI-Ecuador. The first version of Soft-GLI software, for efficient laboratory management and proper handling of patients' epidemiological and sociodemographic data treated at GLI laboratories, was completed.

Before I finish I would like to take the opportunity to thank the Grífols shareholders once again for their unwavering support, which makes it possible for us to improve the quality of our interventions each and every day, and to increase the coverage we can offer to the most vulnerable groups.



*"Social inequality has an extremely negative impact on children physically, mentally and emotionally"*

**Dr. Marta Segú**

Executive director of Probitas Foundation

Against a setting where the impact of the crisis continues to be felt, particularly at a local level, the Probitas Foundation has commenced a qualitative and quantitative change in its operations and management. The budgets and resources for our own projects –GLI and RAI– have been substantially increased whilst the contracting of new technical personnel has led to significant improvements in the management and building of mutual trust with local partners, as well as strengthening the technical part of programs and making quality investments.

One of the keys for the smooth running of the Foundation and the deployment of its discrete operating structure is its continuous and fruitful interaction with the many Grifols employees who have volunteered. They have enthusiastically given their experience and knowledge thus contributing to a high level of professionalism in the projects. Their availability, commitment, and excellent work confirm that this is a dynamic and long-term collaboration.

I would like to draw attention to the Foundation's commitment to developing the RAI program, moving away from just providing assistance toward a set of actions aimed at providing opportunities for minors at risk. Thus, in addition to aid for school lunches, RAI has three new components: RAI- *Casals d'Estiu* (summer day-care centers), whose aim is to alleviate the lack of these summer activities; RAI-Healthy Habits, to improve children's eating habits, with proposals adapted to the precarious family economy; and RAI- *Cuida'm* (care for me), which provides medical care to minors with diseases or illnesses that worsen their quality of life and are not covered by the Spanish Healthcare System.

Finally, I would like to express my deepest respect to all the boys and girls, both here and abroad, who are living in conditions of vulnerability. Social inequality has an extremely negative impact on children physically, mentally, and emotionally. Indeed, poverty affects the entire nuclear family with a clear impact on the future of society. While there is even one child at risk, our work will make sense.





# 01\_ Mission, vision and values



## **Vision:**

Transfer experience, resources and knowledge to the local population in vulnerable areas as an engine for change and social transformation, in order to contribute to improving the quality of life of people around the world.

## **Mission:**

Act in highly-vulnerable populations to contribute to improving care for diseases and situations of risk that, with available resources and knowledge, can be properly prevented, diagnosed and treated.

## **Objectives:**

- Mitigate poverty, inequalities and social exclusion where they are found in the most disadvantaged populations
- Promote the mobilization of the beneficiary groups so that they become players in their own social development
- Work as a network with local organizations so that they can provide their own knowledge

02\_

# Impact of projects



**Direct beneficiaries**

**2013** - 418,170

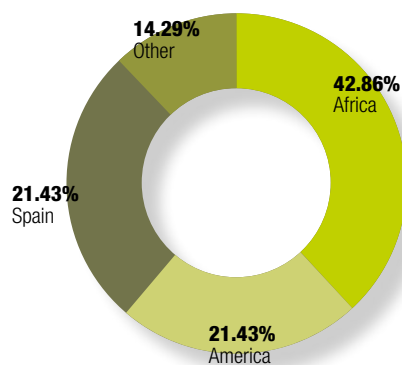


**Indirect beneficiaries**

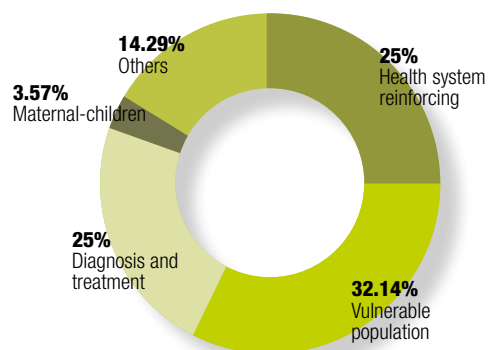
**2013** - 3,116,485

By region of intervention		By type of project		By type of intervention	
Africa	12	Health system reinforcing	7	Integral project	10
America	6	Vulnerable population	9	Nutrition	4
Spain	5	Diagnosis and treatment	7	Infrastructures	4
Other	5	Maternal-children	1	Medical care	6
TOTAL	28	Other	4	Equipment/ material	3
		TOTAL	28	Training	1
				TOTAL	28

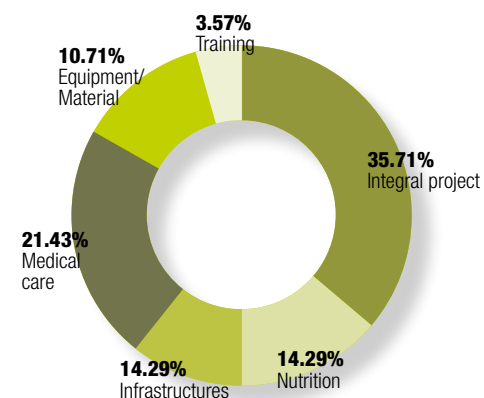
Regions



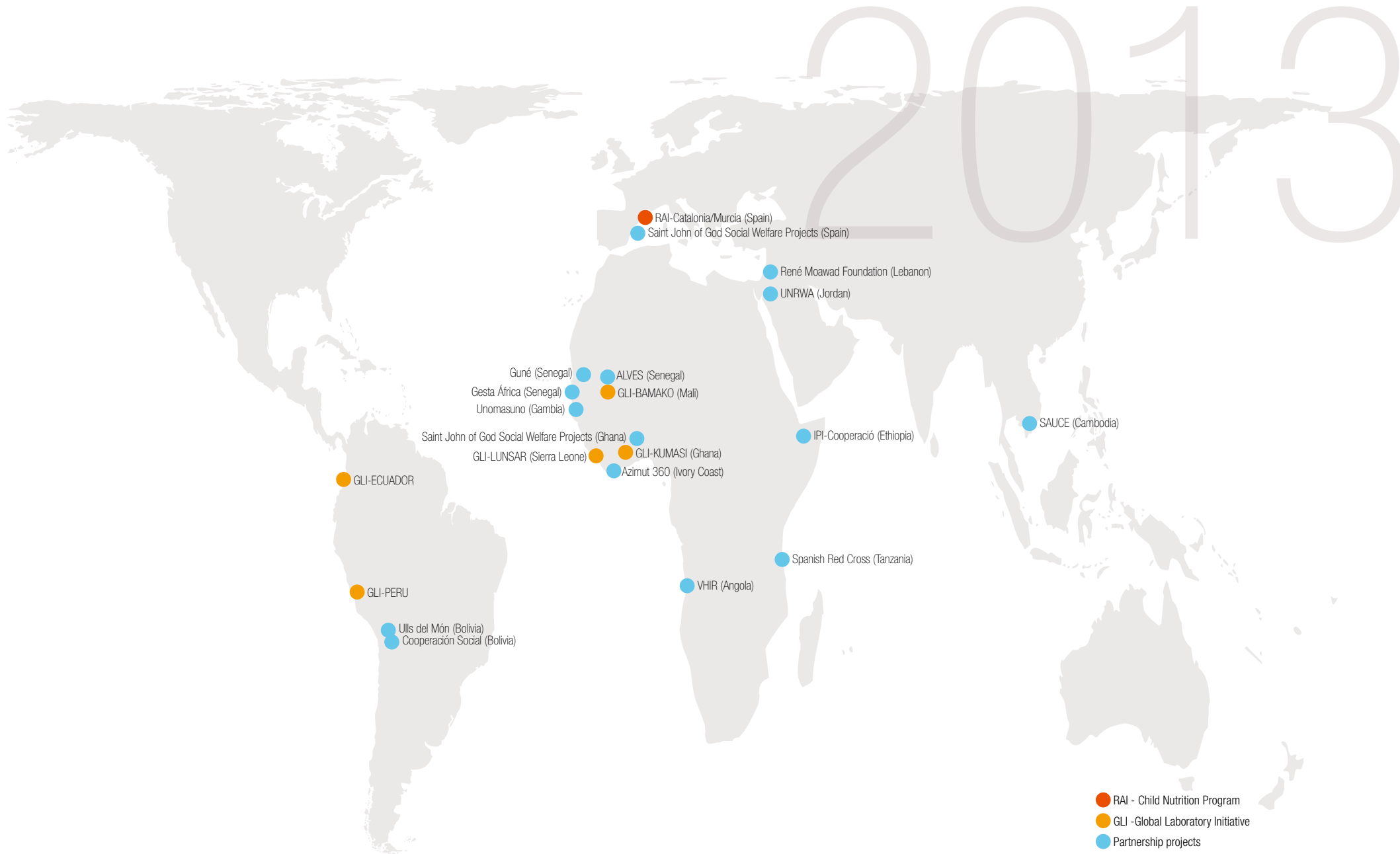
Projects



Interventions









# RAI

## 03\_ Our own programs

03\_1 RAI



*"Education professionals must share this dream of equality so that it becomes a global project. In this way, the same learning and healthy food we want for our children is within the reach of all children. It's not only about seeing what we can give poor children, but also about looking at what we give our own children and offering them the same, because all parents, regardless of their ideologies and beliefs, are doing the same thing: making all our knowledge and resources available to save our children from being condemned at birth"*

**Manuel Cortés**

Leader of the gypsy community in the Sant Roc district (Badalona)





03\_1

# Supporting Children's Nutrition

## What is RAI?

**The Child Nutrition Program (Refuerzo de la Alimentación Infantil - RAI)** is an in-house program promoted by the Probitas Foundation in 2012, whose purpose is to decrease the **risk of malnutrition** in childhood, as well as to improve the **physical, mental** and **emotional wellbeing** of vulnerable minors. It has four main components:



**1 / RAI-School Lunch Aid,** whose purpose is to ensure at least **one nutritional meal per day** to the most vulnerable minors by providing them with access to school lunches



**2 / RAI-Casals d'estiu,** which provides social and educational tools to minors at risk during **school holidays**, as well as one nutritional dish each day in a protected space



**3 / RAI-Healthy Habits,** which aims **to promote healthy lifestyles and eating habits** in children at risk through extracurricular activities, workshops, and training in schools



**4 / RAI-Cuida'm,** which provides **medical care** to minors with limited financial resources suffering from diseases or illnesses, **not covered by the Spanish public health system**, which hinder their development and quality of life



03\_1\_1



## RAI-School Lunch Aid

### Why?

- ❗ **The group most affected by the crisis is that of children. 26.4% of children** in Catalonia are at risk of poverty.
  - ❗ **Insufficient social policies.** The budget is just not large enough to include school lunch aid, moreover, it **has management and design flaws**.  
If all the eligible people requested this benefit only 61% of their severe material needs would be covered.
  - ❗ **Irreversible consequences.** The risk of **inadequate nutrition** during the vital stages of growth condition minors' **capacities** and **development and also the future of society**.
- 
- ✅ **One nutritional meal a day.** Thanks to RAI-School Lunch Aid, many children are **guaranteed** that they will eat at least one healthy meal a day at **school**.
  - ✅ **Fewer absences.** Access to school lunches reduces **absenteeism** and the consequent **early dropping out of school**.
  - ✅ **Equal opportunities.** Access to school lunches guarantees **fairness** in the school system and equal opportunities for all minors.



*"During these tough times of the crisis, there is much talk at all levels of malnutrition among children. It is irrefutable that children, especially those from disadvantaged socioeconomic environments, are experiencing great difficulties and we see it every day at school: pupils who haven't eaten breakfast, tired and irritable.. The involvement of the entire world, local governments, foundations, organizations, and individuals, among others, is essential. Probitas' collaboration guarantees a daily meal to 60 children in the 2012-13 school year. Any initiative that reaches our school is welcome, because if we nourish the children, we nourish hope and the future"*

**Cristina Castelló Masip**

Director of the Mediterrània School (La Mina, Sant Adrià de Besòs)



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## AI-School Lunch Aid

## How does it work?



RAI

The program comes into play after all **existing** aid channels have been **exhausted**



Preschool and primary school **principals** are the **program focal point**



**Flexibility** allows the impact of aid to be be **maximized** and **adapted** to changing needs



**Regional fairness** and the search for **common criteria** between all parties involved are two of the program's aspirations



PROXIMITY TEAMWORK



We work in **coordination** with municipal **social services** and other institutions to confirm beneficiaries' situations and prevent duplication



*"We live in a society in which schools cannot stay on the sidelines with respect to the needs of the neighbourhoods. The RAI program is a very important tool to alleviate the effects that poor nutrition can have on health and school performance. The fact that they gave us the chance to be an active party in running the program meant that the aid could be structured and assigned quickly and dynamically. We always pay attention to changes in needs, which makes it possible to help a larger number of children"*

**Management team at the Joaquim Ruyra School / Esplai La Florida (L'Hospitalet de Llobregat)**





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## RAI-School Lunch Aid

## Where do we act?

## Alguazas



## Las Torres de Cotillas



*"The synergy and teamwork developed this school year amongst the Social Services, schools, and the Probitas Foundation has been shown to be highly positive. This collaboration permits aid for school lunches be extended to more children, thus helping vulnerable families. We believe that public-private cooperation provides an added value with respect to the involvement of both the public and private sector in social issues"*

**Ana María Díaz Aranda**  
Social Services Councilors  
Mollet del Vallès Town Council

## Mollet del Vallès



## Badia del Vallès



## Terrassa



## Barberà del Vallès



## Montcada i Reixac



## Santa Coloma de Gramenet



## Cornellà de Llobregat



## Parets del Vallès



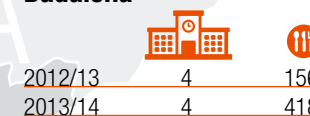
## Canovelles



## Granollers



## Badalona



## Sant Adrià de Besòs



## Barcelona



## Sant Joan Despí



## L'Hospitalet de Llobregat





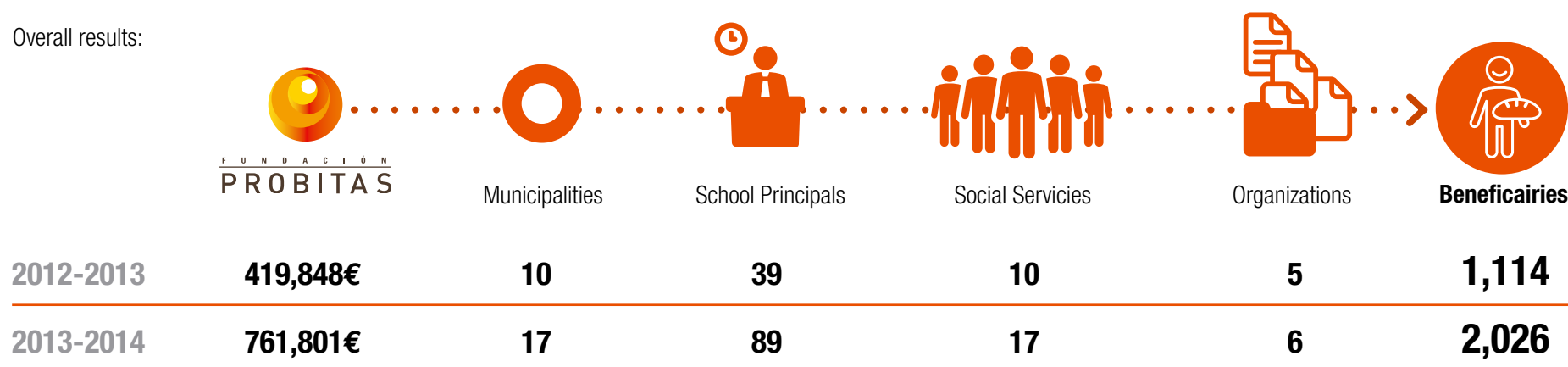


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## RAI-School Lunch Aid

## What are the results?

Overall results:



By type of beneficiary:



**1) Beneficiaries who receive aid for lunch co-payment:** Even with public aid, there are families that cannot provide the remaining 50% of the cost of the school lunch



**2) Beneficiaries detected who have no coverage:** families that are not considered eligible and thus do not have access to benefits



**3) Beneficiaries who do not meet the requirements:** families, including those in severe need, who cannot receive aid due to low scores, so they are not considered eligible

