

PROVIDING OPPORTUNITIES THERE...

ANNUAL REPORT 2014





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The Probitas Foundation has continued to support **young people** living in **vulnerable situations**, wherever they may be. Whether deep in the Amazon rainforest, living in refugee camps in Ecuador, or in the towns of Badalona or Murcia in Spain. In our view, all of them are important.

During 2014 we launched new initiatives, such as psychological support for young people in at **risk situations**, within the framework of the RAI-Cuida'm project. RAI-Casals has focused on supporting activities during **August**. Thanks to **partnerships** with **local authorities** and NGOs, we have managed to **reduce costs** and **increase the number of beneficiaries**.

Internationally, in addition to our work with other organizations, we have made big strides towards the **self-sufficiency** of our project to strengthen the **clinical laboratory** in Bamako. Unfortunately, **Ebola** has continued to have a negative impact on our projects in Africa, not only as a direct result of morbo-mortality from the

epidemic, but also because of the **collapse** of the **health system**, which has deprived women of care during childbirth, and has prevented the treatment of children with malaria, pneumonia or diarrhea. As a result, the number of deaths from preventable diseases has increased significantly.

Once again, we would like to recognize the shareholders of Grifols for their support. It is thanks to their help that we are able to plan our interventions and to expand the scope of our activities.

Sergi Roura
President of the Board of Trustees

Marta Segú
Executive Director

WHO ARE WE?

We are a private, non-profit organization launched by Grifols in 2008 with the mission of transferring experience, resources and knowledge to vulnerable populations to drive change and social transformation.

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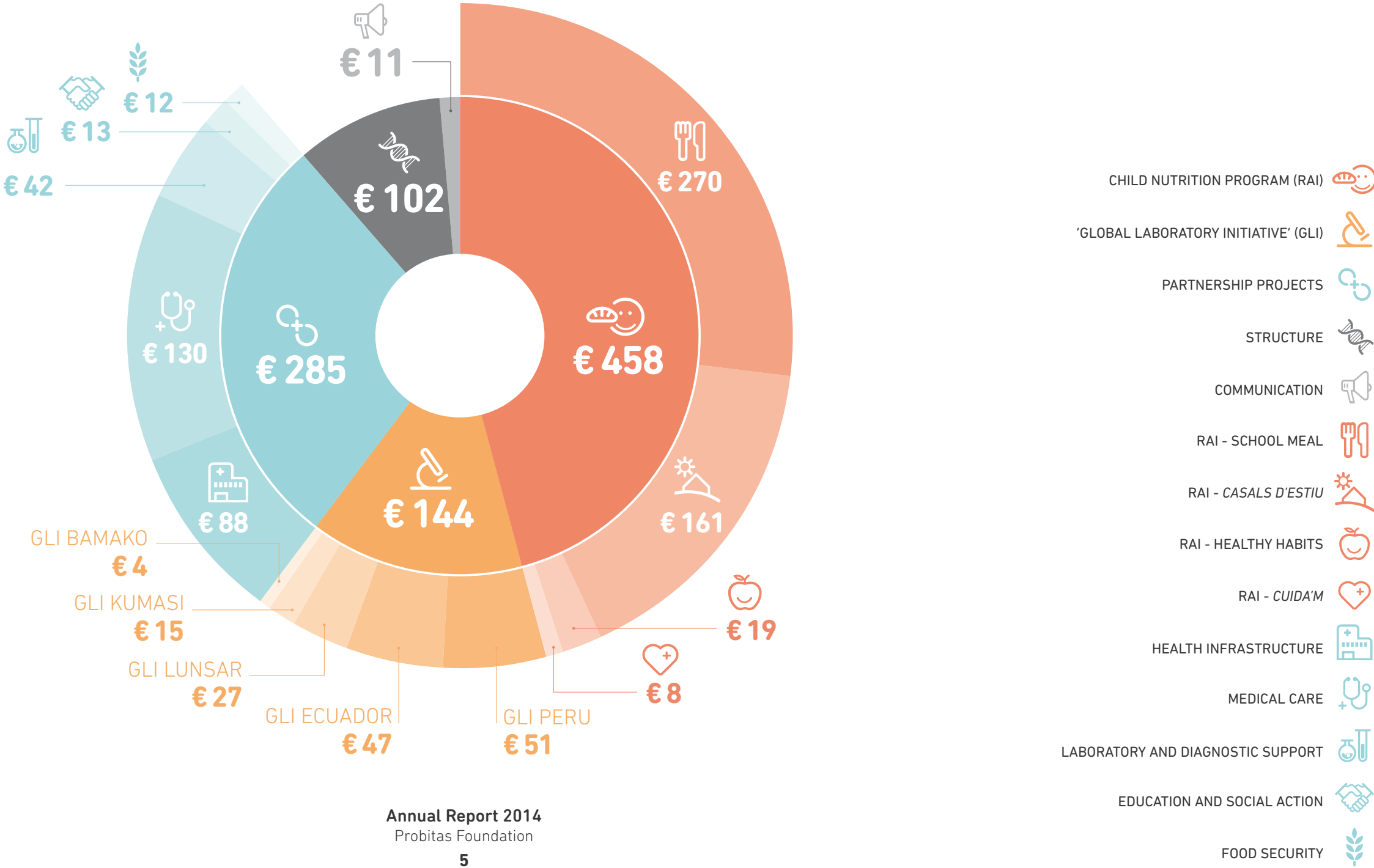
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WHAT HAVE WE DONE WITH A THOUSAND EUROS IN 2014?





GLOBAL LABORATORY INITIATIVE

Under this model, launched in 2010, we have strengthened the capacities of **6** clinical diagnostic laboratories in **5** vulnerable regions of the planet. **73.596** patients have received medical care and **25.433** communicable and chronic diseases have been diagnosed.

TUBERCULOSIS

Although this disease still causes **1.5 million** deaths per year, a total of **37 million** lives were saved between 2010 and 2013 as a result of **access to diagnosis and treatment**.

HIV/AIDS

Of the **35 million** people who live with this virus, **54,2% are unaware** of their status. Only **14 million** have access to **treatment and care**.

MALARIA

Although there were **584.000 deaths** from malaria in 2013, **62%** of patients **suspected** of having the disease received a **rapid diagnostic test**, compared with a figure of **40%** for 2010.

CHRONIC DISEASES

Non-communicable diseases kill **38 million** people per year. Only **50%** of them know that they are sick.

This map represents the size of countries according to the absolute number of the most common preventable diseases (infectious diseases, maternal and infant mortality, and nutritional deficiencies). The majority of these deaths occur in the Southern Hemisphere.