2012-2013*	506	210	236
2013-2014	1,023	571	432

\*162 unclassified beneficiaries

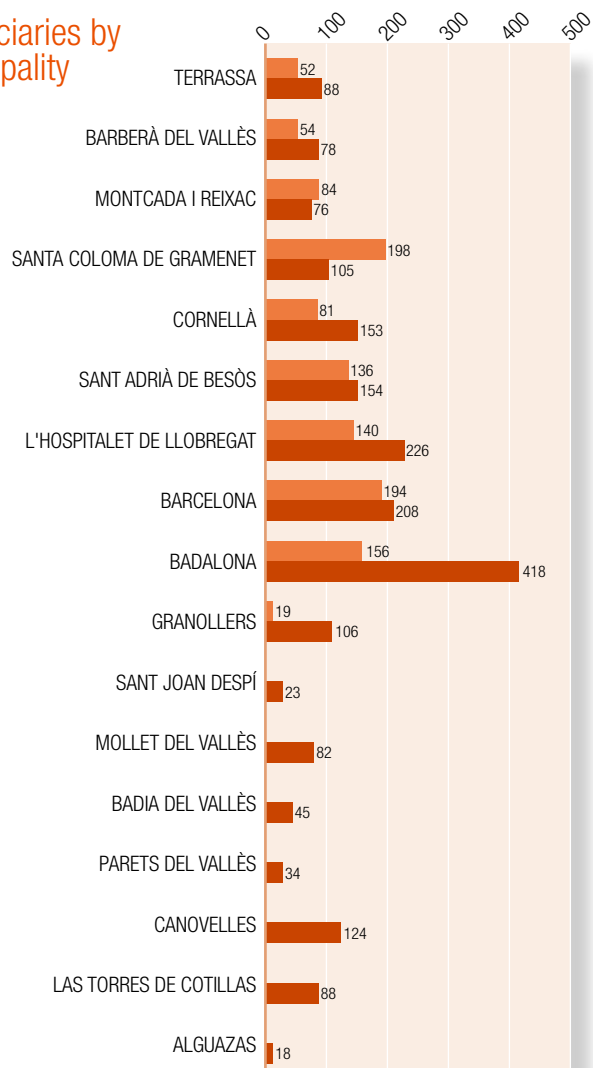


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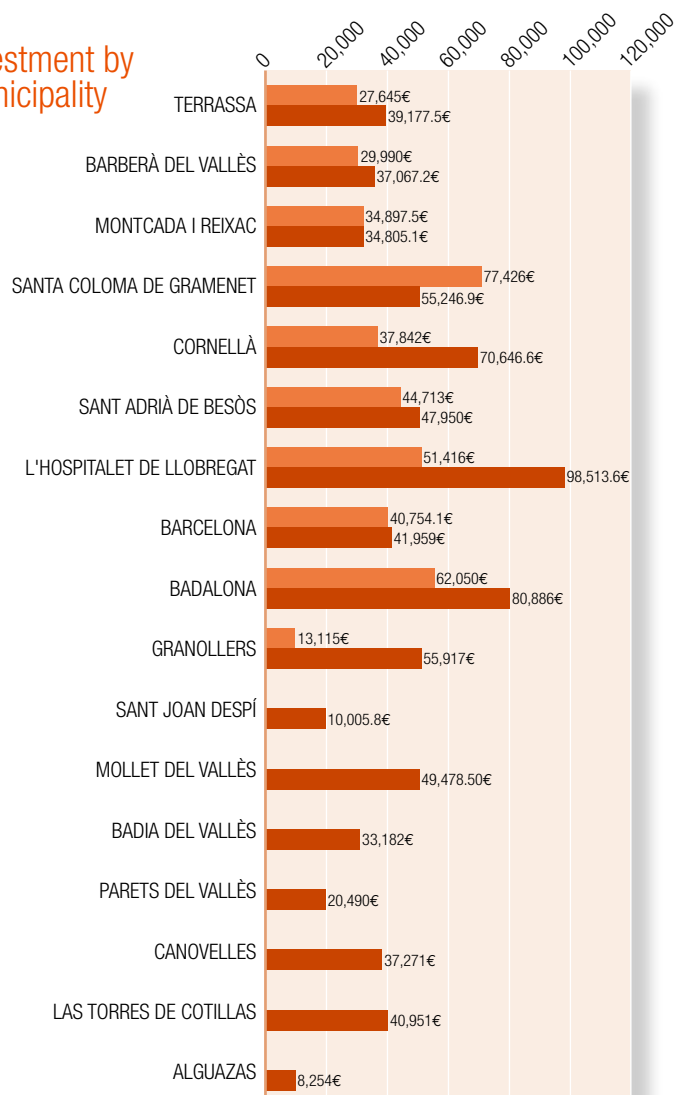
## RAI-School Lunch Aid

## What are the results?

## Beneficiaries by municipality



## Investment by municipality



2012/2013

2013/2014



*"I've been working closely with the RAI program for one year. Now is the moment to summarize this adventure which started with curiosity and the search for pleasure. I could never have imagined at a personal level the reward that comes from helping someone you don't know in a totally disinterested way. In addition to receiving many values, I've discovered that even children can teach you a lot of things that we've almost forgotten, like the capacity their innocence has to show you what is really important in life. Without hesitation I can confirm that ever since I started working with the Probitas Foundation it has been a pleasure. This proves to me once again that it is people who make large projects viable and lead them in the right direction"*

**Gustau Tomás**

Specialist in hospital logistics in Movaco.  
Collaborator in the RAI program







*"In too many neighborhoods the financial situation of families is truly horrendous.*

*When the school year finishes, the Summer Day-Care center is the only place where children can get enough nutritious food once a day and, also, be able to play safely and with protection. This centre is the hope and bright point of the day for many children who don't see any way to calm their grumbling stomachs from the time they wake up in the morning"*

**José Luis Velasco**

Director of the Fundació Esport i Educació de Barcelona (CEEB)





03\_1\_2

## RAI-*Casals d'estiu* (Summer Day-Care centers)

### Why?

- ❗ The economic crisis has worsened problems that minors have in **accessing** summer day-care centers (*casals d'estiu*) and summer camps, as well as **regional inequalities** in the availability of these services and their almost non-existence in August.
- ❗ The lack of summer day-care centers and camps leads to an increase in factors of vulnerability among minors at risk: they have less protection due to the **negligence** of some families, have **difficulties** socializing and **mixing with others** and the resulting increase in social exclusion.
- ✅ Since 2012, Probitas has subsidized access for minors with the **greatest risk of suffering malnutrition** to *Casals d'Estiu* in **July and August**. Referrals are made by **school social committees** in which school Principals and social services participate.
- ✅ Support of *Casals d'estiu* is crucial as they play a very important role in **preventing malnutrition** during school holidays, by guaranteeing the children one nutritious meal per day.
- ✅ Supporting these social-educational spaces also involves providing a **protected and safe space** for minors at social risk.

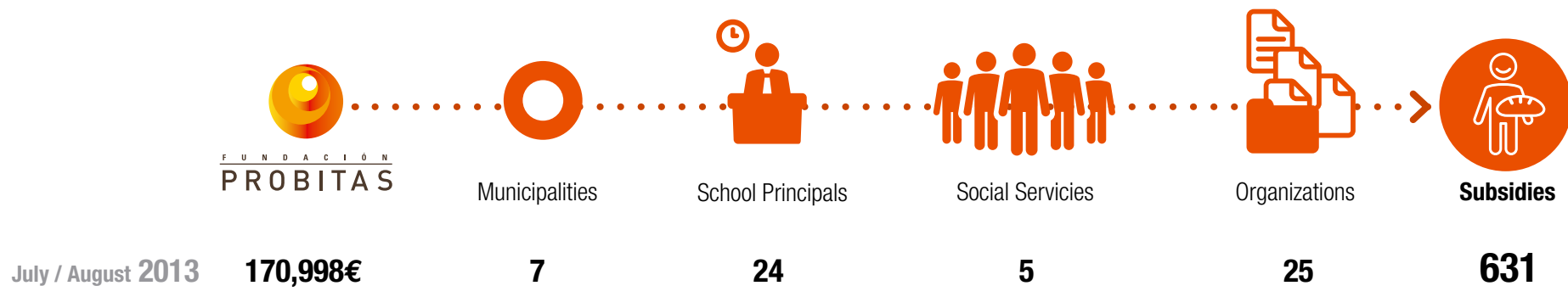




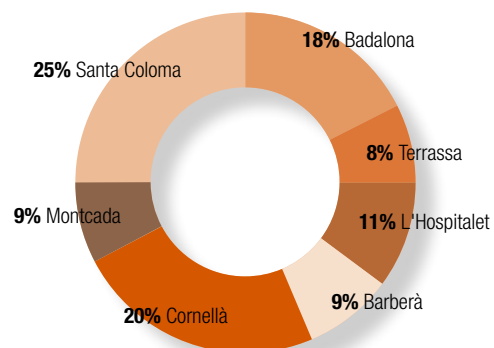
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## AI-Casals d'estiu (Summer Day-Care centers)

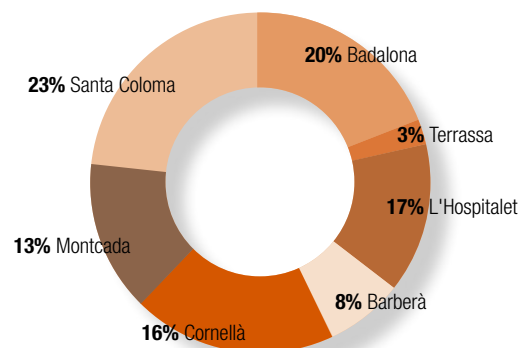
### What are the results?



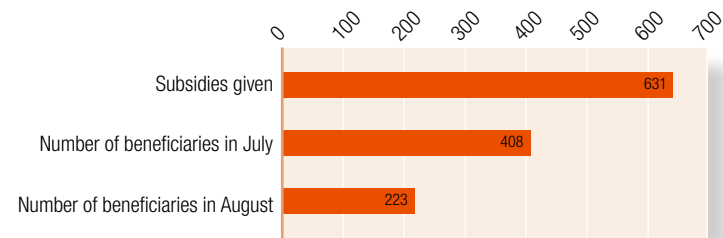
### Beneficiaries by municipality



### Investment by municipality



### Beneficiaries by month



# Jornades Socials (Social Days)

In 2013, Probitas signed a **collaboration agreement for €45,141** with the Social Division of the Fútbol Club Barcelona to jointly develop the project **Jornades Socials** in some municipalities where the Foundation has implemented its **RAI program**.

The **FC Barcelona Social Area** works in the training and wellbeing of minors living in the neighbourhood who **suffer the consequences caused by the financial crisis and/or family problems**. Its **mission** is to use the practice of **sport** to convey and encourage **values and behavioral habits** that play a role in their education.

The joint project's **objectives** are:

- 1) To encourage **healthy eating habits** among minors at risk through sport and participation **in theoretical-practical workshops**.
- 2) To convey values for their **personal growth** (respect, solidarity, hard work and honesty).
- 3) To provide tools so that the beneficiaries learn to understand their **emotions** and develop **empathy towards others**.
- 4) To **raise awareness** in acquiring **good hygiene** in their **personal care**: showering, brushing their teeth, washing their hands before eating...

In 2013, a **Work Plan** started in the municipalities of **Montcada, Badalona (La Salut)** and **Canovelles** to organize these 'social days'. The lists of beneficiaries also began to be defined, along with the social services in each municipality. In 2014, a total of **204** minors at risk will benefit from this activity.







*"The Probitas Foundation started working in the Badalona Sud area in times when many families were suffering greatly from the effects of this financial and employment crisis of historic dimensions. For the Badalona Sud Consortium, Probitas' support is much more than financial aid for families: it reinforces our work of improving eating habits, self-esteem and people's capacity to become more independent. It is a slow and difficult tool, but our combined efforts permit the neighborhood, bit by bit, step by step, start to become a ray of hope for the future. Thank you and keep up the good work"*

**Venanci Saborit**

Manager of the Badalona Sud Consortium



03\_1\_3



## RAI-Healthy Habits

### Why?

- ❗ **Child malnutrition is defined** as an **imbalance** between the provision of energy and nutrients compared to how much a body consumes. Two of the clearest indicators are the weight and height for the age in question. This imbalance may be due to **excess**: overweight or **obesity**, or can be due to **shortage**: **undernourishment**.
- ❗ **Undernourishment is still an isolated problem, albeit growing**, during these years of financial crisis. It is caused, not only by the **availability** or lack of **food**, but due to the impossibility of cooking these foods, due to a situation of **substandard housing** and/or **family breakdown** and/or lack of knowledge about healthy habits.
- ❗ **Obesity is another of the most visible faces of malnutrition** among children and adolescents in northern countries. Families with limited resources are the **perfect target** for what has been termed the pandemic of the 21st century. **Packaged pastries**, juices high in sugars, **junk food** and **ready-made food** are all low in nutrients and high in calories and fats, with serious consequences for minors' **development** and **public health** in general.
- ✅ **Nutrition and physical activity** go hand in hand in obtaining **healthy habits**. The **earliest years of life** are fundamental for acquiring correct habits and for **preventing heart diseases**, endocrine disorders (type II diabetes) and social-mental consequences.
- ✅ In 2013, a **pilot project** was started in **Badalona Sud** with schools, the **Badalona Sud Consortium**, and the **Encís Cooperative**. Its aim was the correct development of minors, both personally and socially, by **playing sports** and **improving their eating habits**.





03\_1\_3



## AI-Healthy Habits

## How does it work?

Supporting a **community vegetable garden** to enhance teaching tasks by planting and caring for it. Becoming familiar with the earth's production cycle and **identifying** crops, seeds, and **products**.



**Training** for the instructors on **healthy nutrition** with the aim of their then teaching **capacity building** to the beneficiaries.

Organization of **community workshops** and **after-school snacks with families**.



To carry out **42 surveys** among instructors/parents and families with the purpose of **diagnosing** the problem:

- 1) No consumption of fruit and vegetables, and a high intake of soft drinks, candies, and packaged pastries
- 2) A lack of scheduled times for meals
- 3) No knowledge of what a balanced diet means

HEALTH

SPORT

ECOLOGY

The promotion of physical **exercise** through **extracurricular activities at schools**, with a total of **300 beneficiaries**, **105 funded** by Probitas, who practice dance, folklore dancing (sevillanas), and football. A number of teams participate in sport **competitions**, festivals, contests and other complementary activities.

Some of the **9 activity instructors** are **adolescents from the neighborhood** who have received sport and education **training**. **17 volunteers**, some doing work experience, provide support for these activities.



*"Working on healthy habits in this region is quite a challenge. At present, we are dealing with minors who are the beneficiaries of extracurricular activities at two schools, with neighborhood activity instructors, and with some families. They will soon start having trips to the garden and the activities for school lunches will begin"*

**Paola Toribio**

Expert in health habits. Encis



*"The activities we do at schools are an extremely motivating tool with a positive impact on decreasing school absenteeism, increasing healthy habits, behavior, interrelation skills, nutritious eating guidelines, and the personal wellbeing of the vulnerable minors in Badalona Sud. The instructors, school agents and role models for these children are local young people who received training courses in the past. This has given them a real added value and a strong guarantee that the project will be a success"*

**Esteve Plana**

Coordinator of extracurricular activities in Badalona Sud, Encis





03\_1\_4

**RAI-Cuida'm****Why?**

- ❗ **There are minors with diseases and disorders** who, despite the fact that their development and quality of life are seriously affected, are not covered by the Spanish Healthcare System. They do not have access to suitable treatment.
- ✓ **In 2013 Probitas started to develop a protocol** with the Social Work Unit and the *Cuida'm* Program, both in Sant Joan de Déu, with the aim of jointly developing a program that can answer these needs at RAI member schools.
- ✓ **To draft the referral protocol** and criteria for clinical emergencies, three pilot cases were used in 2013.
- ✓ **The purpose of RAI-Cuida'm** is to cover at least these treatments:
  - 1) **Dentistry, especially multiple cavities**
  - 2) Serious situations requiring **orthodontic** and **ophthalmic** treatment
  - 3) Child-adolescent **psychiatric / psychological** treatment for extremely grave cases
- ✓ **The cases are compared** by the Social Services and primary care centers to certify that all the ordinary channels have been exhausted. Subsequently, the Probitas Foundation, the Social Work Unit, and *Cuida'm* assess the cases and agree on the suitability of treatment according to these criteria:
  - 1) Severely affecting **the patient's quality of life**
  - 2) Severely affecting function development (especially in orthodontic cases)
  - 3) **Disorders that affect school performance or socialization**





03\_1\_5

## Lessons learned

Over the course of the two years spent implementing the **RAI program**, we have continued to learn how to **improve its efficiency**. With respect to RAI-School Lunch Aid, we have verified that it has a **greater impact** when implemented at all schools in a municipality based on a **consensus criteria**. Working in a coordinated **network** with all parties involved minimizes **coverage shortfalls** and **maximizes** efficiency in detecting minors at risk.

We also detected that not all social services are equally involved and this **level of involvement** is essential. Firstly, because these departments **provide security** to school Principals in the decisions they make about which minors are the most vulnerable. Secondly, because their knowledge helps Probitas make **coherent decisions**. And, thirdly, because if we are truly involved, some minors detected by school Principals that are not eligible, and therefore do not receive school lunch aid, can be **redirected** to social services so that they take action and create a suitable **work plan for them**.

We continue to believe that **school Principals** are the **focal point** of the program. Although some professionals were not always **aware** of this **responsibility**, the 89 Principals with whom we are working have gradually started to assume this role.

Once again, we have verified how **cuts in public aid**, and how **management** and **design shortfalls** in public benefits, leave children year after year in a situation

of **social risk** without suitable coverage. And, in addition, how the high cost of school lunch means it is becoming increasingly **inaccessible** for thousands of families in this region.

We have also detected that during **school holidays**, public administrations close down, however, the **nutritional needs** of minors at risk continue. It is during these vacation periods when the **policies** deployed by the public administration prove to be totally **inefficient**. Based on these facts, Probitas is committed to the involvement of RAI-Casals in **summer**, with special emphasis on the month of **August**, which is when there are the fewest public resources available.

Despite all the work the Foundation has done on these two components, we are aware that they are **palliative actions** that do not really solve the **root of the huge problem of social inequality**. This is why we launched the RAI-Healthy Habits component in 2013, which provides more tools to minors so that they can escape from the vicious cycle of poverty.

Whilst there do exist some cases of **undernourishment**, particularly in specific immigrant groups, we have come to realise that the largest **problem** we are facing is **malnutrition**. We have observed that there are thousands of minors who **do not know** what **fruit** and **vegetables** look like, or their **texture** and taste. This ignorance condemns children and adolescents to suffer **consequences** such as becoming **overweight** or **obese**, which can hinder their intellectual and physical growth. However, we have demonstrated how working at schools with **urban gardens** can be an effective teaching resource and a strong message highlighting the importance of healthy eating.







*"The GLI program moves forward. Some laboratories have been established and others are starting up. This year, I would like to highlight two relevant aspects of the GLI. On the one hand, the challenge of building a sustainable energy laboratory in Sierra Leone, using solar power to optimize clean natural resources and, on the other, that of implementing the GLI project in Peru to improve access to healthcare of the indigenous population of the Amazon, where there is a high prevalence of HIV/AIDS. Finally, I would like to point out that the GLI software is ready, it will be soon installed in Kumasi and will represent a significant advance in laboratory management. The lesson I have learned this year is that although there are people living in extreme poverty, we have to continue fighting to build a world of greater justice and solidarity"*

**Joan Joseph MD, PhD**  
GLI technical advisor







03\_2

# Global Laboratory Initiative

## What is it?

**The *Global Laboratory Initiative* (GLI) is a model developed by the Probitas Foundation aimed at bringing basic clinical diagnostic laboratories to the most vulnerable regions of the planet.**

The **GLI** program leads to reinforced laboratory capacities so that the most prevalent transmittable diseases can be suitably diagnosed and controlled, along with other chronic illnesses that are increasingly present in developing countries, including diabetes, high blood pressure, anemia, and heart diseases.

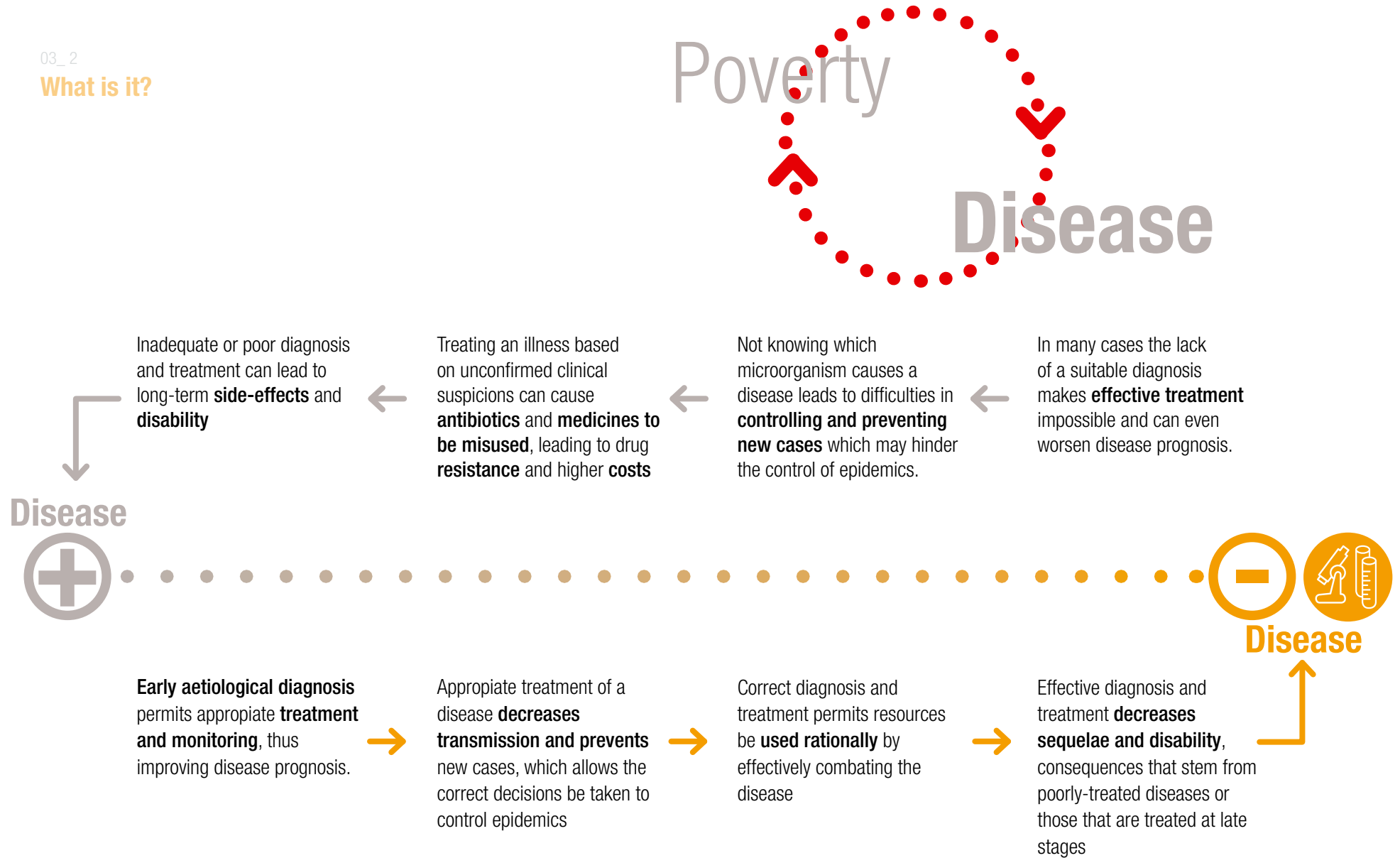
The creation of a multidisciplinary team with professionals from different areas of Grifols has contributed to improving the quality and efficiency of all its interventions and is currently an essential factor in implementing **GLI** programs.

The **GLI** model is developed in different phases and always in coordination with local health structures. This favors its integration with the healthcare system and its long-term sustainability.



03\_2

## What is it?



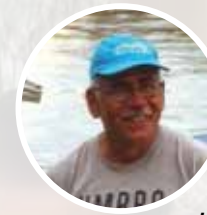
## General purpose

To reinforce the capacities of clinical diagnosis laboratories in vulnerable areas so as to improve the prevention and control of the most prevalent diseases

## Implementation phases of the GLI model



# NORTH HLINOS



*"Although health indicators have improved in Peru in recent years, there are still great inequalities which especially affect the indigenous communities. Health services in these regions are scarce and, due to cultural reasons, those that exist are of low quality and help very few people. The objective of the GLI-Peru project is to improve this situation and contribute to ensuring better access to the health rights of the communities"*

**Mario Tavera**  
UNICEF-Peru, GLI-Peru collaborator



*"NIEVA YORK! This is the name the locals use for the town of Santa María de Nieva in the Peruvian highland jungle. Approaching this village of barely 2,500 inhabitants from the Marañón River, you may have the same feeling you have when approaching an American city from the solitude of the ocean. Suddenly you are in a city with all the convenience of the first world, where different cultures clash and there is a lot of inequality. In the midst of this setting, a GLI project has appeared with the aim of alleviating severe healthcare shortages. The tale of a nurse who saved the life of a mother and her newborn child in absolutely precarious conditions made me not only aware of the existing shortages but also what we can learn from these people"*

**Martin Ansorg**  
Grifols Engineering, GLI-Peru collaborator





03\_2\_1

# GLI-PERU



**Santa María de Nieva and San Lorenzo (Peru)**

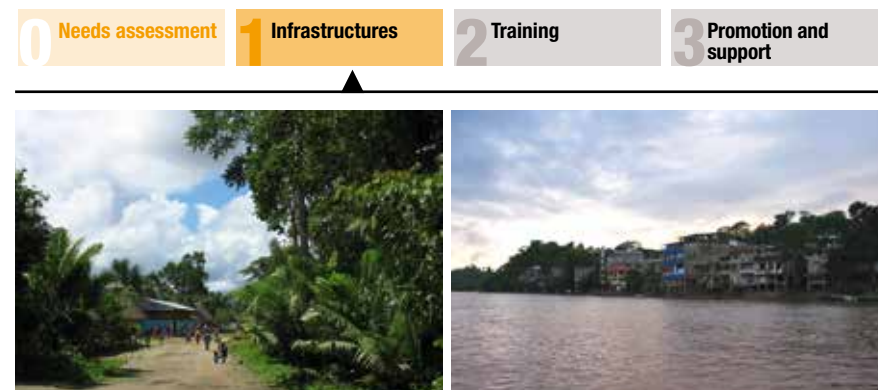
**28,110**  
Direct beneficiaries

**76,742**  
Indirect beneficiaries:  
41,742 from Condorcanqui and 35,000 from Datem del Marañón

**€150,000**  
Budget 2013

**75%**  
Budget requested from Probitas

**2013-2015**



## Needs assessment

**Mother and child mortality** in Peru has dropped by **66%** and **73%**, respectively, in the last two decades due to increased coverage of **antenatal care** and **births attended by skill health personnel**.

The child **mortality rate** of **17 per 1000** live births meets the Millennium Development Goals (MDGs). However, there are still **large inequalities** between **urban** and **rural areas**, in particular among the **Peruvian Amazon communities**. While in **urban** environments, **92%** of **births** are **attended by healthcare professionals**, the average in **rural** settings is **45%**. This inequality is associated with the **lack of qualified personnel** who recognize the **needs** and culture of the **Amazonian population**.

Nearly 75% of the indigenous population is **Awajum** and **Wampi**, and the hospital laboratories in Nieva, Condorcanqui, and at the San Lorenzo Hospital in Datem del

Marañón have a reference population of 102,972 inhabitants. Around 25% of children from 0 to 5 years of age are chronically undernourished, while 28% live in extreme poverty. The most **prevalent diseases**, which include **HIV/AIDS**, **tuberculosis**, **leishmaniasis**, **hepatitis B** and other infectious diseases, cause high morbidity / mortality rates and greatly hinder the development of these communities.

The most noteworthy conclusions from the visit to perform the needs assessment:

- 1) The laboratories at the Nieva Hospital and the interim one in Nieva are well equipped, but have limited resources for purchasing reagents and consumables
- 2) The level of technical and managerial capacity building is high, although advanced training will be needed to efficiently manage the laboratory



GLI-PERU

1

## Infrastructures

Infrastructures and facilities

Installing laboratory equipment

2

Training of local staff

3

Promotion and support of other integral healthcare programs

A need was identified to **improve the infrastructures** at the Santa María de Nieva Hospital laboratory, the Nieva Interim Laboratory, and the San Lorenzo Health Center, which include:

- Renovation of spaces and installation of **Internet networks**
- Repair of existing **water facilities** to ensure adequate supply
- Installation of **electricity structures** with a **sustainable and ecological ECO-GLI System**



With respect to **equipment, supplies and technical capacities, they will be** needed to reinforce the **decentralized management** of patients with **HIV/AIDS** and other sexually-transmitted diseases (STDs)

- We are working in collaboration with the **Ministry of Health** on the **reference and counter-reference systems** for samples, in accordance with the region's **HIV/AIDS Decentralization Plan**
- The laboratory should specialize in **HIV/ AIDS diagnosis** and the supervision of patients with **Highly Active Antiretroviral Therapy (HAART)**
- The creation of a **multidisciplinary and multicultural health team** from the community to attend the region's native population

## GLI-Peru

**GLI-Peru**, together with UNICEF and the Ministry of Health, will create the first complete HIV/ AIDS and STD service care model adapted to the country's native population. A significant increase in cases of HIV/ AIDS, hepatitis B, and STDs has been detected among the populations living in remote regions with limited access, making it necessary to adapt national protocols to this situation.



## Interview with **Consuelo Crespo**, former president of the UNICEF Spanish National Committee

### 'The alliance [with Probitas] is a commitment with multiplying results'



The signing of the UNICEF-Probitas agreement to develop a GLI in the Peruvian Amazon regions of Condorcanqui and Datem del Marañón is one of its last interventions interventions. After eight years as president of the organization, Consuelo Crespo (Barcelona, 1953) highlights the "enormous interest" represented by an alliance with a private sector in developing a cooperation project, and the "huge value" this new model can provide to society.

How would you define your time at UNICEF Spanish Committee? What would you highlight most about your presidency and what would you have liked to do but couldn't?

It has been a very inspiring and enriching period, which has allowed me learn more and understand better how the world opera-

tes and how this affects human beings. With regard to my contribution, I believe that one very important achievement was professionalizing the organization and making it more efficient and more transparent with a highly-committed team that truly understands teamwork in capital letters. My hope was that all the rich countries could have learned what poverty, its causes and its consequences, are really like.

UNICEF has taught you how the world works. Are you still an optimist after obtaining this knowledge?

I'm always an optimist. I believe that if we lose the belief that things can change, we would never get anything done. I think there's still a lot to do, a lot to improve, but also that the achievements we've made are enormous.

What does collaborating with Probitas mean to UNICEF?

I think that Probitas is the first collaborative experience that UNICEF has had with other sectors of society, the private sector in this case, and was the one we knew least about. These cases prove that the concept of alliance goes far beyond that of contributions or occasional support. An alliance is a commitment with multiplying results that involves all areas of the company as such and which raises awareness.

What is the code of ethics that UNICEF uses to decide with whom it will and will not establish alliances?

UNICEF analyses the practices of each of its possible allies, not only of the companies, but all of them, as a general rule. Then it decides which ones it is advisable

to work with hand-in-hand and which ones not. From that point on, an analysis must also be performed on how many things in common there are between the allies. In the case of Probitas, Grifols is a company devoted to improving health, so we already had an advanced starting point. In contrast, there are sectors that have practices that go against human development and with which we cannot work. In any case, before signing an agreement, we have to consult our Geneva headquarters to get their approval. The screening process is very intense.

### **'UNICEF analyzes the practices of each possible ally and decides which one it is advisable to work with and which not'**

Why are budget items for protecting children the first ones to get cut? Is it a problem of short-term political vision or simply the human condition?

It is a problem of political short-termism and the lack of an in-depth analysis about what is more profitable for investments in development, both human and financial. This happens to us in developed countries: When the government believes that its greatest assets are citizens, when these citizens are well developed and have the necessary tools and opportunities, the country grows immediately.

And how do you fight against political short-termism?

One must fight armed with great knowledge, much professionalism, a great deal of data diffusion and comparisons, and a lot of patience.

Has the increase in local vulnerability raised or lowered the Spanish people's awareness with regard to inequalities in

the Southern countries?

It has increased human beings' empathy. When you suffer need or financial problems you understand much better those with the same or more serious problems. I don't know if knowledge has improved, which is more complex, but awareness, yes.

What do you think of movements that consider cooperation a tool the system has to ease its conscience whilst perpetuating the situation?

We have all fought at some time or another for this not to be just whitewashing. What is needed is a very complete structural change that is related to participation and giving voice to all human beings, not only to generators of wealth. Cooperation is not only sending money. It is sending it and then employing it with professional efficiency so that there are results and changes take place. But there is also work in parallel with the population, with public and private institutions, so that financial donations do not justify those problematic attitudes.

And why are we the same? What criticism could we make of the sector?

We haven't known how to explain more emphatically and with greater clarity the causes and consequences of poverty, and we haven't devoted enough work to getting this message out. If we had done so, we would have more allies and we wouldn't have to be explaining the reason for our work. But there are some organizations that have done it extremely well. This movement is the result of many years and will be sustained, so that the private sector starts to reflect on its responsibility, beyond profits and the market.