Source: Worldmapper

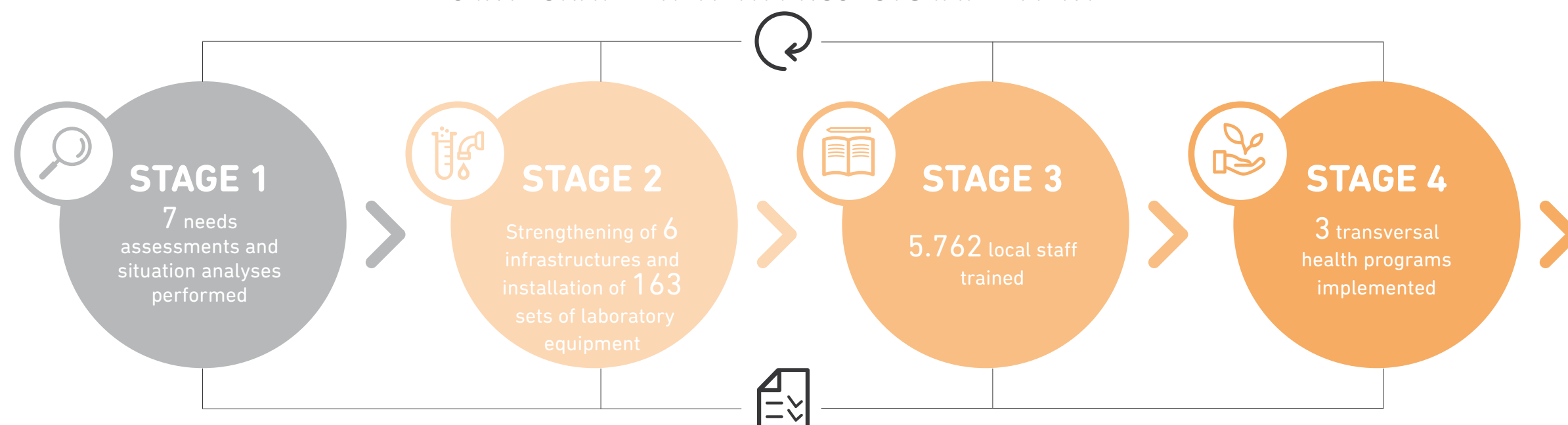


STAGES OF THE GLI

With the aim of incorporating **environmental criteria** into the design of future GLI, throughout 2014 we have worked with **specialists** in Environmental Science and Biotechnology linked to the **Autonomous University of Barcelona (UAB)**. The aim is to develop an **ECO laboratory** that delivers the **sustainable** management of **waste** and of **water** and **energy resources**.

We have implemented GLI software “**SOFT-GLI**” in the **Kumasi** and **Ecuador** projects, and this has delivered more **efficient** laboratory **management**, increased **patient registration** and improved the **follow-up** of **test results**. These health services are now able to perform **epidemiological studies**, enabling them to identify the **distribution** and frequency of **diseases**.

5 INTEGRATED HEALTH PROJECTS IMPLEMENTED



MONITORING AND FOLLOW-UP OF 5 GLIs



WHY SOUTH AMERICA?

77% of the **HIV** cases reported in the **Peruvian Amazon** relate to the **indigenous population**. **Migratory** processes, **cultural** barriers, **illegal extractive** activities, and **scarce** and **inadequate** health services are some of the main causes.

Ecuador is the country that receives most **refugees** in the whole of South America. The 12.981 recognized refugees who have fled the **armed conflict** in **Colombia** have intensified the **poverty rate** of the **Sucumbíos** border region. Without limited **access** to basic services, the situation of this population is even worse in a context of *guerrillas*, **deforestation**, **trafficking of goods** and **extraction of oil**.



GLI PERU

The adaptation of **national HIV/AIDS** guidelines to the reality of the **indigenous population**, incorporating an **intercultural approach**, has improved **diagnosis**, early **treatment** and follow-up of HIV/AIDS in Condorcanqui and Datem del Marañón, in the Peruvian **Amazon**. The project has also strengthened the capacities of **2 laboratories**, provided **equipment** for the **diagnosis** of HIV/AIDS and patient **monitoring**, and has strengthened **community participation** and **prevention**.



GLI ECUADOR

Improving the **equipment** and **infrastructure** of a laboratory, increased **coverage** of **public health** programs in communities receiving refugees on the border and other **community participation** processes have delivered a **50%** increase in the attendance rate of the **Colombian population** at the **Puerto el Carmen** health center.



GLI PERU

From being 'bewitched' to the reality of living with HIV/AIDS

Three years ago, **Evaristo**, a member of the **Awajún** indigenous community in the province of Condorcanqui in the Amazon Region, started to **lose weight** and **become listless**. His work cutting down **trees** for timber **merchants** left him exhausted. He took some **herbs** that in *Awajún* tradition are used to provide **energy**. But his poor health persisted.

It was then that Evaristo remembered his **cousin**, who had suffered the same symptoms and initially believed that he was the victim of **witchcraft**, but who then abandoned traditional treatments in favor of a visit to the health center at Huampami. He took a **rapid HIV test** and the result was **positive**. However, in order to receive antiretrovirals, Evaristo's cousin had to **wait** until a **confirmation result** was received from Lima. He waited for several **months**, but by the time the result arrived it was already too late. Evaristo's cousin had died.

As a result, Evaristo decided to attend the same health center. Unfortunately, his **rapid HIV test** was also **positive**. However, unlike his cousin he **did not have to wait** a diagnosis for confirmation from Lima before receiving treatment. Under the **new Ministry of Health gui-**

delines, if a patient tests positive on a **second HIV test** of a **different brand** from the original, the diagnosis is **confirmed**.

At the request of the medical staff, Evaristo's **wife** also took the test, and the result was **positive**. Evaristo was unsure of how he had become infected, but suspected that it was as a result of unsafe sex.

There are two more differences between Evaristo's case and that of his cousin. In addition to providing early **treatment** for **HIV/AIDS** as a result of a **local confirmation test**, the GLI project has also given Evaristo access to **monitoring** his **immune status** at the **Condorcanqui Health Network reference laboratory**.

Implemented through the Spanish Committee for **UNICEF** and **UNICEF Peru**, this **network of support** in partnership with the **Ministry of Health** means that Evaristo will receive optimal care at the newly opened **Center for Integrated Treatment of HIV/AIDS** that, despite resource restrictions, offers **antiretroviral** drugs.

Mothers and children of the indigenous community of Alto Canampa in Datem del Marañón.



14

professionals
trained in integrated
care for HIV/AIDS
patients



1.574

people from
indigenous
communities
screened



1

anthropological
study performed to
adapt national HIV/
AIDS guidelines
to the reality of
the indigenous
population



5.730

members of
indigenous
communities
receive
information about
preventing the
virus



GLI ECUADOR

Colombian refugees: how health awareness can heal wounds

“The most significant development is that communities that **receive refugees** needed to know how to **identify** their many **problems**, to **prioritize** and **address** them, and to become involved in **solving** them.” After a year and a half as the local coordinator of **GLI-Ecuador**, Juan José Montero, a community doctor with 20 years of experience, summarizes how the **23 communities** benefiting from the project have managed to overcome the restrictions arising from a challenging context and cease to be afraid of demanding their **rights**.

Fleeing from **armed conflict** in Colombia, border communities in Ecuador receive a constant **trickle** of refugees and **applicants for asylum**, many of whom have nothing more than the shirts on their backs. In total, there are around **50 communities** on the banks of the Rivers San Miguel and Putumayo, on the Colombian border, that have **limited access to basic services** and have to coexist with guerrillas, **smugglers, people traffickers**, and **oil wells**.

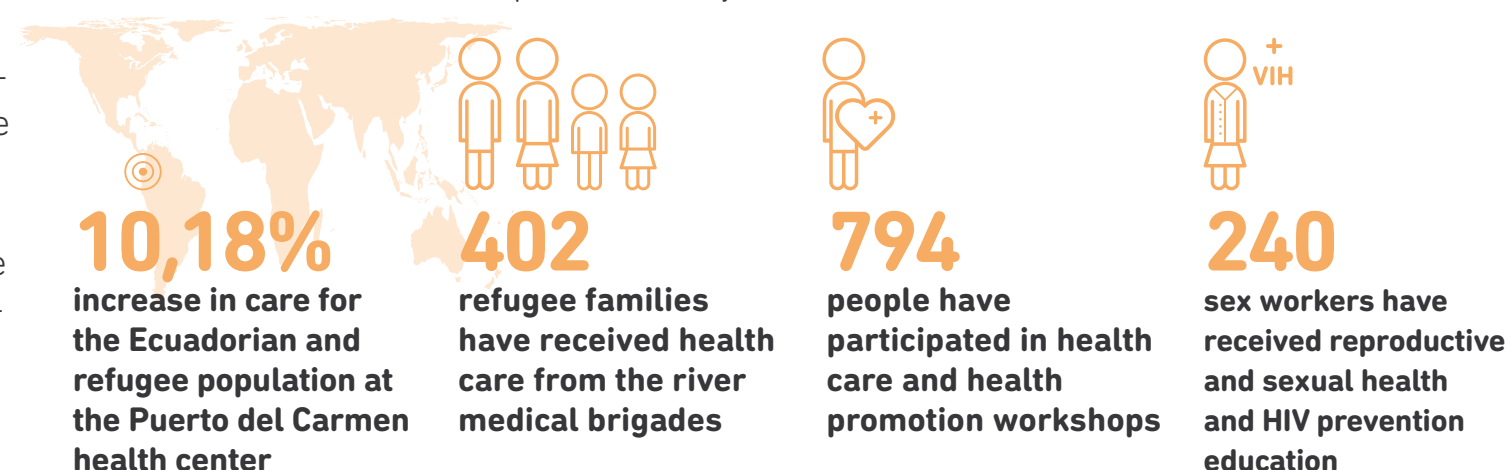
For the GLI-Ecuador project, Oxfam Italia has been the UNHCR implementing *partner*, which in turn has worked with Probitas in the design of the intervention.

“Although the **process** is very **slow**, they felt a strong need for **support**. They always completed their tasks and have managed to **improve hygiene** by performing waste separation and improving the condition of storage **tanks** for **drinking water**,” explains Montero. An **increase** in **community participation** in aspects of their own health was one of the project’s three objectives.

Strengthening the **laboratory** of the **Puerto del Carmen** health center has made it possible to **optimize** its performance and increase coverage, recording a **74,91%** increase in the number of tests. Finally, despite a lot of **limitations**, the **river medical brigades** have improved the **coverage** of **public health** programs among local communities.



Juan José Montero delivers a workshop in the community of Providencia





WHY AFRICA?

The **mortality rate** in **children** under five is **7** times higher in Africa than it is in Europe. Over half of these deaths are due to easily preventable diseases (malaria, diarrhea, and respiratory infections). Over 50% of the **800** women who continue to die every day as a result of complications during **childbirth** and **pregnancy** do so in **sub-Saharan Africa**.



GLI KUMASI (Ghana)

The implementation of the **SOFT-GLI** software in April and the training of **14** professionals has made possible to move from “**paper and pen**” to **computerized laboratory management** of the Maternal and *Child Health Hospital* (MCHH). With **13.211** patients digitalized in **9 months**, the laboratory staff had the opportunity to identify a **43,09%** annual fall in the number of cases of **malaria** diagnosed.



GLI LUNSAR (Sierra Leone)

During 2014, **the works to upgrade the new laboratory** were almost completed. However, **Ebola** had a major impact at the **Saint John of God Hospital**, and this affected progress of the project. To help cope with the outbreak, we sent a **container** of **medical supplies, protective equipment** and **drugs**.



GLI BAMAKO (Mali)

The residents of the *Téléphone sans fils* neighborhood now have greater **confidence** in the **Valentín de Pablo** health center, as a result of improvements to the laboratory. This service, which currently offers **46** different analytical tests, has recorded a **33%** increase rate in the number of tests performed in one year.



GLI LUNSAR

'Ultimately, the spiralling cost of safety will have an impact on patients'

One year after it first appeared, **Ebola** continues to devastate Sierra Leone. According to the WHO, there had been 3.546 deaths out of a total of 11.466 confirmed cases up until March 4. Transmission continues, with new cases being detected in Port Loko, the district where Mabesseneh Hospital is located and where Probitas runs the GII-Lunsar project. Brother Michael Musa Koroma, the center's director, told us about the reopening of the hospital following its six-month closure.

How many Ebola deaths have there been among hospital staff, and how has this affected progress of the project?

Ten. As a result, staff are very afraid of making mistakes and of being infected. In addition, the cost of the vast number of safety measures required will have an impact on charges to patients, which are currently very low. At the same time, Manuel García Viejo, a missionary who played a vital role in emergency operations, will be very difficult to replace.

What is the current perception of the population with regard to Ebola?

The disease is strange because it hasn't behaved in the way people expected. Because its symptoms are similar to those of other common diseases, people only came to the hospital when it was already too late.

What diseases have gone untreated while the hospital was closed?

Most diseases, such as malaria, respiratory infections, tuberculosis and complications in childbirth have in childbirth did not receive adequate treatment.

What do you think about the international response to the crisis?

International mobilization was very slow and took a long time. International bodies have failed to provide a lead. They sent inexperienced administrators instead of field workers.

What are the key lessons of the response to the Ebola crisis?

I think that health systems need to be strengthened, and also that we need to build up links between hospitals and local communities.





GLI BAMAKO

Equality breaks the poverty trap in TSF

Eleven years ago, **Fakama Sissoko** and **Sissoko Django**, with 8 children and 22 grand-children, made a decision that, without their realizing it, would change the future of ***Téléphone sans fils*** (TSF). This **vulnerable** neighborhood, nestling between the banks of the **River Niger** and the **factories** of the sprawling city of Bamako, has sprung up as a result of migratory flows related to rural exodus and industrial employment opportunities. Today, **15.000** people are **recorded** as living here with the fishermen of the **Bozo** ethnic group.

With no health center, school, electricity or **sanitation**, the population was caught in a **poverty trap**. “My husband and I were **civil servants** so we had a higher income. For that reason, in 2004 we decided to create a **non-profit social association** that would use contributions from people like ourselves to carry out **actions** that would be of **benefit** to the whole community,” explains the woman who is now the Vice-President of ***Mutuelle Benkan***.

The organization has **789** members and represents and promotes the interests of the local population through **22** associations.

"Society has become more **aware** and more **actively involved**. Thanks to contact with various NGOs, we have managed to create a school, a health center and access to clean water," Sissoko explains.

In this context, the **GLI project** implemented at the **Valentín de Pablo** health center has made it possible to offer **diagnosis, treatment and prevention** of the most common diseases in accordance with guidelines from the Ministry of Health.

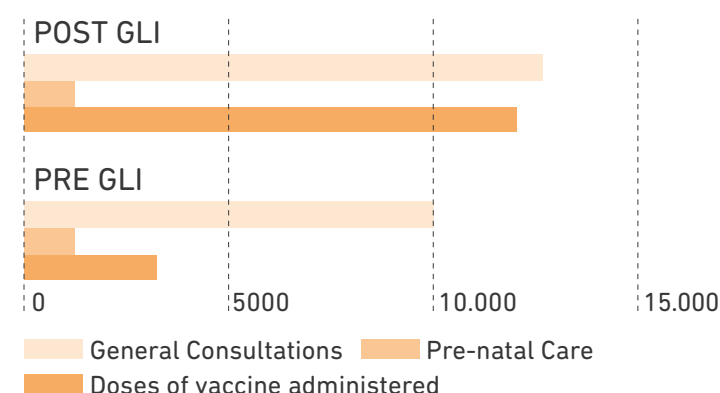
"The GLI has delivered real **health equity**. The most vulnerable people now have access to **high-quality** biological **diagnosis**, and the **results** provide a basis for applying effective treatment, not just one based on empirical diagnosis," explains Dr. Hssane Boré, the center's medical director.

Now in its final stage, the installation of **photovoltaic energy**, support for **sanitation**, and improved pharmacy management at Valentín de Pablo health Centre will enable the **Mutuelle Benkan** to take other actions that have a **general impact**, and to take further steps towards **sustainability**.

Sissoko Diango and Fakama Sissoko



IMPACT OF GLI ON MEDICAL CONSULTATIONS AT VALENTÍN DE PABLO



302,9% 
in vaccination

12,5% 
in care for pregnant
women

25,2% 
in appointments



GLI KUMASI

The experience of implementing SOFT-GLI: So much still to be done!

"I don't believe in chance; the only way to make things happen is through hard work. That's why I took an interest in this project almost 3 years ago, and the **Probitas Foundation** gave me the opportunity of contributing to it. I have a background in health, and my professional experience has always been in the laboratory sector.

At that time, the Foundation needed to **improve and merge** the collection of data and samples from the laboratories it was supporting through the GLI program. So we set to work on creating a piece of **software**, SOFT-GLI, that is currently **implemented** in two GLI projects: **GLI-Ecuador** and **GLI-Kumasi**.