*"They say that laughter,  
and the joy of being alive,  
help cure us and I largely agree. The  
inhabitants of Mabesseneh constantly  
show me their smiles, although it is  
unfortunately not enough. I am happy I  
can contribute to helping their smiles not  
disappear"*

**Manel Fernández**

Grifols Engineering, GLI-Lunsar collaborator



NORTH  
HITOS





03\_2\_2

# GLI-LUN SAR

Saint John of God Hospital



**Mabesseneh**  
(Sierra Leone)



**37,000**

Direct  
beneficiaries



**120,000**

Indirect  
beneficiaries



**€130,000**

Budget 2013



**75%**

Budget requested  
from Probitas

**2013-2015**

## Needs assessment

After 15 years of bloody civil war, **Sierra Leone** has some of the **lowest health indicators in the world**: A mere 47 years of average life expectancy, 140 babies per 10,000 die during childbirth, while 857 mothers out of every 100,000 die during childbirth. **Malaria, diarrhea, and respiratory diseases** are the underlying causes of many of these figures.

The Saint John of God Catholic Hospital (SJGCH), located in Mabesseneh, is a privately-run mission that is currently one of the leading state hospitals. Although it was devastated by the war it **started operating again in 2002** and in 2005 received support from the **twinning program** at the Sant Joan de Déu Hospital in Barcelona. At present, it has a **reference population** of approximately **120,000** inhabitants, who arrive from the remotest areas of the country.

In 2010, the Probitas Foundation started to provide support for the hospital by installing a **photovoltaic system** and a generator that gives the center **energy self-sufficiency** and a consequent decrease in high fuel costs.

- 0 Needs assessment
- 1 Infrastructures
- 2 Training
- 3 Promotion and support



In addition to other interventions, in 2012 it was decided to implement a GLI, the needs assessment detected:

- 1) An oversized laboratory compared to the equipment available and the workload at that time
- 2) A room for drawing blood at the entry to the laboratory, which obstructed the passage of personnel
- 3) Some equipment that did not work due to lack of reagents
- 4) The screening of blood bags for blood transfusions taking place under extremely precarious conditions
- 5) A lack of running water and electricity in the laboratory



GLI-LUNSBAR

1

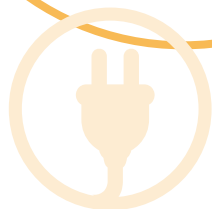
## Infrastructures

### Infrastructures and facilities

The existing laboratory **space will be expanded and optimized**, with a specific area for drawing blood for transfusions.

After the study to improve **water supply and distribution**, a new **tank** will be provided, with **pumping** via a **solar panel**.

The photovoltaic system for the entire hospital will be reinforced by amplifying the **modules** with a **power of 15Kw/h** **within** the framework of the first **ECO-GLI**



### Installing laboratory equipment

There will be a tender for **12 laboratory machines** including:

- 2 semi-automatic analyzers: hematology and biochemical
- 1 blood bank refrigerator
- 1 biosafety cabinet
- 1 integrated computer system
- Anatomic pathology instruments and equipment for bacterial cultures, which will be provided by other partner organizations



2



## Training of local staff

Basic training in specific hands-on techniques

Advanced training in laboratory operation and management

## 3 Promotion and support of other integral healthcare programs



In the training area, **capacity building in diagnostic techniques** will be needed for working with patients undergoing **general surgery, obstetrics-gynecology, and pediatrics**. Training will also be provided in working with infectious and chronic diseases



**Lessons learned** **GLI-Lunsar**  
During the **GLI-Lunsar** implementation, we have witnessed first hand the difficulties that are often entailed in combining ecology and efficiency. Starting up a cooperation program with an ecological focus requires long-term vision. We cannot center on short-term outlooks or false myths or beliefs. We must be innovative and inquisitive, seeking other examples, learning from other projects that are already up and running and, especially, have our eyes on the world and future generations.

Only organizations with a decided commitment to renewable energies will be able to achieve it, as the road is a long one, information is not always available, and tenacity is essential.





*"Guaranteeing access to healthcare for the inhabitants of the communities located along the Putumayo River is a great challenge and requires the combined efforts of the state, international cooperation organizations, and the beneficiaries. Interacting with these communities and providing care, prevention, and the promotion of health, as well as sharing their joys and needs, invites us to return, to continue prioritizing actions to make smiles come back to their faces and give them some hope, in an area where the benefits of Ecuador's rapid development in recent years have not reached"*

**Juan José Montero**  
OXFAM/ ACNUR-Ecuador, GLI-Ecuador collaborator



*"The GLI project in Ecuador was my first chance to help –only a little– improve the lives of those who we, in the first world, ensure remain in the third. Sometimes NGOs do not optimize resources and efforts overlap, but fortunately the Probitas Foundation finishes its projects and they have a very direct impact on the health of their recipients"*

**Roberto Rodriguez**  
Grifols Engineering, GLI-Ecuador collaborator

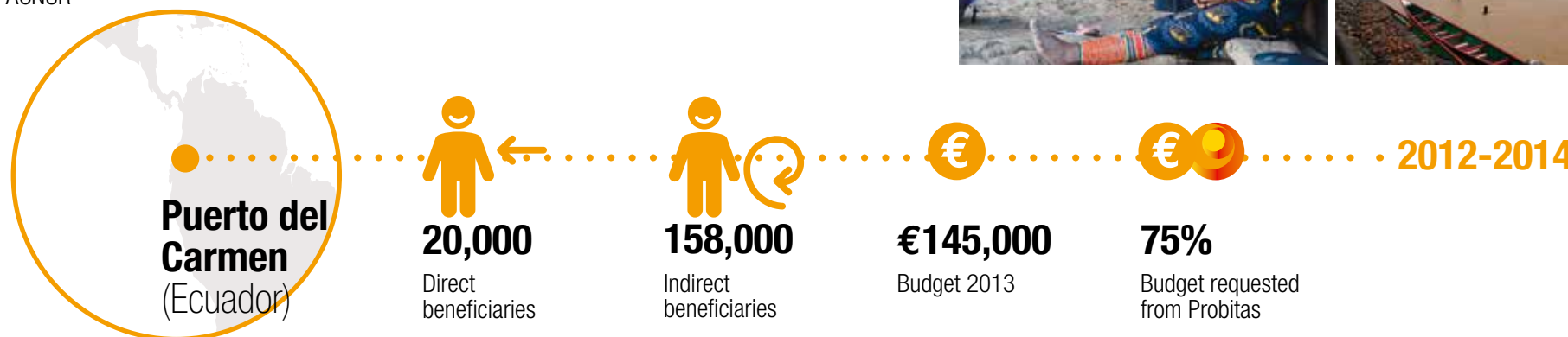




03\_2\_3

# GLI-ECUADOR

ACNUR



Ecuador shares a long border with Colombia from which it receives refugees fleeing from the armed conflict that has ravaged the country's poorest areas for decades. In December 2013, 63,090 refugees were reported living in isolated and undeveloped border regions, such as the province of Sucumbios.

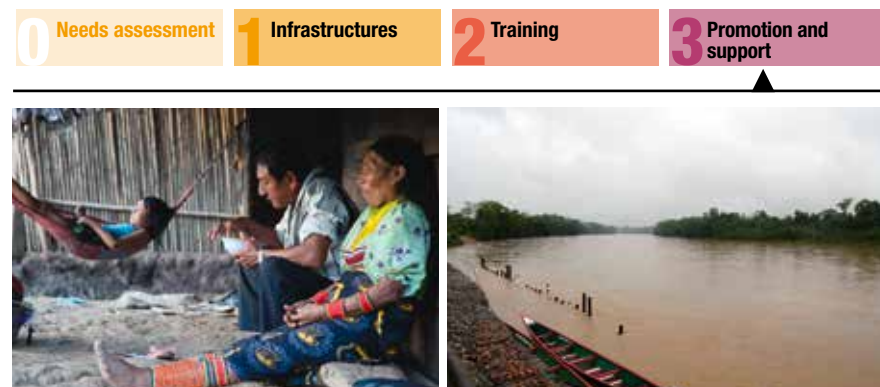
The poverty index of Sucumbios with regard to unsatisfied basic needs (UBN) is 87%, which is much higher than the country average (60.1%). This context has heightened the situation of underdevelopment, exclusion, and poverty, causing the Ecuadorian and refugee population to have no access to quality health and education services, and greatly limiting their possibilities of joining the labor market. All of which has been exacerbated by the extraction of oil resources, which started in the 60s, and has caused significant environmental damages to the region and its communities.

The resolving capacity of health services is weak and the people in communities are forced to make long road and river journeys. This prevents the creation of basic

health coverage for the refugee population. Sucumbios has high rates of HIV/AIDS and sexually-transmitted diseases partly due to widespread conditions of social exclusion and vulnerability.

The laboratory at the Puerto del Carmen Health Center belongs to the health network for District 3 in Sucumbios and provides coverage for 18,527 beneficiaries. During the visit to perform the needs assessment, we detected:

- 1) Although it has some laboratory equipment in good condition, there is a shortage of reagents
- 2) The laboratory is run well, although it could be improved by specific new equipment and a computer system
- 3) There is no designated room for drawing blood
- 4) Although personnel are well trained, they could be improved with advanced training







GLI-ECUADOR

1

## Infraestructures

Infraestructures and facilities

Installing laboratory equipment

**Improvements** and expansion of the infrastructures at the **Puerto del Carmen Health Center**

- Improved the **electric supply** with a **generator**
- Improved the **water supply**
- Provided basic furniture a new **waiting room and blood collection room**

Installed **13 machines** in the Puerto del Carmen laboratory, including:

- **1** semi-automatic hematology analyzer
- **1** white blood cell counter
- **1** complete computer System

2

## Training of local staff

Basic training in specific hands-on techniques

**Trained 4** people using **hands-on methodology**:

· Pre-analytic phase:

- Best laboratory practices
- Handling samples

· Analytic phase:

- Basic analytic procedures

· Post-analytic phase:

- Interpretation of results
- Biological waste management



Advanced training in laboratory operation and management

IPresentation of GLI-software



3

## Promotion and support of other integral healthcare programs

Health care and education programs in the community

Integral management and rational use of resources

### Community health activities:

- Implement a mobile healthcare service and **river brigades**:
- **Two barges repaired**, and equipment and supplies provided to carry out medical care campaigns
- Community participation processes started with **young people** and **sex workers**
- Activities in vulnerable populations to **promote** and provide education about health

### Results of GLI-Ecuador

A total of **17,455 analytic tests** have been performed:

- Hematology **7172**
- Bacteriological **388**
- Biochemical **4926**
- Parasites in feces **1412**
- Urine analysis **1984**
- Other diagnostic tests **1,573**

## Lessons learned GLI-Ecuador

The GLI program is the entry point to vulnerable populations with multiple needs to cover. Unless we adopt a **comprehensive focus** we cannot improve the health of communities through suitable diagnosis and treatment of diseases. During the implementation of **GLI-Ecuador** emergency action was requested due to the **dumping of crude oil** into the waters of the San Miguel River, a tributary of the Putumayo, on the border between Ecuador and Colombia. Our response was clear from the outset. The **supplying of drinking water** under circumstances like these is not only a public health emergency, but one of the objectives of phase 3 of the GLI program.





# NORTHERN HAIKOS



*"In Ghana, the lack of access to laboratory diagnoses makes complex births even more difficult .*

*The absence of analytic tests for proper diagnosis and monitoring is a limitation in the country and the MCHH laboratory is no exception. Before the appearance of Probitas, our laboratory was unorganized and inefficient. However, thanks to the Foundation, we now have a spacious laboratory with an adequate waiting room and new equipment. It is an achieved goal which makes it possible to offer our patients proper standards of medical care"*

**Ashante Addae**

Manager of the MCHH Laboratory Service, GLI-Kumasi collaborator



*"For me, working on the GLI-Kumasi project is an opportunity to bring out the best in me, put myself to the test and educate myself. When reading these lines, ask yourself who gave you your opportunity. They have been fighting from the outset, with almost no opportunities, fighting since they were born. Will you give them a chance? If they don't give up, there's no way I am giving up"*

**Manel Ruiz**

Specialist in blood bank analysis, Movaco- Diagnostic, collaborator in GLI-Kumasi and GLI-software



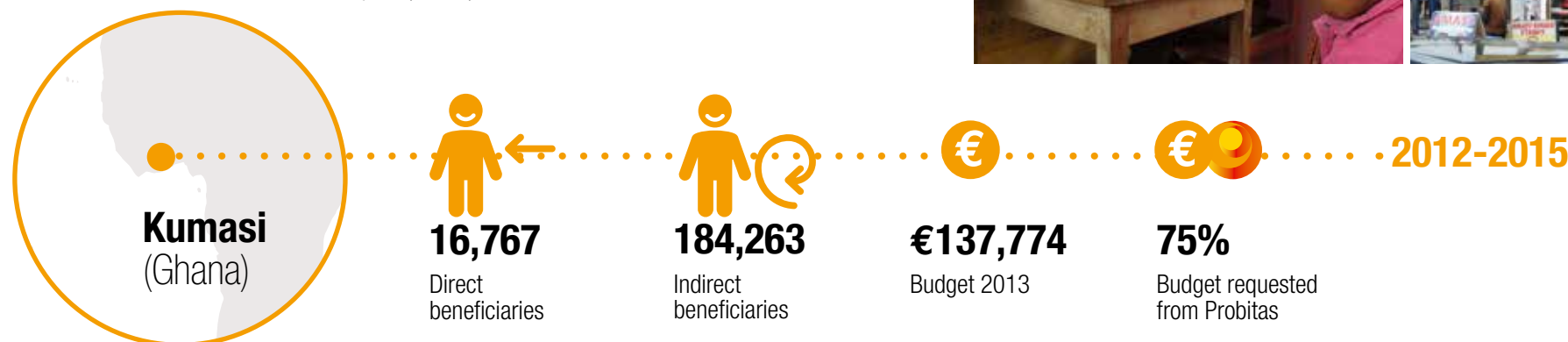




03\_2\_4

# GLI-KUMASI

Kumasi Maternal and Child Health Hospital (MCHH)



0 Needs assessment 1 Infrastructures 2 Training 3 Promotion and support



## Needs assessment

Ghana is a clear example of a **well-established democracy** and a **political** and economic **model** for all other African countries. If forecasts are met, it will be one of the countries with the greatest growth this decade. With 2,035,064 inhabitants, **Kumasi** is the country's second capital and the epicenter of the former kingdom of Ashanti.

The Ghanaian public health system is called the **National Health Insurance Program**, a public fund that covers several needs. However, there is a large disparity of health coverage between rural areas and large cities. The **Maternal and Child Health Hospital (MCHH)**, our project partner, provides coverage to over 230,000 people and is one of the few hospitals with a unit specializing in treatment of severe

malnutrition.

During the needs assessment visit, we detected that the MCHH **Laboratory Service** is **barely functional**, due to the:

- 1) Existence of small physically-separated cubicles
- 2) Lack of a suitable area for drawing blood, which is done in the laboratory itself
- 3) Lack of reagents **resulting in equipment not being used**



GLI-KUMASI

1

## Infrastructures

Infrastructures and facilities

Installing laboratory equipment

2



**7** laboratory equipment installed, including:

- **1 biosafety cabinet**
- **1 semi-automatic biochemistry analyzer**
- refrigerators, freezers and reagents



- Laboratory expanded, with **2** boxes for taking blood samples, area to handle bio-hazardous samples and a new waiting room

- **1** water facility improved

- **Electric structure** reinforced with a generator and an uninterruptible power supply (UPS)



## Training of local staff

Basic training in specific hands-on techniques

### Basic laboratory management and maintenance:

- Essential **diagnostic techniques** for **maternal-infant care**
- **Best laboratory practices**
- **Calibration** of machines and **validation** of analytic results

Advanced training in laboratory operation and management

Introductory course taught prior to the installation of the **GLI-software** in the first quarter of 2014

# 3

Promotion and support of other integral healthcare programs

## Lessons learned GLI-Kumasi

There were specific issues with respect to our commitment to the maternal and child health hospital in Kumasi, especially about how the health personnel would react to an increase in their workload, despite better working conditions. The response has been extremely positive and the personnel is committed and excited about the project. GLI-software was enthusiastically welcomed and a great effort is being made to computerize the laboratory. This is because they feel responsible for the project's success and because they are aware of the significant advance in quality it entails for laboratory management.