Approximately one year after I started working with the Foundation I made my first field visit. At the Kumasi **MCHH Maternal and Child Health Hospital** (Ghana) I was able to see first hand the **chaos** and **overcrowding** in the la-

boratory: 15 technicians squeezed into barely 15 square meters of space. **Data** was almost **non-existent**, and was registered by hand in a large book. The place was very **dirty**, the laboratory material was **obsolete**, the water and electricity **supply** was **inadequate** and the **waste disposal** policy was notable only by its absence. I couldn't believe how much needed to be done!

After the visit, we met with the IT specialist within the framework of the SOFT-GLI project and we always wanted to go further: we wanted a **stock control** tool, the inclusion of **analytical profiles, different levels of access** and a whole host of other stuff.

On my second visit to Ghana, I could see the beginnings of a **new** laboratory, one characterized by a degree of **order** and **cleanliness**, and **new material**. My colleague and coordinator of international projects, Juan Ignacio

García, and I had the job of installing SOFT-GLI and training staff in its use.

Every evening we would walk back to the hotel and come across a ditch, an open sewer. We leapt over it. And I would say, "This is a **development project**, not an emergency project!"

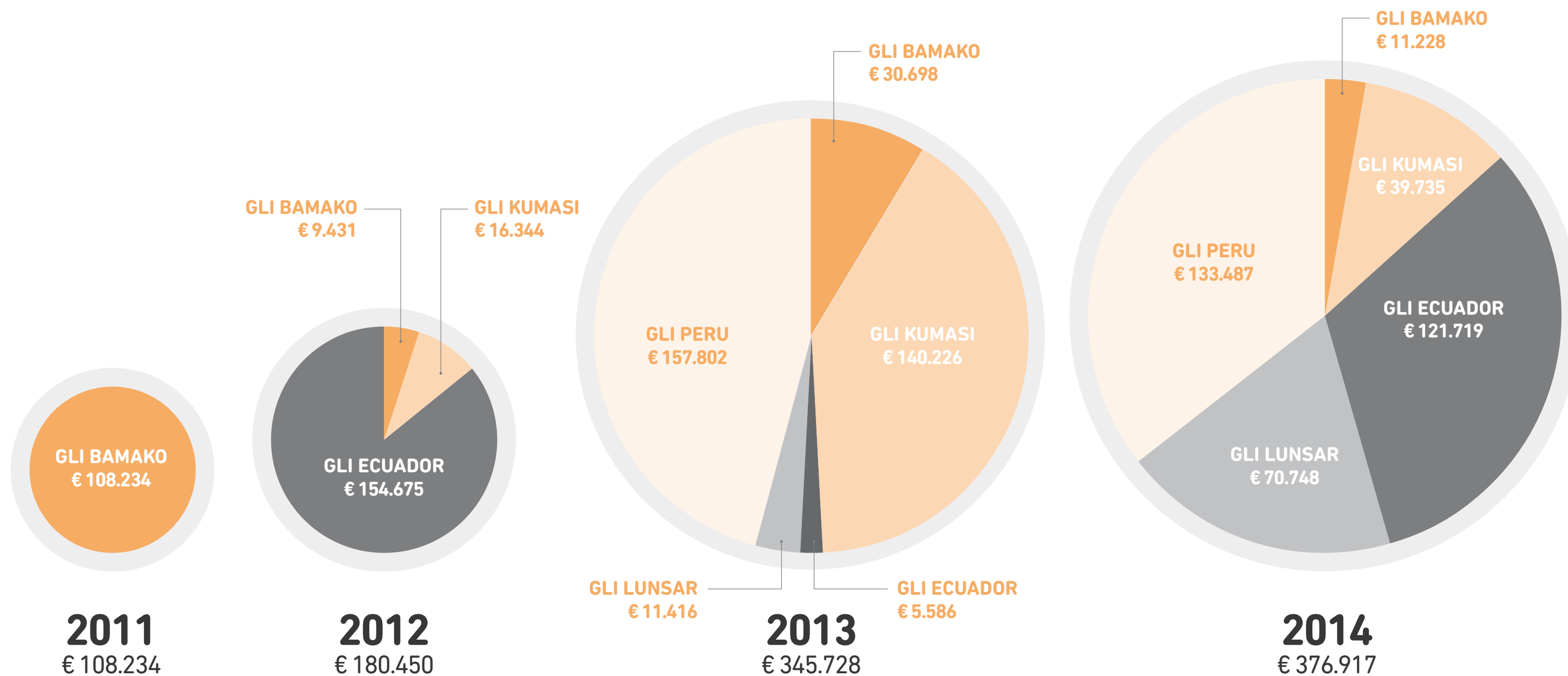
Manel Ruíz

Grifols Movaco, Diagnostic Sales
Probitas Foundation volunteer





HOW GLI HAS EVOLVED?

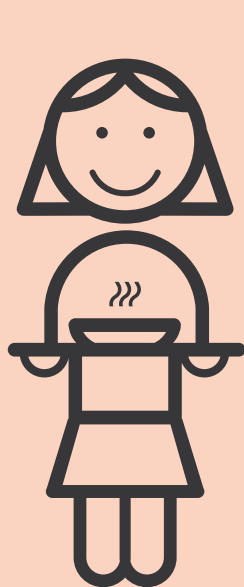




RAI

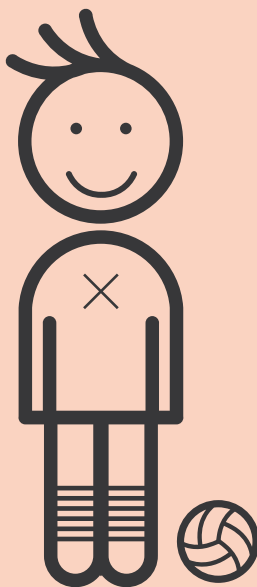
CHILD NUTRITION SUPPORT PROGRAM

One in four minors is at risk from **poverty**. In Spain only **1,4% of GDP** is **invested** in **children**, compared to the European average of **2,2%**. Since 2010, **spending** on this area has fallen by **6.370 million euros**. With the RAI program, we have **helped** to **mitigate** this situation by providing:



SCHOOL MEAL SUPPORT

5.262 grants to guarantee at least one meal a day in the school cafeteria



CASALS D'ESTIU

2.253 grants to provide food and a safe environment during the summer months



HEALTHY HABITS

2 projects have promoted healthy habits in **774** beneficiaries



CUIDA'M

12 treatments for children with conditions and diseases not covered by Spain's National Health System



RAI-SCHOOL MEAL SUPPORT

The new model for providing school meal support, introduced by the Education Department, has **expanded coverage** and established **fairer criteria** for the whole of Catalonia. However, many families **remain unable to afford the co-payments** the service requires, **are excluded** from social networks or **do not meet the eligibility criteria** despite suffering from poverty. This academic year, **113 head teachers**, with the support of **19 social service** departments, have provided **2.122 children** with access to school meals with the help of Probitas. Our support has primarily consisted of **supplementing** the public support provided by the Education Department and some local authorities.

WHY IS ACCESS TO THE SCHOOL CAFETERIA SO IMPORTANT?





RESULTS

2012-13

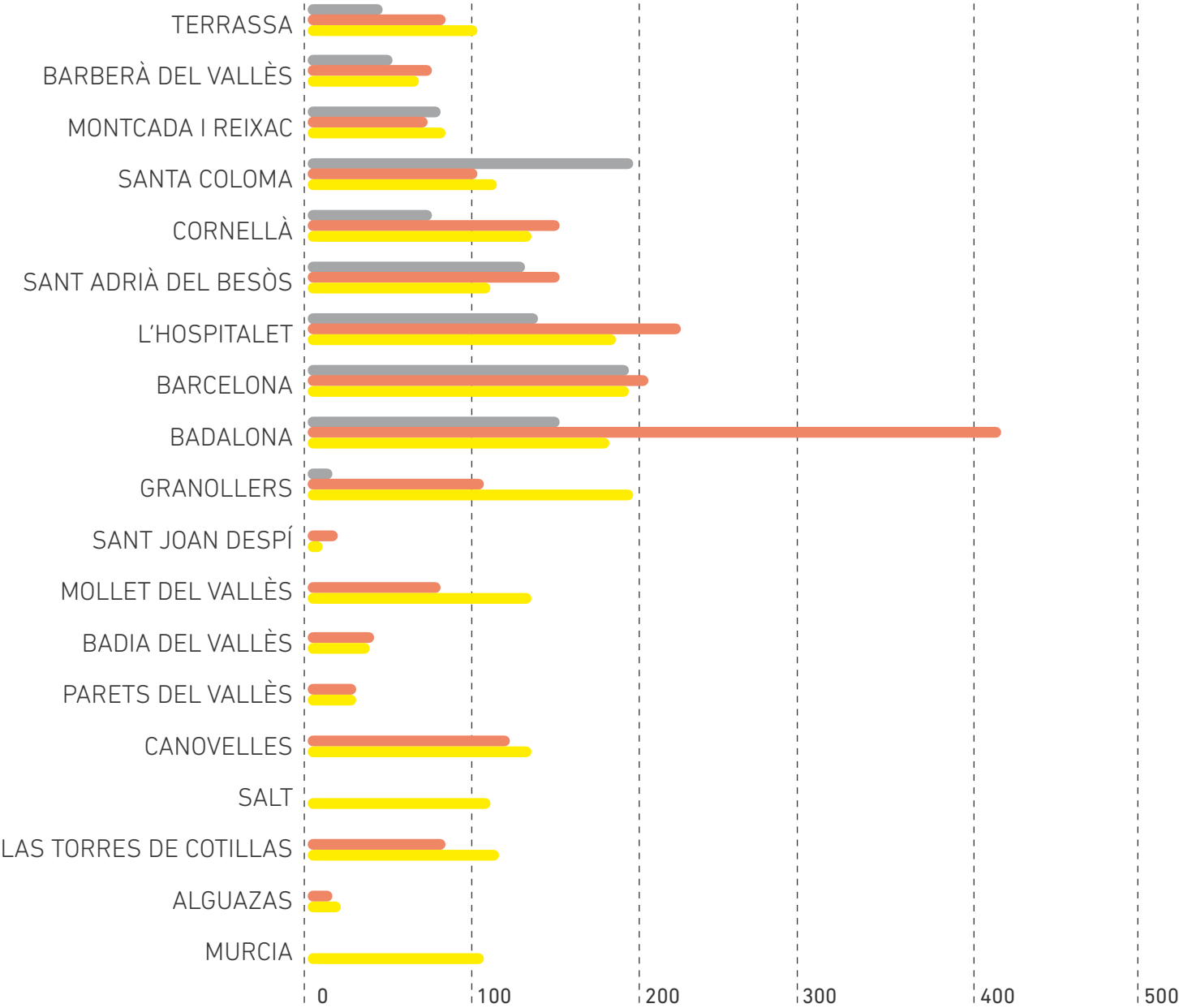
PROBITAS BUDGET	MUNICIPALITIES	SCHOOL PRINCIPALS	SOCIAL SERVICES	BENEFICIARIES
€ 419.848	<div><div></div><div></div></div> 10	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div></div> 39	<div><div></div><div></div></div> 10	<div><div></div></div> 1.114

2013-14

PROBITAS BUDGET	MUNICIPALITIES	SCHOOL PRINCIPALS	SOCIAL SERVICES	BENEFICIARIES
€ 715.848	<div><div></div><div></div><div></div></div> 17	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div></div> 89	<div><div></div><div></div><div></div></div> 17	<div><div></div></div> 2.026

2014-15

PROBITAS BUDGET	MUNICIPALITIES	SCHOOL PRINCIPALS	SOCIAL SERVICES	BENEFICIARIES
€ 743.618*	<div><div></div><div></div><div></div><div></div></div> 19	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div></div> 113	<div><div></div><div></div><div></div></div> 19	<div><div></div></div> 2.122



*Estimated budget



EATING AT SCHOOL, NOT JUST FROM THE FOODBANK

Like other **102.600** Catalan **homes**, Cinthia's household has **absolutely no family income**. With an absent ex-husband and two **10 year-old** twins, this **34 year-old** Ecuadorean-born Spanish citizen attends the **foodbank** of a **church** in her neighborhood every day in search of sustenance.

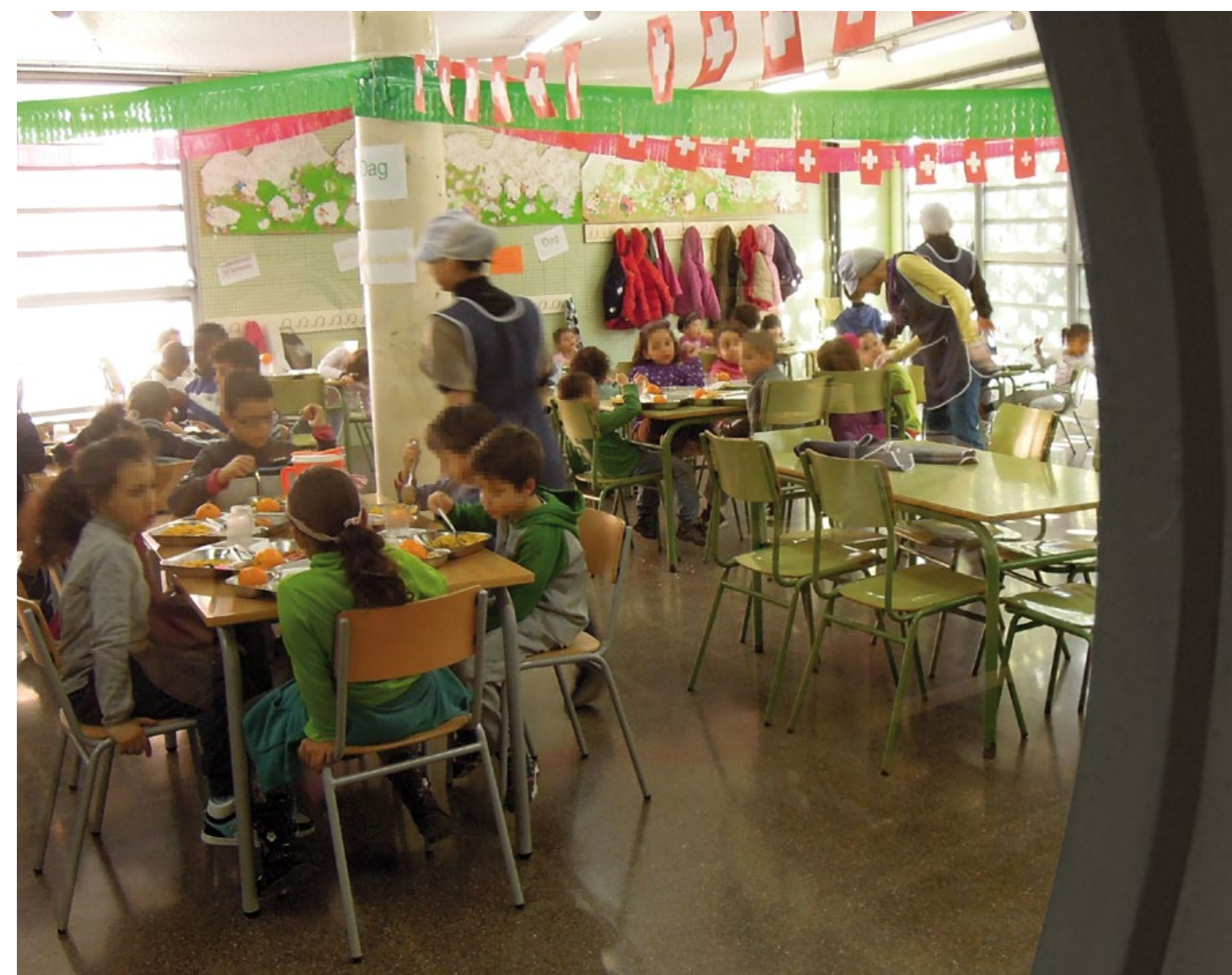
"I'm very **worried**, but I try to make sure my kids don't realize what I'm going through," she explains. Since arriving in Barcelona in 2001, Cinthia has looked after children, cleaned houses and cared for the elderly, but for some time she has faced a **persistent lack of resources**. Having **exhausted the 426 euro** family benefit, "with which I performed **miracles**," she is now waiting to receive **basic income support**.