### GLI-Kumasi laboratory results

- **12,760** hemoglobin tests
- **253** analyses to detect sickle cell disease and thalassemia
- **5206** white blood cell counts
- **4220** malaria rapid diagnostic tests
- **89** sputum smears
- **1102** detections of antibodies for Salmonella typhi
- **4839** analyses for parasites in feces
- **209** glycemia

# 2013





# NORTH SOUTH



*"As managers of the biomedical analysis laboratory at the Valentín de Pablo Health Center, we contribute to improving the population's health through biological diagnoses and validation of results. Through the Probitas Foundation's technical support we manage stocks well, getting immediate results and supervising their quality according to international standards. Thanks to this cooperation from the Foundation, our laboratory is now a national reference, especially in the intervention area. These actions have a positive impact on satisfaction and improve the living conditions of society's most vulnerable population"*

**Boukary Niangaly**

Advanced technician, laboratory manager for GLI-Bamako



*"I am excited to work for a company whose goal is to improve the quality of life of disadvantaged communities, and I am proud to be part of the team working disinterestedly to get the most out of the resources we are allocated. The involvement of the local communities as a method to guarantee that the positive impact endures with the passing of time is very motivating"*

**Ramón Garriga**

Grifols Internacional, GLI-Bamako collaborator



03\_2\_5

# GLI-BAMAKO

Mutuelle Benkan



**Bamako**  
(Mali)

**7,000**  
Direct  
beneficiaries

**15,000**  
Indirect  
beneficiaries

**€28,246**  
Budget 2013

**20%**  
Budget requested  
from Probitas

**2011-2014**

0 Needs assessment 1 Infrastructures 2 Training 3 Promotion and support



## Needs assessment

With an immense cultural legacy, **Mali**, along with Senegal, obtained independence in 1959. A multiple-party system was set up in 1991 which was in power until March 22, 2012 when a **coup d'état** took place due to the government's indecisiveness in combating the insurrection of several groups in the north. French intervention returned **peace** to the country, with **constitutional order** reestablished in December 2013.

Téléphone sans fils is a **vulnerable** area in Bamako, Mali's capital, which has seen random and spontaneous growth through migratory flows. Its population lives in **overcrowded** and unhealthy conditions. In 2004, faced with the lack of state services, citizens proactively created **Mutuelle Benkan**, a **non-profit** group that, using membership fees, carries out general interest interventions to improve its inhabitants' quality of life.

One of these is the **Valentín de Pablo** health center, in line with the Ministry of Health and Social Development's programs, which centers its work on **primary health care**, care during childbirth, and a **child vaccination program**.

The most notable conclusions of the needs assessment are:

- 1) A **very small** service area (4 m<sup>2</sup>) that is totally insufficient
- 2) **Limited technical** capacity building and local personnel management
- 3) **Few** human or financial resources
- 4) The potential to be **sustainable** in the medium to long term future





GLI-BAMAKO

1

## Infrastructures

### Infrastructures and facilities

- **Laboratory expanded** and connected to the **Internet**, and the installation of a pressure pump for **running water**
- **Septic tank** constructed, showers for patients, and a **warehouse** for storage
- **Generator** installed, as well as voltage **stabilizers**, to ensure uninterrupted power supply



### Installing laboratory equipment

- Laboratory equipped with **semi-automatic blood and biochemical analyzers** and other diagnostic equipment
- **Preventive maintenance contracts** taken out on equipment



2



## Training of local staff

Basic training in specific hands-on techniques

Advanced training in laboratory operation and management

**Basic** laboratory management and maintenance:

- **Essential diagnostic techniques:** for basic microbiology, hematology and biochemical analysis
- **Handling** of samples and biological waste management
- Increase in the number of analytic techniques in the **service portfolio**

Introduction to **GLI-Software** carried out during the visit of the medical director from the Valentín de Pablo Clinic in Barcelona



3

Promotion and support of other integral healthcare programs

## GLI-Bamako

When we started the **GLI-Bamako** project we did not know how our local partners would respond, or whether sustainability was ensured. Like the beginning of any other project there were risks. However, we have learned that people and organizations are motivated to fight for what they believe is theirs. And this is the case of Mutuelle Benkan who knew how to take advantage of the support received from Probitas. They were also aware of their own responsibility and the fact that the Foundation was only a temporary support until they could manage alone.

Lessons learned

2013

### Results of GLI-Bamako

Health center's activity

- **12,221** primary care patients
- **1272** prenatal visits
- **399** post-natal visits
- **472** births attended
- **2775** pediatric appointments

Increase in the number of biochemical and blood analytic tests compared to previous years:

- **10,402** complete blood tests
- **1096** glycemia
- **1603** thick blood smears for malaria diagnoses
- **1375** detections of antibodies for Salmonella typhi
- **456** basic biochemical tests









13 years  
SCOLIOSIS  
**Ukraine**

1 year  
CONGENITAL  
HEART DISEASE  
**Dominican  
Republic**



10 years  
HIRSCHSPRUNG DISEASE  
**Dominican Republic**



12 years  
CONGENITAL  
HEART  
DISEASE  
**El Salvador**



4 years  
SEVERE  
CONGENITAL HEART  
DISEASE  
**Nicaragua**



4 months  
CONGENITAL HEART  
DISEASE  
**Dominican Republic**

8 years  
EPISPADIAS  
**Sierra Leone**



15 years  
SEVERE CONGENITAL HEART DISEASE  
**Sierra Leone**



8 years  
CONGENITAL  
HEART DISEASE  
**Sierra Leone**



15 years  
EXTERNAL AUDITORY  
CANAL ATRESIA  
**Equatorial Guinea**



15 years  
BILATERAL CRONIC OTITIS  
**Equatorial Guinea**



7 years  
BLADDER EXSTROPHY  
**India**



04\_1

*Cuida'm*

Saint John of God Hospital

The ***Cuida'm*** program helps care for **children from countries with few resources** so that they can access **highly-complex medical treatments** that would be extremely difficult to resolve in their own countries.

Started up in 2004 by the Saint John of God Hospital, the Saint John of God Social Welfare Projects, DKV Seguros and *El Somni dels Nens*, the Probitas Foundation joined them in **2010**, becoming the **main partner in 2012**.

In 2013 the Assessment Committee handled **w** and the program was able to cover **17 cases**, representing a new life for **102 people**. These 17 cases involved a budget of **377,337 euros**.

Probitas financed **12 cases** with **174,000 euros (70.5% of all cases)**.

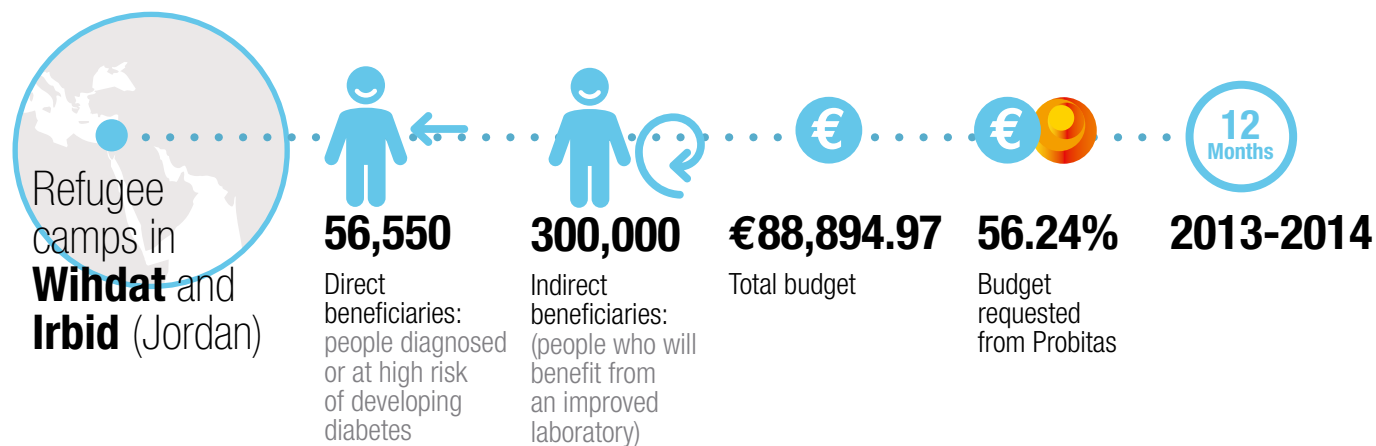
Aruna Kadiatu  
 Marianna Lidin Jazmil  
 José Eduardo  
 Anthony Manuel Leslye  
 Mari Carmen  
 Teytiana  
 Yordin Clemente



04\_2

## Reinforcing health services to control diabetes among the Palestinian refugee population in Jordan

UNRWA





In 1948, some 700,000 Palestinians abandoned their homes, fleeing from the first of a long series of conflicts between Israel and the Arab states, taking refuge in bordering Arab countries such as Jordan. The Six-Day War in 1967 also **displaced thousands more Palestinians** to this country, during which time Israel increased its territory, incorporating the West Bank, the Gaza Strip and the Sinai Peninsula. Today an estimated half of Jordan's population is Palestinian, or 2,110,114 people with refugee status, according to the 2013 UNRWA census.

Since 1950, **UNRWA** has been working for human wellbeing and the development of four generations of refugees settled in various countries in this region. As part of its humanitarian mandate, UNRWA provides **neutral and apolitical universal primary health care** to the entire Palestinian population. In Jordan, two of the settlements are the **Wihdat refugee camp**, created in 1948 with a population of 55,582, and the **Irbid camp**, constructed in 1951 for an initial capacity of 4000, providing health care to approximately 154,644 beneficiaries.

The Probitas Foundation and UNRWA formed an alliance for this project, with the aim of implementing an **innovative technique** (measurement of glycated hemoglobin HbA1C) **to control diabetes** in the Wihdat camp and, in a 2nd phase, in the Irbid camp.

Like other middle-income countries, Jordan is characterized by an **increase in chronic non-communicable diseases**, such as cancer, heart diseases, chronic respiratory diseases, and **diabetes**.

According to data from the Jordanian National Diabetes Center, **39% of the population is at risk of contracting diabetes**, a situation that is aggravated by **lack of knowledge** about this disease and by **social and cultural patterns**. The keys to control diabetes are early detection and **proper monitoring**.



## Objective:

### Improve diabetes diagnosis and monitoring using new technologies

- Implementation of the **glycated hemoglobin** technique in the Wihdat refugee camp

**4141**

diabetes patients diagnosed and a total of **12,423** screenings carried out

**Screening of 56,550 people at risk of diabetes**

- Capacity building about** the new technique for laboratory **personnel**

**10 laboratory technicians trained:**

- 4 technicians in Wihdat
- 6 technicians in Irbid

- Training in laboratory management**

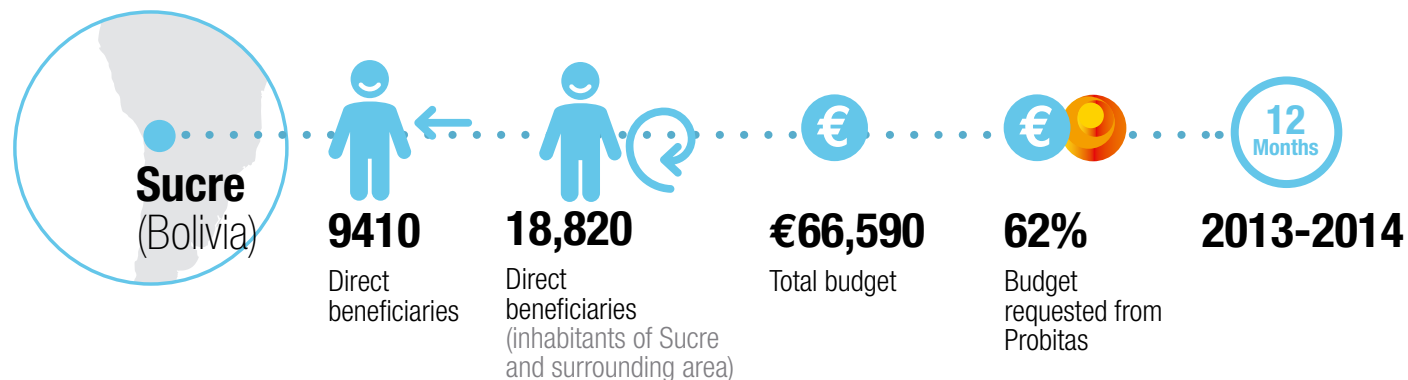
**1 supervisor** in Wihdat



04\_3

## Improved equipment at the Dr. Georges Dúez Hospital laboratory

Cooperación Social



The city of Sucre, Bolivia is primarily inhabited by **immigrants** from **rural areas**, who cram into overcrowded outlying districts in conditions of extreme poverty. In this context, **life expectancy** is barely **58 years**, the malnourishment rate of women of childbearing age is 45%, and chronic moderate-**severe child malnourishment** is **33.8%**. This immigrant population suffers from a lack of adequate health services.

The **Dr. Georges Dúez Popular Hospital** is part of the Tomás Katari Polytechnic Institute (IPTK), which has been working with disadvantaged populations since 1976. It

has had significant results, such as having improved the child mortality rate (currently at 54/1000) and having managed to eradicate measles, diphtheria, and poliomyelitis.

The organization **Cooperación Social** functions with the Dr. George Dúez Hospital and with the IPTK in Sucre to improve the provision of equipment and infrastructures. Despite the fact that there is a great demand for laboratory services, the IPTK does not have adequate services or facilities.

## Objective:

### Improve infrastructures, equipment and capacities at the Dr. Georges Dúez Hospital laboratory

- **Equipment for the Microbiology Unit** to perform proper etiological diagnoses

- 1 centrifugal pump
- 1 incubator heater
- 1 precision scales
- 1 binocular microscope
- 1 refrigerator
- 1 hematological counter

Provision of reagents, cultivation mediums and antibiotics, including: erythromycin, amoxicillin and ceftriaxone

- **Training of laboratory technicians** to improve the handling of samples and patients

3 technicians trained

30% increase in the number of samples processed with the new equipment

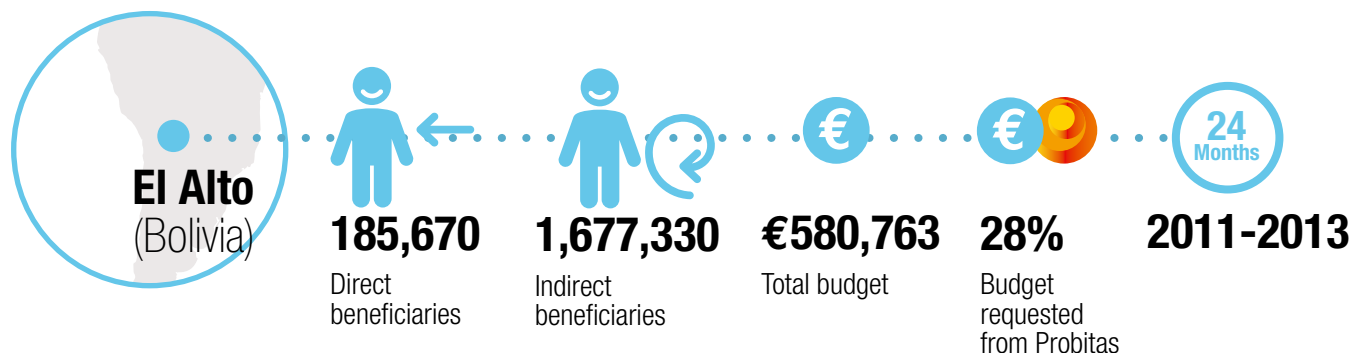




04\_4

## Improved access to eye health for the people of El Alto

Ulls del Món



The project implemented and completed by **Ulls del Món** made it possible to establish an eye-care network integrated with the public health system in El Alto, and its rural area of influence, by training eye-care specialists and setting up network capacity building for local professionals (**1057 people in the health field trained**). Public services were also reinforced (**1 municipal optician and 5 care centers provided**); a reference center was created for treatment and raising awareness of eye health at affordable prices (**13 health fairs**, at which information was provided on early detection of eye diseases and basic eye hygiene habits). After these interventions it is forecast that access to eye care will increase, and the quality of life of people suffering from vision problems caused by the altitude of El Alto (4000 m) and conditions of severe poverty will improve.





04\_5

Improved prognosis  
and quality of life for  
the population affected  
by tuberculosis in rural  
Angola

VHIR

**500**Direct  
beneficiaries**25,000**Indirect  
beneficiaries**€498,800**

Total budget

**19.68%**Budget requested  
from Probitas**2013-2016**

Although it obtained **independence in 1975**, the same year Angola was affected by a devastating, intensive civil war that would last until 2002. Despite being one of the African countries with the largest economic growth in recent decades, and having abundant natural resources (oil, gas and diamonds), its **economy is destabilized**. With regard to public health, it is known for its **high tuberculosis (TB) and malaria rates**, amongst other communicable diseases.

The TB incident rate is estimated at nearly 300 cases annually per 100,000 inhabitants, with a cure rate of 70%. Concretely, in Cubal TB is the main cause of morbidity-mortality. Nonetheless, public health laboratories have **serious deficiencies** in order to be able to correctly diagnose and **manage** cases, especially for **multidrug resistant TB (MDR-TB)**.

The project promoted by the **Vall d'Hebron Research Institute (VHIR)**, the Nossa Senhora de Paz Hospital, in Cubal, and the Probitas Foundation seeks to **improve the prognosis** and quality of life of **MDR-TB patients**. The methodology to be applied will contribute to perform the first TB resistance survey and will permit a new diagnostic system be started up to estimate the prevalence of the disease and improve TB drug therapy.



## Objective:

**Improve the prognosis and quality of life of TB patients in rural Angola**

- **Supplying new laboratory equipment** to reinforce the diagnosis of TB and MDR-TB

**1** GenXpert MTB/RIF diagnostic machine to diagnose cases of MDR-TB\*

Specific reagents for the diagnoses of **500** MDR-TB patients\*

Processing of **500** samples to study sensitivity to TB drugs at Vall d'Hebron\*

- **Training of local health personnel** in laboratory management, diagnostics and working with patients with TB and MDR-TB

**43** health technicians trained in managing patients\*\*

**7** technicians trained in laboratory management\*\*

**28** technicians trained to conduct diagnoses with the GeneXpert MTB/RIF technique\*\*

\*Expected results. \*\* Results from August 2013 to February 2014

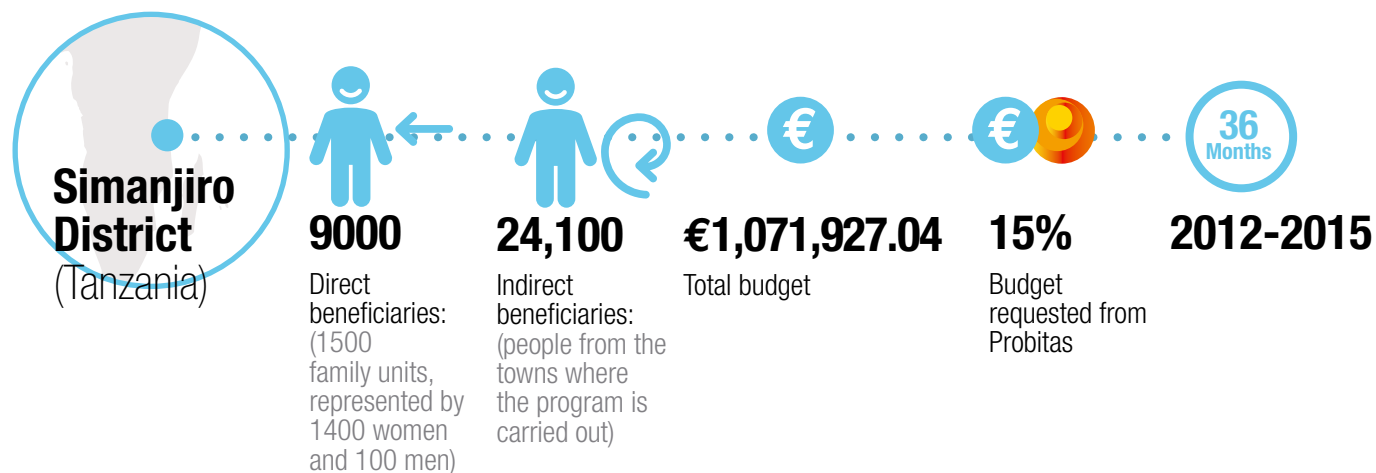




04\_6

Improved food safety conditions and social-productive development of 1500 ethnic Maasai families Spanish Red Cross

Spanish Red Cross







The Maasai people, a pastoral community made up of 90% of the population in the Simanjiro district, is particularly affected by **droughts** that, when extensive, cause the **livestock** to die and represent the loss of minimal earnings to ensure subsistence. In fact, Simanjiro is one of the areas with the **lowest development rates** in Tanzania, due to food insecurity problems caused by the intensive **cyclical droughts**, the lack of infrastructures, low agricultural productivity, insufficient access to supplies, and the characteristics of the Maasai community itself.

The program carried out by the **Spanish Red Cross**, together with the **Tanzanian Red Cross**, plans to improve the Maasai's living conditions by **constructing three dams** that, in addition to **improving farming productivity**, will lead to the better nutritional status and generate earnings through **corn, sorghum, bean, and sunflower crops**. The project is also involved in capacity building of the beneficiaries with respect to suitable cultivation techniques and the empowerment of **12 women's associations, and VICOBA** (Village Community Banks), to manage committees on water and vegetable gardens. These same associations will organize activities to generate earnings, such as the **bottling and sale of sunflower oil**.

## Objective:

**Increase physical and financial access to nutritional food for 1500 families, supporting their organizational and production capacities**

- Improved agricultural plots for 1500 beneficiary families\*

**1.500** families  
reconvert **4500** acres  
and prepare the land  
for cultivation (3 acres  
per family)

- Increased technical and organizational capacities in accessing water infrastructures\*\*

**3** dams constructed and  
**3** irrigation systems  
installed  
• **Three committees**  
**created** for community **water**  
**management**  
• Population trained on **proper**  
**water use**

- Increased community agroecology-production capacities\*\*

**1000**  
beneficiaries trained  
in agroecology  
techniques

**100** men received  
capacity building  
through experimental  
plots in composting and  
production techniques

- Improved earning capacities of at least 540 families\*\*

**35%** of the  
beneficiaries received  
capacity building in  
generating earnings and  
marketing techniques

**240** women  
received capacity  
building in  
horticulture  
techniques

**100%** of the families have  
access to agricultural supplies  
after the distribution of:  
• Farming tool kits  
• **23,000** kilos of improved seeds  
• **37,500** kilos of fertilizers

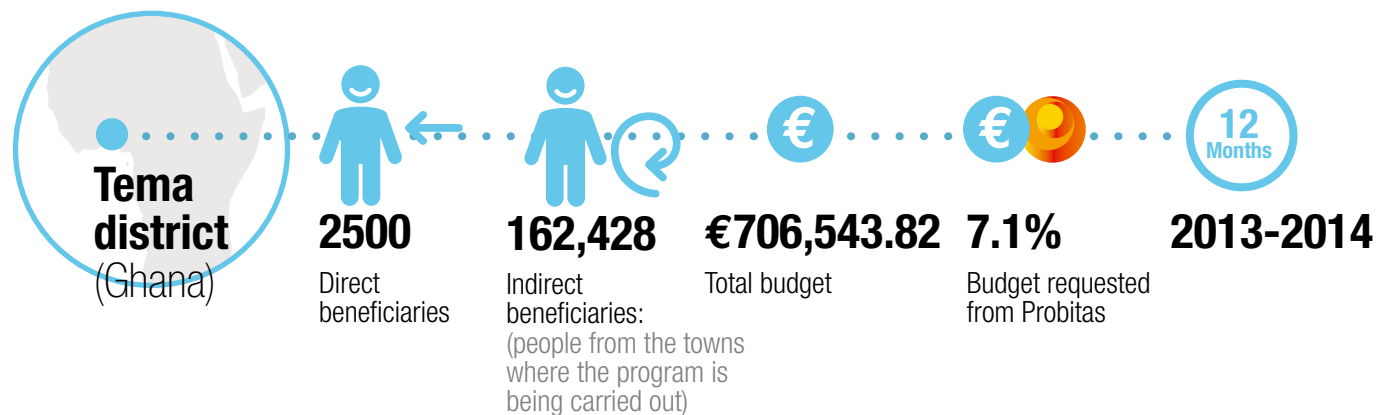
\* Real results from July 2013 to February 2014. \*\*Expected results.



04\_7

## Construction of a health center for the Amrahia population

Saint John of God Social Welfare Projects



Since the 1990s, the **Saint John of God Hospital Order** has been established in Tema, a district with high poverty rates and a notable prevalence of malaria, diarrhea and respiratory infections. Although all these diseases are treatable they often prove to be fatal as, the community must travel long distances for medical assistance. For this reason, a medical center is currently being constructed that will be integrated into the country's health service in order to provide accessible healthcare services to its inhabitants.

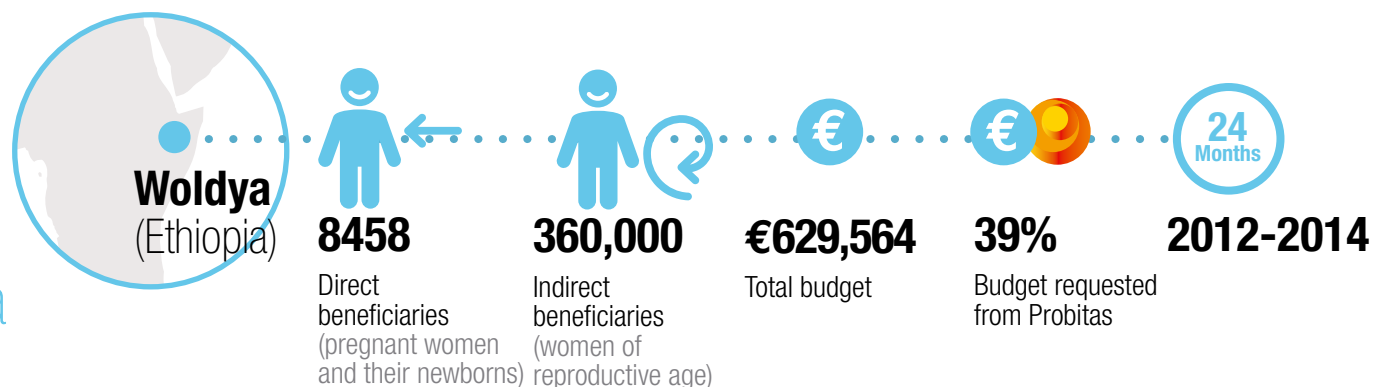




04\_8

## Development of maternal and neo-natal health in the North Wollo district of Ethiopia

IPI-Cooperació



The objective of the project promoted by **IPI-Cooperació** is to decrease the rate of high maternal mortality by constructing a maternity unit and “waiting houses” at the Woldya General Hospital. These shelters will house women from rural areas who are in their third trimester of pregnancy. There are also plans to train the local personnel in emergency obstetric and neonatal protocols, reinforce the surveillance system of morbidity-mortality in the region, and raise awareness about the importance of receiving adequate care during childbirth and postpartum check-ups. For the moment, the maternity ward and waiting houses are being constructed, and are expected to be completed in May-June 2014. Training courses are being given to healthcare personnel, and awareness raising activities in the community have been reinforced.

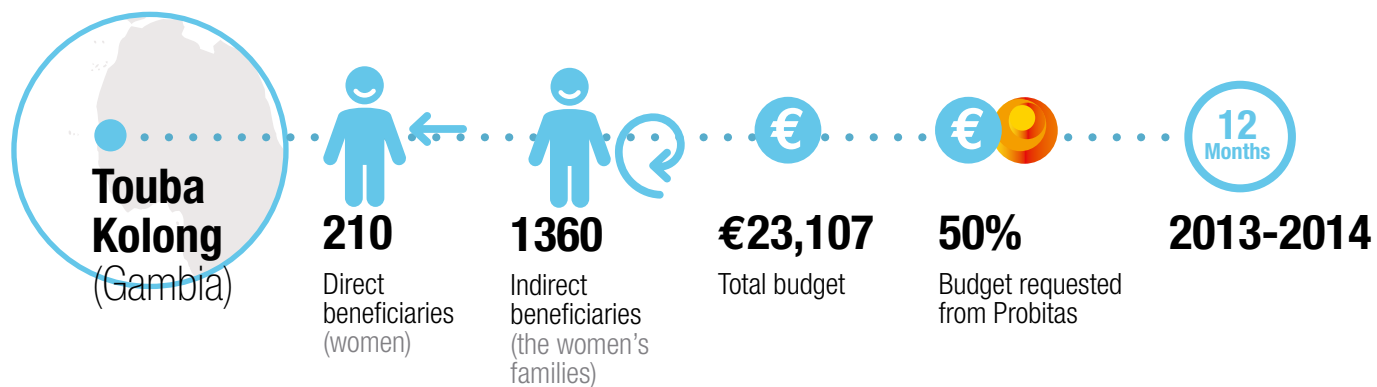




04\_9

## Agricultural development of the women's association in Touba Kolong

UNOMASUNO





Touba Kolong is a settlement with 2000 inhabitants located in northern Gambia, the fourth most densely populated country on the African continent, with 1.1 million inhabitants (**half of them unemployed** and **only 28% literate**). With an average life expectancy of only 48 years, the mortality rate can be even higher, primarily during rainy seasons, when **the burden of malaria and malnutrition is high**.

After seven years of cooperation in the field, the **NGO Unomasuno** has assisted with the implementation of a **6 hectare vegetable garden**. 1500 people depend on this farmland, they consume its products and and sell the surplus. This project, supported by the Probitas Foundation, seeks to change circumstances, so that the family economy does not have to depend on a **rice crop that neither provides a profit nor yields enough to feed the settlement**. Now in its final stage, the intervention has meant that the inhabitants, by having **improved food security** and the **network of wells**, and the creation of a **women's cooperative**, are no longer dependent on rice.

## Objective:

**Encouraging agricultural development and financial sustainability of the women in the Kambeng Kafoo association in Touba Kolong**

- Agricultural production increased

**4** crops obtained instead of only 2 traditional ones

**180** women actively participate in the vegetable garden **versus 120** who participated sporadically

**12,000** kilos of onions in the **first harvest**

- Water resources and renewable energies optimized

**1** drip irrigation system partially implemented

**15** photovoltaic modules installed

**1000** euros saved each month on diesel fuel, which had been used to run the irrigation generator

- Technical support offered for pesticide maintenance and regulation

**2** agricultural technicians trained and **5** training sessions held

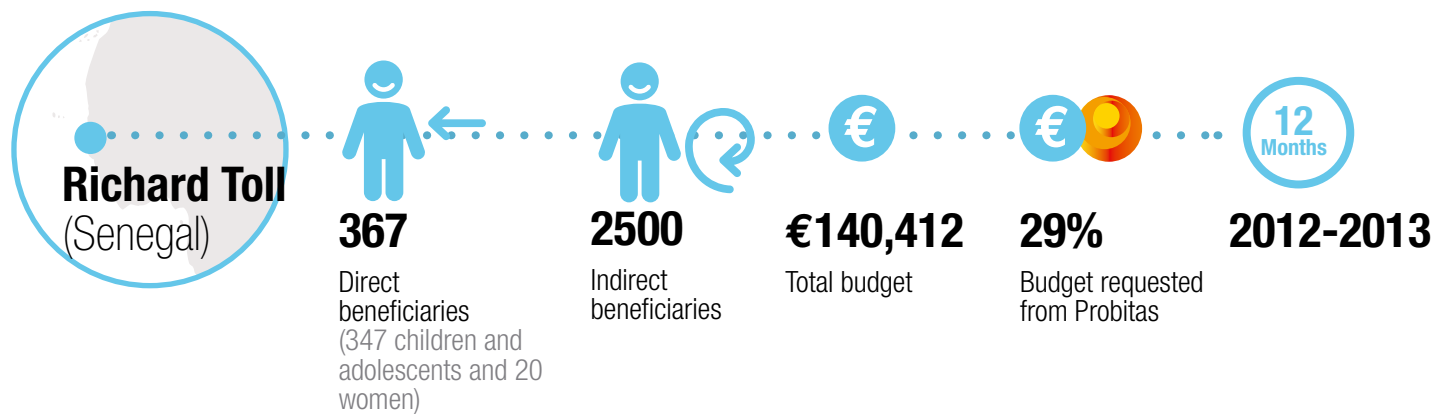


photos: Kim Manresa

04\_10

## Access to healthcare and food security for vulnerable families

ALVES





The city of **Richard Toll**, near the border with Mauritania, has an estimated population of 127,000 inhabitants. In addition to being a cultural crossroads and a melting pot of cultures, it is an industrial city, as it houses the national sugar refinery company. Such a context implies numerous financial and trading exchanges, as well as a constant flow of people including temporary workers who come from other areas of Senegal and neighboring countries.

The **care center for vulnerable children has been** run since 2006 by the *Association de Lutte contre la Vulnérabilité de l'Enfance Sénégalaise* (ALVES), an NGO whose objective is to fight poverty and social exclusion. It is located in the **Khouma district** where 95% of the women are illiterate. Currently there are **347** children and adolescent **beneficiaries** who receive integral **support** in education, nutrition, health care, access to drinking water, computers, professional **training** and psychosocial



care . Since 2010, some of the mothers of minors at the center have received **literacy classes**, and training to run **community vegetable gardens**, take care of livestock, and carry out small commercial activities that help mitigate the **extreme poverty** in which they live.