Fortunately, her sons did not **suffer** the effects of the **crisis** in **July** and **August**, months during which they received **funding** from the **Probitas Foundation** for the **RAI-Casal d'estiu**. Although the aim of this program is to guarantee one **balanced meal** per day and a **safe environment**, "the kids were desperate to attend the summer program every morning. They were also the

firsts to pack their bags to participate in the summer camp," their mum explains. If it wasn't for the casal, "they'd just spend the whole day watching **TV** at home."

During the school year, the boys can go to the **cafeteria** at their school **free of charge**, which guarantees them one **balanced meal** a day. During the previous school year, the Probitas Foundation **helped** them to **meet half the cost** of the school meal services. Now, thanks to a change in the support system, they receive **full funding** from the Catalan Government.

"It's a **big help** and is **really important** to us. There's a big **difference** between what they **eat** at **home** and what they eat at **school**," Cinthia explains, pointing out that this is the only way for her children to get access to **fresh products** such as **meat, fish, fruit** and **vegetables**. And not having to pick them up at lunchtime gives her more **time** to **look for a job**.





RAI-CASALS D’ESTIU

23 summer day-care centers in July and only 7 in August. This statistic for the Ciutat Vella district of Barcelona shows the **limited supply** of places during a month when the whole city virtually shuts down. There are also significant **social inequalities** that **influence access** by vulnerable young people to these socio-educational opportunities.

As a result, this year we focused our efforts on **August**, organizing **6** new summer day-care centers on premises provided by the local authorities. **Partnership** with local, **non-profit** organizations has enabled us to provide **1.622** grants to **socially vulnerable** children during the summer months.

WHY ARE THEY IMPORTANT?



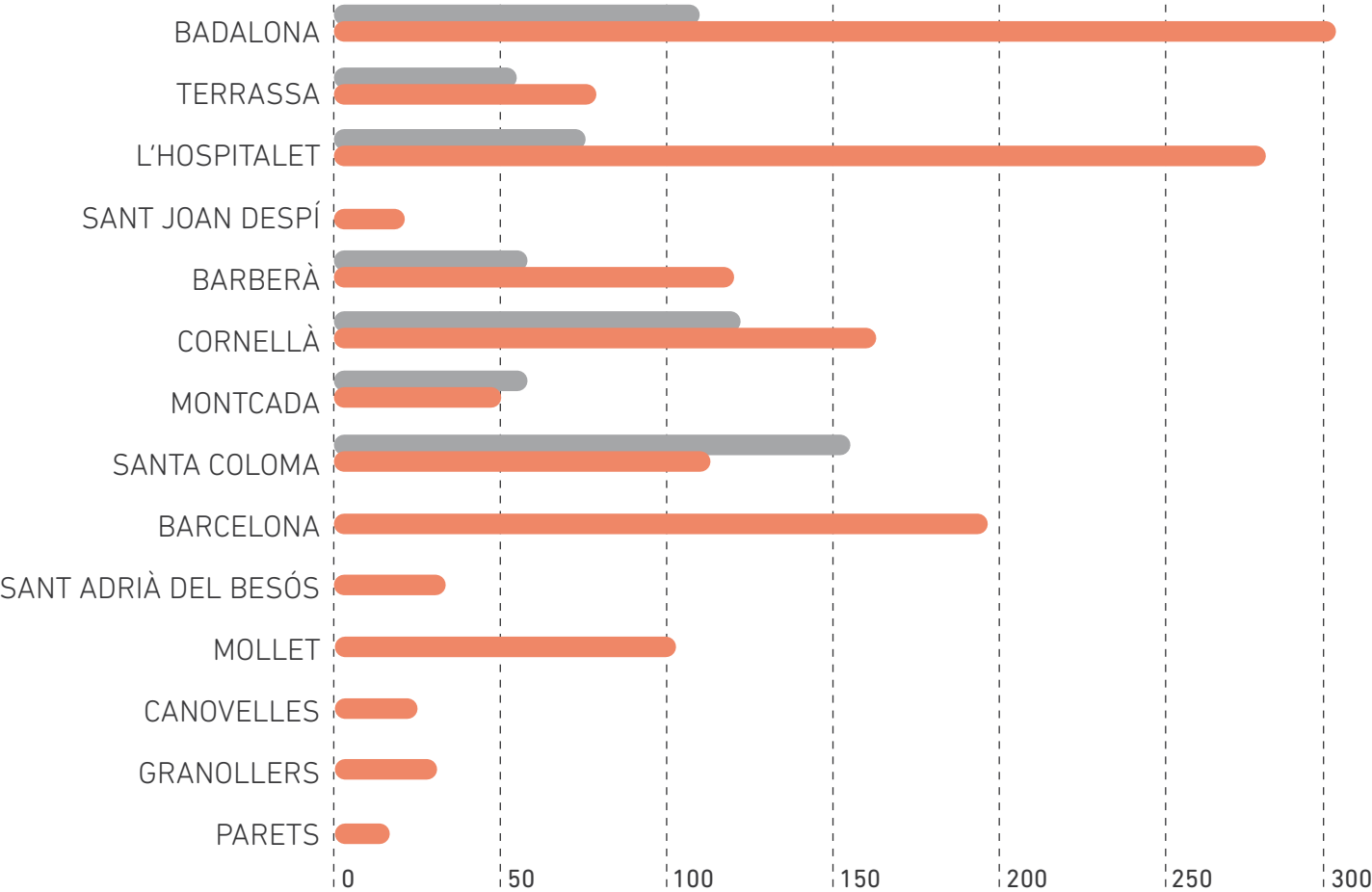
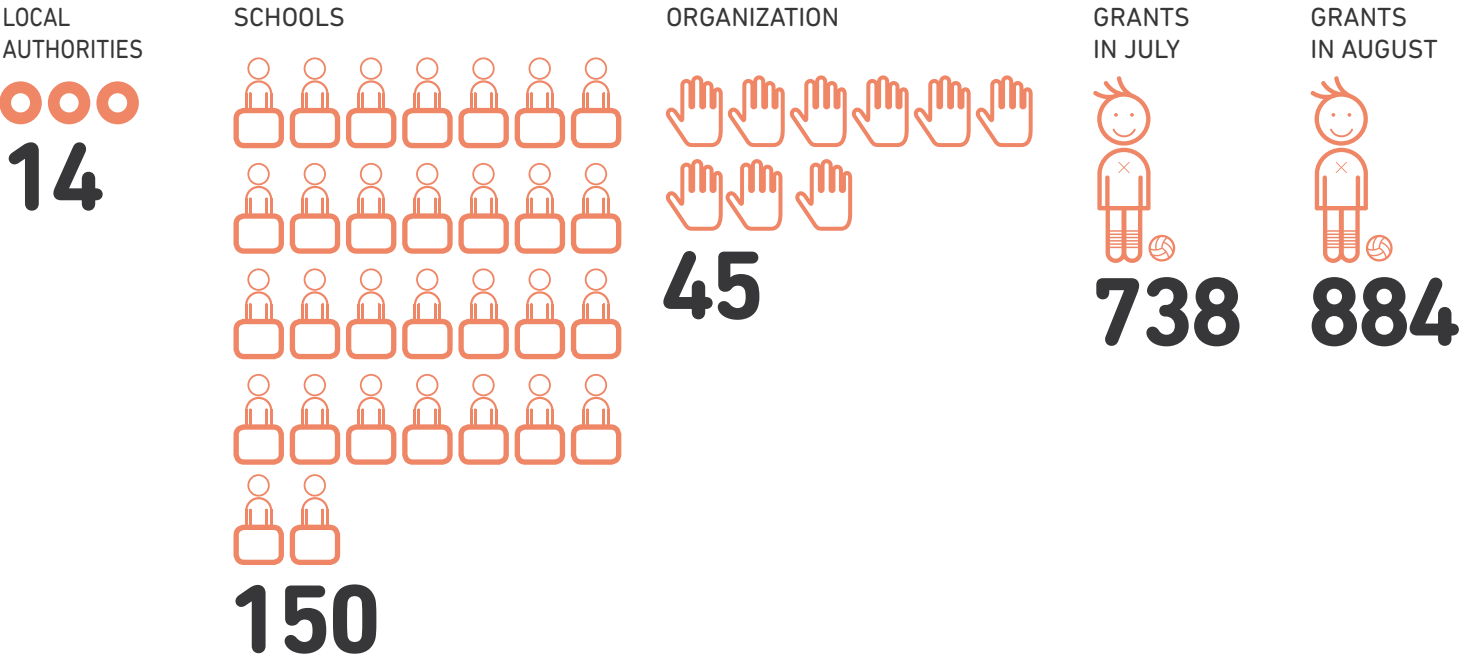