## Objective:

**Improve access to health care and guarantee sustainable development for the most vulnerable families in the city of Richard Toll, contributing to the fight against child morbidity-mortality and extreme poverty**

- Improved nutritional status of beneficiaries and access to healthcare

Nutritional support for  
**67** children and  
monitoring of  
**280** beneficiaries

**822** medical  
visits made and  
treatment prescribed  
for **347** children and  
adolescents

- Educational support and psychosocial monitoring

**204** children  
receiving school  
tutoring  
**143** adolescents  
in professional  
training

**863** psychosocial  
support visits

- Start-up of income-generating activities

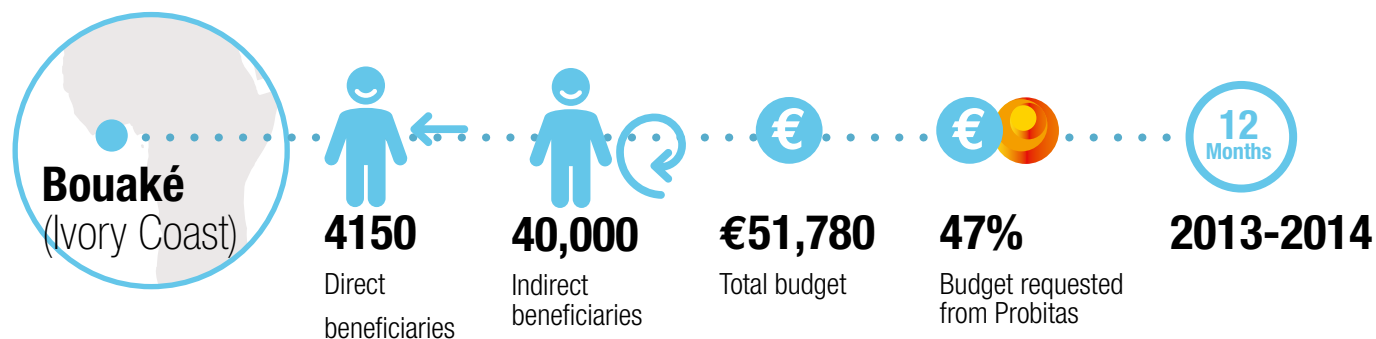
**20** women  
participate in the  
program and  
**12** receive  
management training



04\_11

# Installation of a hybrid photovoltaic system at the Gonfreville Health Center

AZIMUT 360



Healthcare development opportunities in the Ivory Coast are seriously hindered by the ubiquitous **shortage of electricity** (electricity penetration index of 37%) and the constant power cuts which make the provision of specific infrastructures infeasible due to the high cost they represent.

The goal of the project being run by the non-profit cooperative Azimut 360 and the *Délégation Fondation Akwaba* (DFA) is the **electrification** of the Primary Care Center in Gonfreville, a peri-urban region of Bouaké, the country's second capital. The plan is to install an independent photovoltaic solar system that meets power needs **24 hours a day without interruption**. Such a system would contribute **to improving the health services provided**, key to attenuating poverty, aiding **adequate storage of vaccinations and medications**, and permitting analytical tests and health visits to be carried out at any time of the day. The center will also be financially better off as it will be less dependent on the conventional electric grid

and generator. It is estimated that this infrastructure will represent a decrease of **1.5 tons of CO<sub>2</sub> per year**.

Since 2002, the DFA has been running a shelter next to the Health Center that takes in vulnerable minors and adolescents in order to train and educate them. The electrification of the health center will **close the cycle** in this region.



## Objective:

**Improve the quality of life of the inhabitants of the peri-urban region of Bouaké through health care and basic services at the Gonfreville Health Center**

- Instalación de un **sistema fotovoltaico** para garantizar el suministro eléctrico permanente y unos **servicios de calidad**\*

**40%**

increase in the number of visits to the Center (5800 visits per year)

**24** hours

of **electricity coverage** 365 days a year

**2**

DFA technicians **trained to perform regular maintenance** at the facility

**75%**

of the health center's employees **trained in energy efficiency and rational use**

**750**

euros/year saving on fuel costs, which can be allocated to buying clinic and laboratory supplies

- Implementation of an **electrification model** using solar energy at health centers, which can be **replicated** in other rural and peri-urban areas of the Ivory Coast\*

**Standardized** documents on the design and installation of photovoltaic systems and **training programs and maintenance protocols**



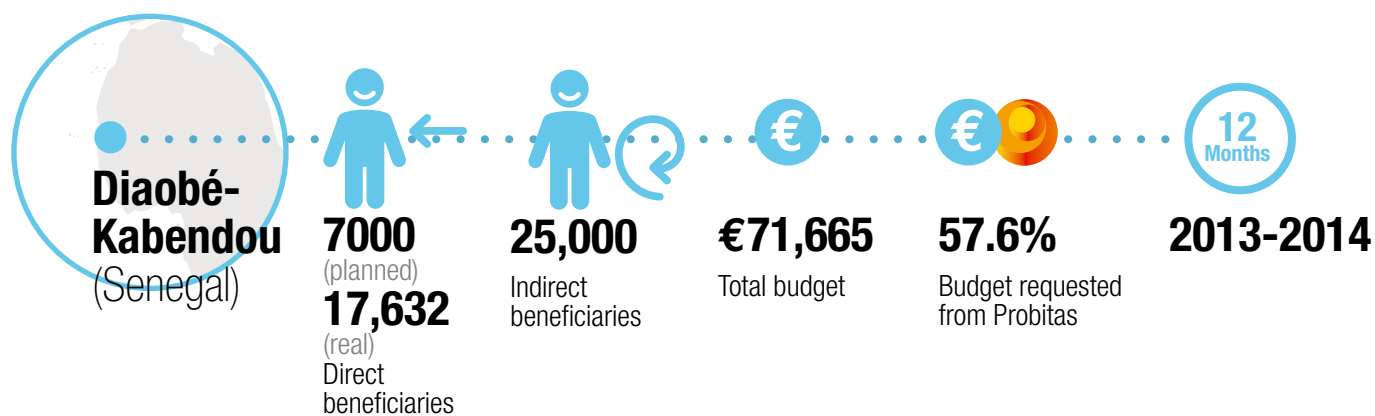




04\_12

Reinforcing health  
services to decrease  
maternal and child  
morbidity and  
mortality  
in Kolda

GUNÉ





Diaobé-Kabendou is a rural municipality in the Kolda region of Senegal where health care **infrastructures**, equipment, and **basic services** are **extremely weak**. The people who require care must travel to Velingara, some 40 km away. Due to poor road conditions and transport costs, women choose not to go to pre- and post natal check-ups, and **only 18% of births in the Kolda region are attended by qualified personnel**. Furthermore, the lack of access to sexual and reproductive healthcare,

combined with the almost nonexistent use of contraceptives (2.68% in the municipality compared to the national average of 7%), causes **pregnancies at both very young and advanced ages** (national fertility rate of 5.7). **Moreover**, in this setting of high illiteracy female genital mutilation is prevalent at rates of **60-80%**.

Arising from the needs set out in the National Development Plan of the Senegalese Ministry of Health, this project contributes to reducing maternal mortality in Diaobé-Kabendou, a municipality with one of the country's highest levels (1197 maternal deaths for every 100,000 live births in Kolda compared to the national average of 556 deaths for every 100,000 live births). The intervention plans to **improve both the coverage and the quality** of services offered to **mothers and newborns** by strengthening the center's **technical and operational capabilities** and promoting **community strategies**.

Created in 2004, the **Guné Foundation** has extensive experience with transferring projects to its local partners, as it works solely with local personnel from the same ethnic group and intervention area.

## Objective:

**Decrease maternal and child morbidity and mortality among the people of Diaobé-Kabendou**

- **Reinforcement of maternity infrastructures** at the
- Diaobé-Kabendou Health Center

**Refurbishment of the maternity ward\***

Maternity ward supplied with:

**2** maternity delivery beds\*  
**1** gynecological examination bed\*  
**1** ultrasound\*  
**5** beds\*\*

**267** child vaccination plans completed  
**313** pre- and post-natal check-ups performed  
**313** assisted deliveries  
**810** cases of malaria diagnosed and treated\*

- **Capacity-building of local personnel**

Trained\*\*

**10** midwives  
**10** agentes de salud  
**40** community health promoters

- Information, **education and communication campaigns** on
- **sexual and reproductive health** and
- family planning were held.

**17,632** people received training (251.9% more than the expected beneficiaries)\*

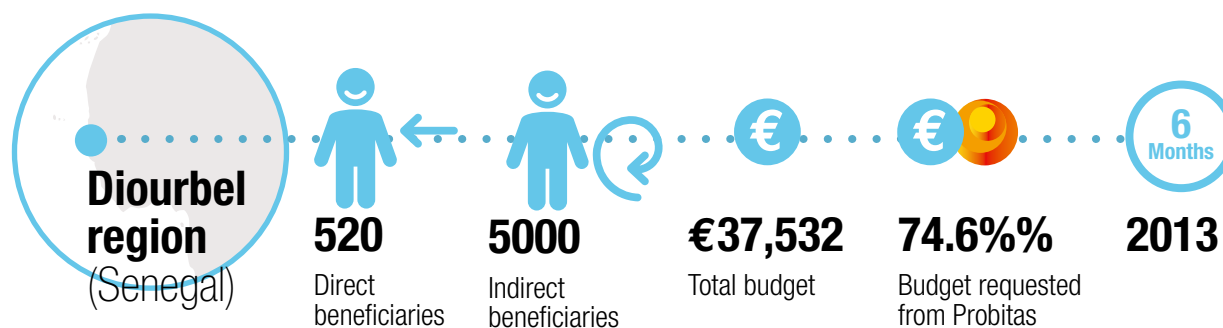
\* Results obtained for the period from 06/2013 to 12/2013. \*\* Expected results



04\_13

## Ophthalmological development cooperation project in the city of Touba

GESTA-África



Financed by Probitas in 2011, the mobile surgery unit of the **ONG GESTA-África** continued its work during 2013, improving people's living conditions by decreasing cataract rates. As a result, **510** patients fully recovered visual sharpness after surgery, **238** patients were diagnosed and treated for other eye diseases, and coverage was given to **17%** of the patients included in the National Plan to Combat Blindness.

In the area of educating the population in hygiene and eating habits, **758** people received awareness-raising in the prevention of eye diseases.

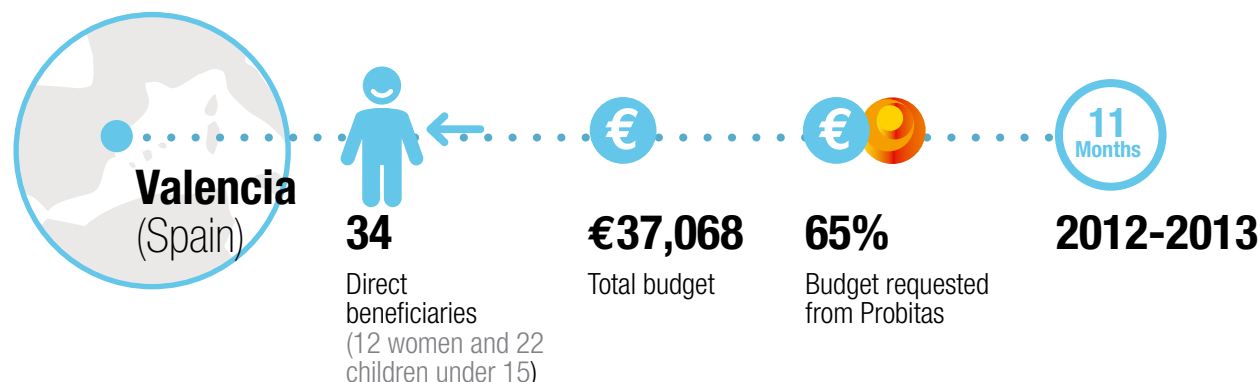
Finally, **13** people collaborated *in situ* in the surgery campaign, improving best surgical practices and patient care.



04\_14

## Community action project 'Family Meal'

Saint John of God Social Welfare Projects



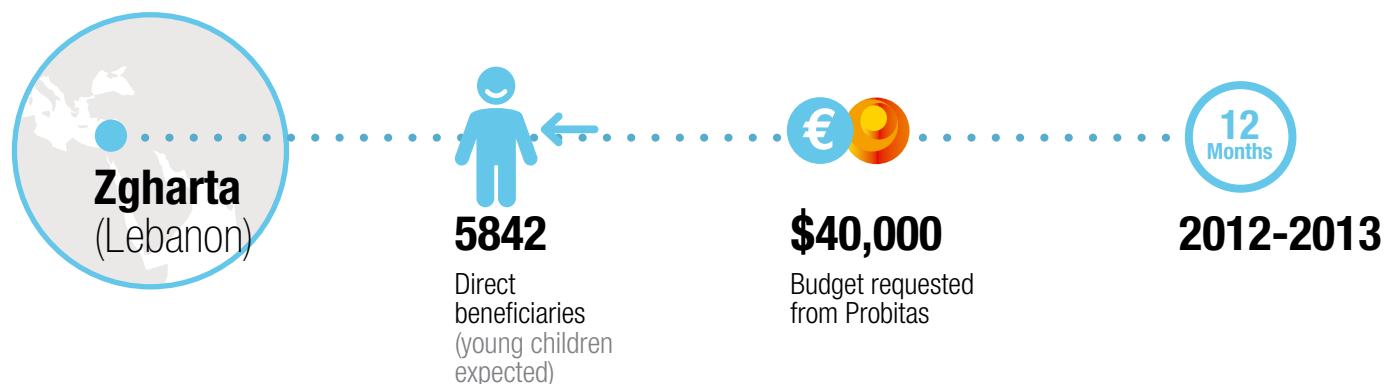
The crisis has caused many families in Zaida (Valencia) to not have enough food, moreover, there are no community dining rooms in this neighborhood. **Saint John of God Social Services** has been in the area for 20 years and runs a hostel. It designed the Family Meal Project, by which one member of the beneficiary family goes to the hostel dining room each day to collect a meal for the rest of his/her family.

The Probitas Foundation's contribution is to temporarily attend to these families' basic needs. The majority of the funding is allocated to creating the meals that are delivered to each family unit.

04\_15

## Comprehensive medical care for vulnerable children at school in Lebanon

René Moawad Foundation

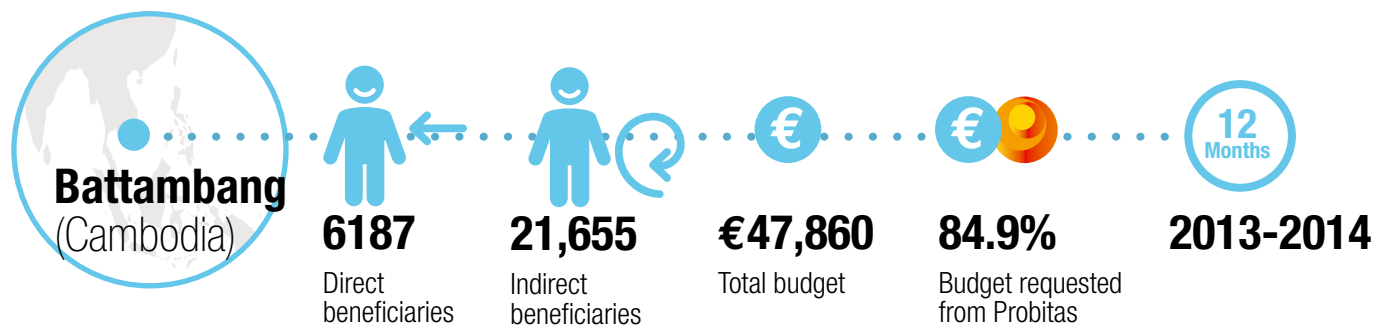


For another year the Probitas Foundation has continued to support this project promoted by the Lebanese NGO **René Moawad Foundation (RMF)**. The objective is to implement a medical check-up service at vulnerable schools in Zgharta so that minors (15 years of age and younger) can receive basic health care and be referred, if necessary, to specialized clinics. This region is one of the poorest in the country and has the highest emigration rate due to religious conflicts, financial hardship, and political instability.



04\_16

# Support of the Pet Jei Chi Health Center SAUCE



Cambodia continues to recover after its **30 years of civil war**. In 1975, the Khmer Rouge leader, Pol Pot, embarked upon a drastic policy to relocate urban populations to the countryside, which led to **disastrous consequences**: by 1978, 18% of the population had disappeared.

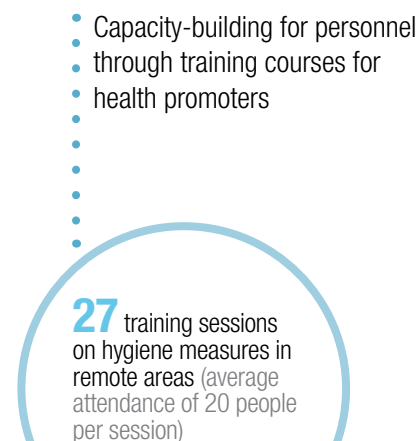
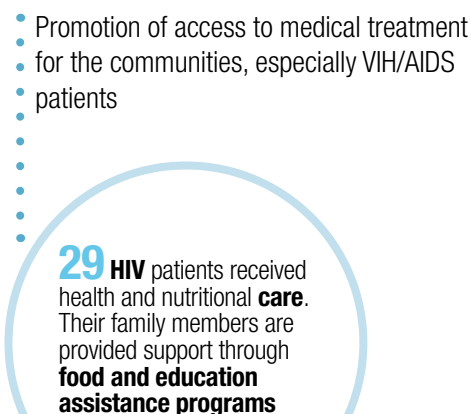
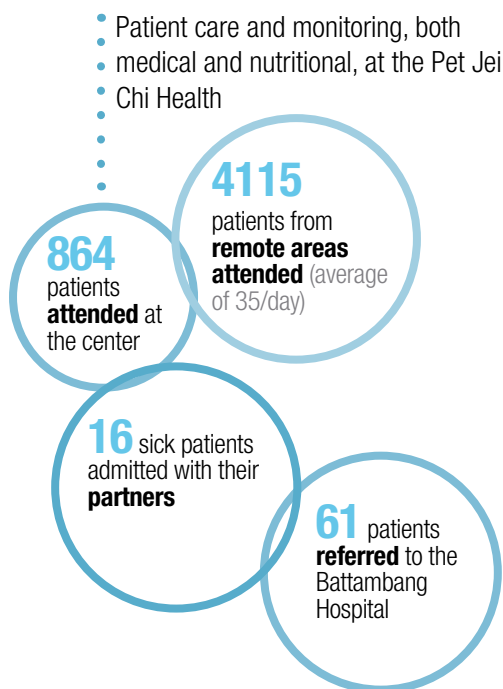
The dictator left the country in extreme poverty. Peace was declared in 1998, and there has been Vietnamese occupation for 10 years. However, the after-effects of war continue to be devastating: there are still millions of anti-personnel mines and cluster bombs buried under Cambodian soil, only 50% of the population has access to healthcare, and **life expectancy is around 50 years of age**.

In 1985, the current bishop of the Apostolic Prefecture of Battambang, Monsignor Enrique Figueredo, went to Cambodia. Five years later he started the **Banteay Prieb Foundation**, an **occupational school** for **disabled mine victims** with **workshops** to produce **wheelchairs**. Over the course of the years, he has continued to implement other lines of intervention, such as infrastructures, health, agriculture (food safety), and emergency aid. **SAUCE** is an **NGO** that works with the Banteay Prieb Foundation.



## Objective:

**Give support to the Pet Jei Chi Health Center to provide health care in the vulnerable population of Battambang**









## 05\_ Reflection and debate

## The Recognized HR-Correlative Duties (of States)

With special priority on states' duties to their own citizens:

1. negative duties to respect HRs
2. positive duties to protect HRs
3. positive duties to fulfill HRs
  - a) to provide
  - b) to facilitate (OHCHR 1995, right to food)

Abast i límits  
de la solidaritat  
en temps de crisi



VÍCTOR  
GRÍFOLS  
i LUCAS

*"As citizens with rational minds, we are totally responsible for what governments do on our behalf"*



05\_

## "Scope and limits of solidarity during times of crises"

05\_1

### "Poverty, hunger, and the appearance of progress"

What is the scope and limit of solidarity in times of crisis? The dilemma of prioritizing aid for the vulnerable local population, or responding to international needs, exists at grass root level, but not among the professionals of the so-called third sector. At least these were the conclusions of the first forum for debate organized by the Probitas Foundation and the Víctor Grifols i Lucas Foundation on November 27 at the Ateneu Barcelonès. Thomas Pogge, one of the most active and committed philosophers today, professor of Philosophy at Yale University and director of the Global Justice Program, offered us his words of wisdom and thoughts on the matter.

"With this question, you implicitly accept that the great enemy of poor Spaniards is poor foreigners, as they are competing for jobs, for aid... But we have to fight together, because we have a common enemy that is more important: the wealthy, the large multinationals, and the banks. These agents are those who are creating standards that damage all of us. If we speak in terms of competition amongst the poor people of the world, we will never find a solution for our common problems." Pogge stated these words emphatically to the 250 people who attended the conference, and pointed out that the lack of most human rights, produced by the current rules of the world economy, could be preventable through an alternative design of supra-national regulation.

In his analysis, the philosopher confirmed that there is a clear manipulation of the figures on global poverty, adding that the planet's wars and dictatorships have caused the death of 200 million people in 100 years, while poverty has caused the deaths of 400 million people in only the past 25 years. Does 15% of humanity have any responsibility for monopolizing 80% of global revenues, while 46% of the world population only receives 1.2% of this revenue?

**Wars and dictatorships have caused the death of 200 million people in 100 years. Poverty is responsible for the death of 400 million people in only the past 25 years**

For Pogge, the response to this question is a categorical yes. In his speech, he set out the inner machinery of how the modern-day economic order has a decisive role in perpetuating poverty and, in parallel, spoke of the concept of global justice and what its great contribution actually is: in the fight against poverty, the negative actions of the wealthy toward the poor must take priority over the role of positive duties. In other words, they are the first who must take on obligations (positive) so that the fulfillment of human rights is effective because, in his judgment, a large part of global poverty is caused directly and indirectly by the wealthy of the world. And the man in the street cannot escape from these obligations"





05\_2

## "Local solidarity versus international cooperation: How to prioritize?"



There were also two round tables for debate at the conference. We summarize here the ideas of each participant in the first, entitled 'Local solidarity versus international cooperation: How to prioritize?' which was moderated by Rafael Vilasanjuan:

1) "A person is a person and has dignity due to the fact of being human, regardless of where he or she was born. And if any person does not have it, then this is a matter of justice. This breaks the old parameter of charity, exchanging it for the idea of justice. We shouldn't work because of charity or generosity, and not even only for solidarity. We must do it for justice. Our dignity as human beings is intimately connected to the fact that every person has dignity. We cannot speak of dignity itself while we haven't done everything possible to ensure that the entire world can live in dignity".

**Francesc Mateu**

Intermon-OXFAM Catalunya director

2) "There is no vision of the world that is more privileged than being able to pick and choose, and sample different worlds and realities. For this reason, our function in the assignment of new meaning to the world, at a time of global crisis when the greediest and most short-term private interests of

the 'international markets', and the right to growth through dispossession, resonate globally, requires our utmost astuteness. The world cannot lose the voice of the people and their power to bear witness and instigate pressure with a cosmopolitan vision at this time of division".

**David Llistar**

Debtwatch Observatory (ODG)

3) "The idea of contrasting needs here should not be what determines where more resources must be allocated (...). Not a single euro of cutbacks on cooperation has provided additional resources for people in need here owing to their level of dependence. The parties benefitted are others in all cases".

**Rafael Vilasanjuan**

Director of the Ideas Laboratory at the Global Health Center of Barcelona (ISGlobal)

4) "Despite having the most organized civilian society that our country has ever

had, it is now time to confront a radical change in an era in which the logic of how organizations are run and developed in future years will differ from the preceding decades. This situation that organizations are experiencing has contributed to their growing awareness of the need to improve their operations and management, diversify their sources of revenue, increase their equity, improve their financial management, share financial resources, create cooperation amongst themselves to share resources and organizational flexibility both here and there...".

**Pau Vidal**

Coordinator of the Third Sector Observatory

5) "At present we are living in a globalized world in which the north and south are interdependent from political, economic, social and cultural viewpoints. The development crisis is global and affects the entire planet. The international economy and politics, unequal exchanges, racism, gender

inequalities, the environment, conflicts, natural disasters, the absence of peace and the violation of human rights affects everybody as citizens of a global village. In a globalized world, we are all jointly responsible. The answer to global problems must be handled in cooperation with everyone".

**Adela Cami**

Member of the FEDAIA Steering Committee

6) "Society must create distinct spaces to tackle different realities. Putting two realities in the same bag leads to the negative effect of their fighting each other. Even Mohammed Yunus agrees with this as verified in his books on micro-loans for women. For us, the local and international are two complementary arenas that require two distinct spaces. When the dilemma is outlined in terms of here or there, it means that one or the other wants to reduce the space of solidarity. We aspire for the existence and growth of both".

**Oriol Bota**

Director of Welfare Projects at Sant Joan de Déu

05\_3

## "Practical experiences in international cooperation and social action"



The second round table, entitled 'Practical experiences in international cooperation and social action', moderated by the journalist Carme Parras, set out various successful initiatives committed to innovation, and a new organizational method and search for financial resources in the current crisis setting, due to the fact that the public administration is incapable of responding to the degree of poverty generated by the current economic shrinkage. The examples of Coop57, a financial service cooperative that gives loans to business projects of a social nature, and the NGO Global Mamas, which has raised many Ghanaian families out of poverty by

giving women jobs and selling their products, are an important stimulus and, in turn, a mirror through which we can see ourselves reflected. Two experiences that were complemented at the round table by Jaume Albaigès, the director of TecnolONGia.org, who spoke on new financing methods and the use of technologies in the social arena, and Elena Rodríguez, a researcher at the ESADE Social Innovation Institute, which has a commitment to innovation, empowerment, and the creation of networks and teams as a transformative force.

(Excerpt from Carme Parras' introduction)

06\_

## News

### RINGER DONATION

During 2013, the Probitas Foundation donated a total of 28,870 PVC bags of Lactated Ringer's intravenous solution to a number of NGOs and organizations. They were surplus bags expressly produced in Murcia to donate to Haiti after the earthquake that devastated the country in 2010 and the later outbreaks of cholera. The organizations that received Ringer were: the Saint John of God Order (12,480), the NGO Azul en Acción (1,090), the NGO Zerca y Lejos (960) and the Macodou Sall Social & Cultural Association, ASOCMACS (12,480). The donations had a total value of 24,088 euros.

### RETHINKING EUROPE FROM AFRICA

Through the Verkami crowdfunding platform, Probitas funded with 200 euros in 2013 for the production of a series of five documentaries entitled *Rethinking Europe from Africa: BITIM RÉEW*. In these, the director, Mactar Thiam Fall, tries to break the collective imagery of the past decade that, despite the financial crisis, depicts the Senegalese population of Europe enjoying an easy life full of opportunities. With the aim of disassembling this stereotype, the documentary uses histories of people from Senegal who emigrated to France and Catalonia with the aim of informing all potential Senegalese emigrants of the real conditions they may find at their destination.

### SUPPORT FOR THE BANCO DE RECURSOS

Thanks to the intermediation of the Grifols Department of the Environment, Probitas and the Banco de Recursos Foundation collaborated in the shipment of a container with information technology material to the new study and technology service center at the Fe y Alegría Institution in Santa Cruz de la Sierra in Bolivia. These computer supplies came from donations from Catalan companies and institutions, and Probitas donated 5,500 euros to cover part of the shipment costs. Through the Pont Solidari program, Banco de Recursos offers a network service to manage offers of surplus stock from companies and give them an alternative destination so that they can be reused in developing countries. Its aim is to encourage the recycling of equipment and contribute to development and, at the same time, promote respect for the environment.

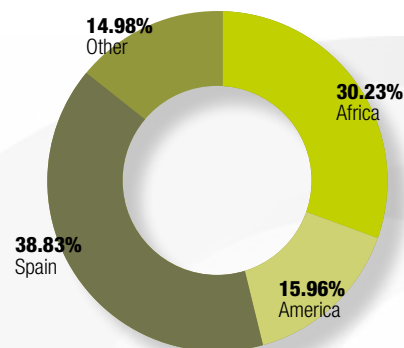




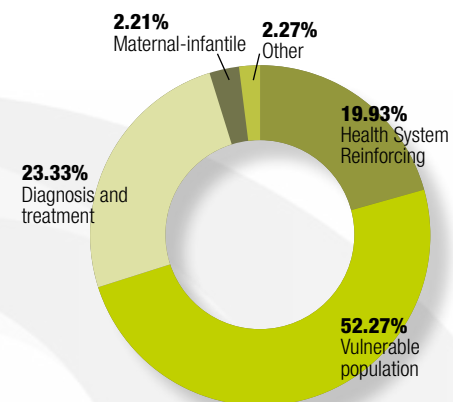
07\_

# Economic impact

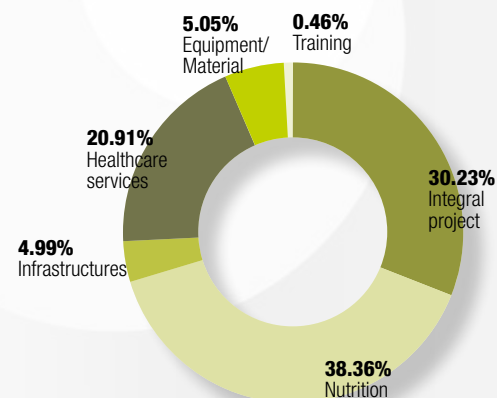
Resources allocated by region



Resources allocated by type of project



Resources allocated by intervention



## Balance sheet

ASSETS	2013	2012
Working capital		
<b>Receivables</b>		
Other receivables	3,767	45
<b>Cash &amp; Banks</b>		
Banks and credit institutions, demand current accounts	121,557	295,315
Total working capital	125,324	295,315
<b>Total assets</b>	<b>125,324</b>	<b>295,360</b>

LIABILITIES	2013	2012
<b>Equity</b>		
Endowment fund	60,000	60,000
Accumulated earnings	-48,974	-53,088
Surplus from fiscal year	7,695	4,114
Total equity	18,721	11,026
<b>Short-term payables</b>		
Creditor beneficiaries	0	0
<b>Suppliers and other payables</b>		
Debts for purchases & provision of services	66,409	271,106
Public administrations	15,109	13,228
Other current liabilities	25,085	
Total short-term payables	106,603	284,334
<b>Total liabilities</b>	<b>125,324</b>	<b>295,360</b>

## Profit and Loss Account

EXPENSES	2013	2012
Personnel costs	224,008	160,234
Monetary aid and other expenses	1,942,395	1,131,635
Other expenses		
External services	75,836	103,737
Taxes	44	39
Total operating expenses	2,018,275	1,235,411
<b>Positive operating results</b>	<b>7,717</b>	<b>4,355</b>
Financial expenses	23	241
<b>Positive results from ordinary activities</b>	<b>7,695</b>	<b>4,114</b>
<b>Fiscal year positive surplus (profit)</b>	<b>7,695</b>	<b>4,114</b>

INCOME	2013	2012
Foundation earnings from activities		
Earnings from promotions, sponsors and collaborations	2,250,000	1,400,000
<b>Total operating income</b>	<b>2,250,000</b>	<b>1,400,000</b>
<b>Negative operating results</b>	<b>0</b>	<b>0</b>
<b>Financial results</b>	<b>0</b>	<b>0</b>
<b>Negative results from ordinary activities</b>	<b>0</b>	<b>0</b>
<b>Fiscal year negative surplus (loss)</b>	<b>0</b>	<b>0</b>

**Note:** At 31 December, Probitas Fundación Privada has €2,014,126 from previous years at its disposal, accrued and pending application plus more than €3,542,000 corresponding to the 0,7% of the 2013 result from the Grifols consolidated group, pending approval; a total of €5,556,126.

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# Who are we?

## En la gestión diaria



**Dr. Marta Segú,**  
Executive director



**Juan Ignacio García,**  
International project  
coordinator



**Mireia Roura,**  
Project manager



**Marta Guillén,**  
Grant holder

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- **Marta Segú**, Executive director at Probitas Foundation

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- **Miquel Iglesias**, Grifols Engineering
- **Joan Joseph**, Technical advisor
- **Roberto Rodríguez**, Grifols Engineering
- **Anna Romeu**, Grifols S.A.
- **Manel Ruiz**, Movaco-Grifols Iberia
- **Gustau Tomás**, Movaco-Grifols Iberia





# 09\_ Partners

## RAI Partners



## GLI Partners



St. John of God Catholic Hospital  
P. Box 27 Mabesseneh, Lunsar - Sierra



La Agencia de la ONU para los Refugiados  
comité español



## Collaboration project partners



UN PROGRAMA DEL HOSPITAL SANT JOAN DE DÉU



HOSPITAL MATERNINFANTIL  
UNIVERSITAT DE BARCELONA





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