RESULTS

2013



2014



TOTAL GRANTS IN 2013

631

TOTAL GRANTS IN 2014

1622



RAI- HEALTHY HABITS

33% of under-14s in Spain are **overweight** or **obese**. Paradoxically, the majority of these cases are linked to **poverty**. In addition, there is **hidden malnutrition** due, among other factors, to a **poor quality** diet that lacks diversity, inappropriate **cooking methods** and **lack of access** to cooking facilities. The acquisition of healthy habits relating to **nutrition, hygiene** and **sport** in the first years of life is vital to the correct development of young people. We have therefore organized **3** *Jornades socials* with **235** beneficiaries, enabling **465** children to engage in **after-school activities** and lunchtime workshops, and we have helped to organize **74** workshops, including some in the community garden

WHY ARE THEY IMPORTANT?





'SOCIAL WORKSHOPS'

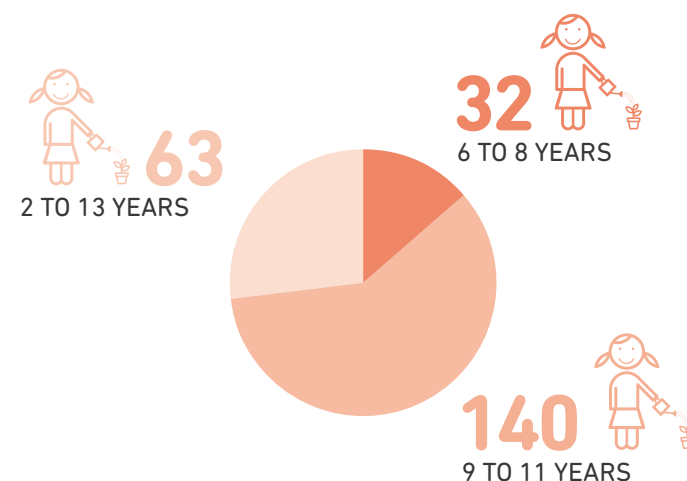
PROMOTING HEALTHY HABITS IN BADALONA SUD

Thanks to the agreement signed with the **Social Department of Barcelona Football Club** we organized **3** workshops in the neighborhoods of **Montcada, Badalona** and **Canovelles**.



A partnership with **3** social services, the **Comisión de Infancia de Badalona** (Badalona Children's Commission), **12** schools and the **Fundación para el Secretariado Gitano** (Foundation for the Gypsy Secretariat) has enabled **235** children and young people to participate in a project with the **following objectives**:

BENEFICIARIES BY AGE:



- **Promote healthy habits** through **sport**
- Transmit values of **personal growth and empathy**
- **Raise awareness** of the importance of acquiring **healthy** habits

The integrated project that we sponsored together with the **Consorci de Badalona Sud** (Badalona South Health Consortium) and **cooperativa Encís** delivered the following achievements:

- **Combating** sedentary lifestyles through **23 after-school activities** (football and dance) that benefited **512** young people during two school years. Some **teams** have participated in **sports competitions**, led by their **monitors**, young people from the neighborhood who have been **empowered** and **trained**.
- **Greater awareness** of healthy habits for **73** young people participating in **lunchtime workshops**.
- **32** family-based activities focusing on healthy habits. Some of these activities took place in the **community garden**, which not only serves an **educational** purpose but has also become a **meeting point** for many neighborhood **groups**





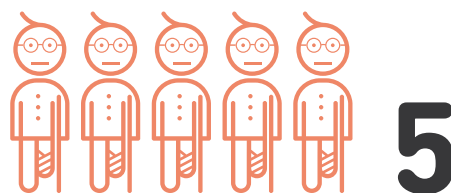
RAI-CUIDA'M

There are young people with **diseases** or conditions that, although they seriously **hinder** their **development** and quality of life, are not covered by Spain's **National Health System**. In 2013 we developed a **protocol** with the **Social Work Unit** of the Hospital **Sant Joan de Déu** and the *Cuida'm* Program under which we have offered togheter **treatment** to **12** socially vulnerable young people.

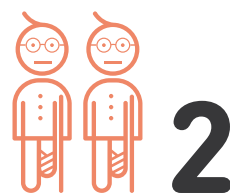
WHAT HAVE WE ACHIEVED?

TREATMENT:

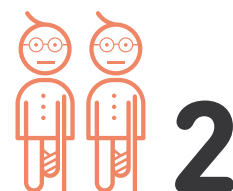
DENTISTRY



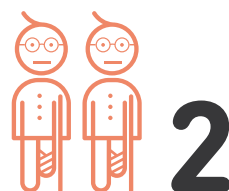
ORTHODONTICS



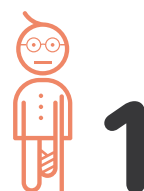
OPHTHALMOLOGY



MENTAL HEALTH



OTHERS



AND ALSO...

120

YOUNG PEOPLE HAVE BENEFITED FROM SPORTING ACTIVITIES AS A RESULT OF THE DONATION OF ADAPTED CHAIRS

400

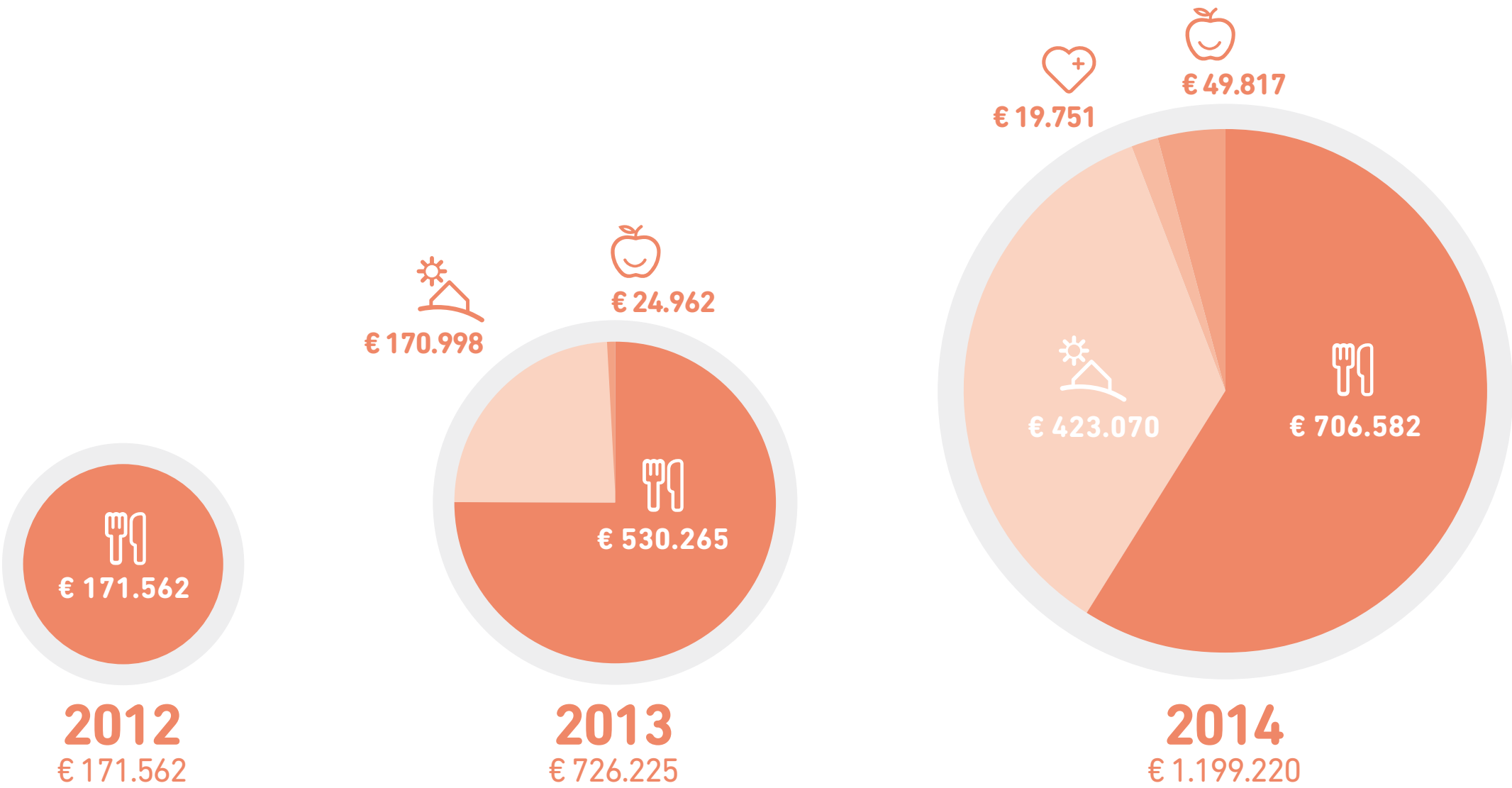
ADOLESCENTS WITH GREATER AWARENESS OF OBSTACLES IN SPORT

2

PROFESSIONALS TRAINED IN AMBIT (program delivered by the Anne Freud Centre)



HOW RAI HAS EVOLVED?



- RAI - SCHOOL MEAL
- RAI - CASALS D'ESTIU
- RAI - HEALTHY HABITS
- RAI - CUIDA'M






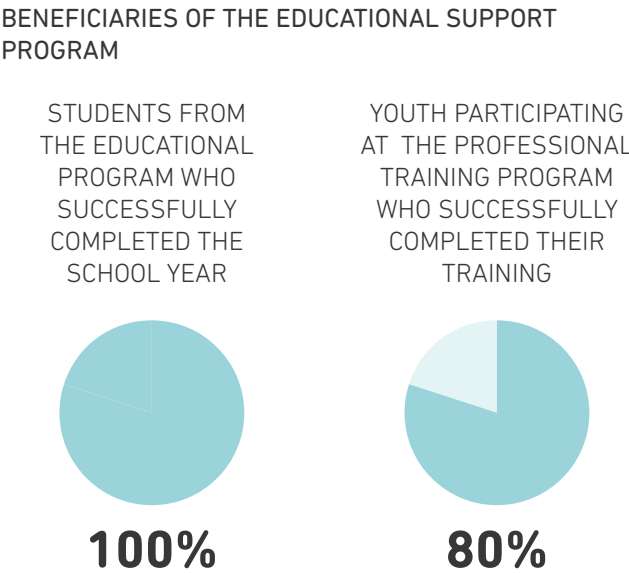
RICHARD TOLL

ACCESS TO HEALTH AND FOOD SECURITY
FOR CHILDREN AND YOUNG PEOPLE IN VULNERABLE FAMILIES

The aim of this project is to offer **integrated support** to children and young people **aged 3 to 18**, to ensure **the physical, mental and emotional development** that are essential to being able to live with dignity. The project’s initiatives include offering one **square meal** a day to young children, providing professional training for young people who lack resources, **educational support, and the psychological and medical care and nutritional monitoring provided** by the center’s nurse. As part of the program’s drive towards **sustainability and self-sufficiency**, the **mothers of the children** who attend the center **have also clubbed**

together to engage in **income-generating activities** that will allow them to escape the vicious cycle of poverty in which they are trapped. A community garden, a mill for grinding millet, and a machine for hulling rice are the projects launched in 2015 and which represent these families’ best hope for the future. At Probitas we have provided support so that this dream can become a reality in the near future

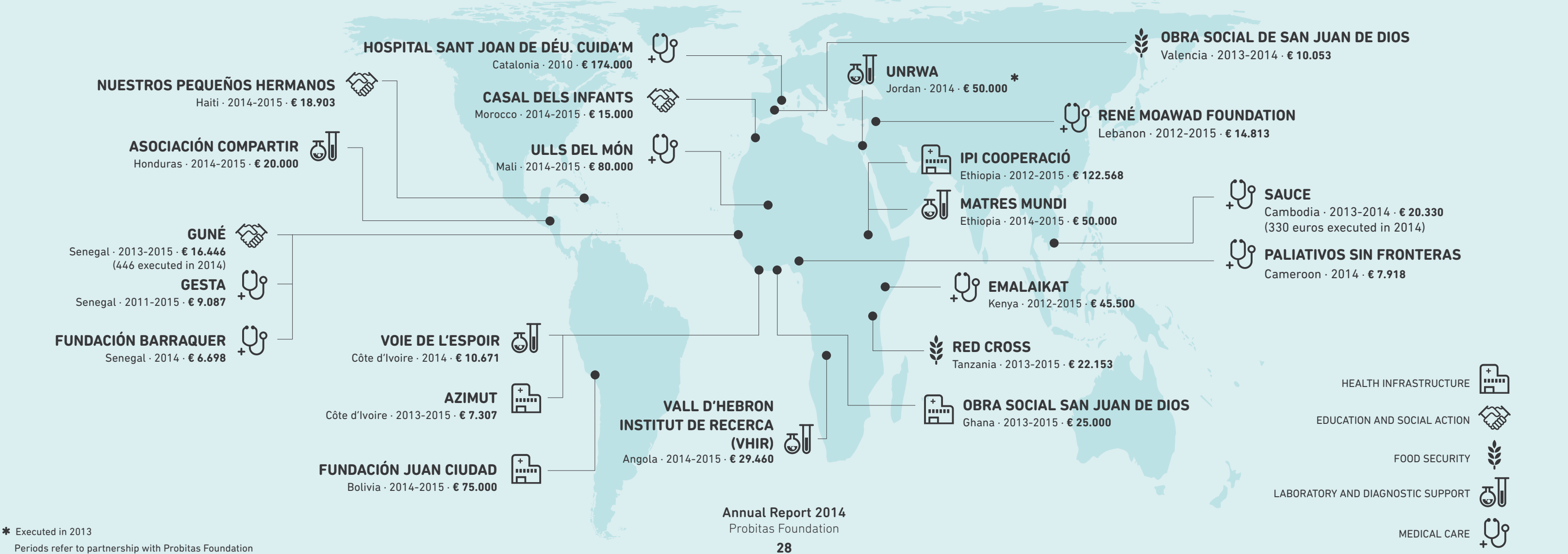
BENEFICIARIES OF THE PROJECT			
			
PREESCOLAR (3-6 YEARS)	30	37	67
EDUCATIONAL SUPPORT (6-13 YEARS)	70	67	137
PROFESSIONAL TRAINING (14-18 YEARS)	55	88	143
INCOME-GENERATING ACTIVITIES, MOTHERS' ASSOCIATION	-	50	50
OVERALL TOTAL	155	242	397





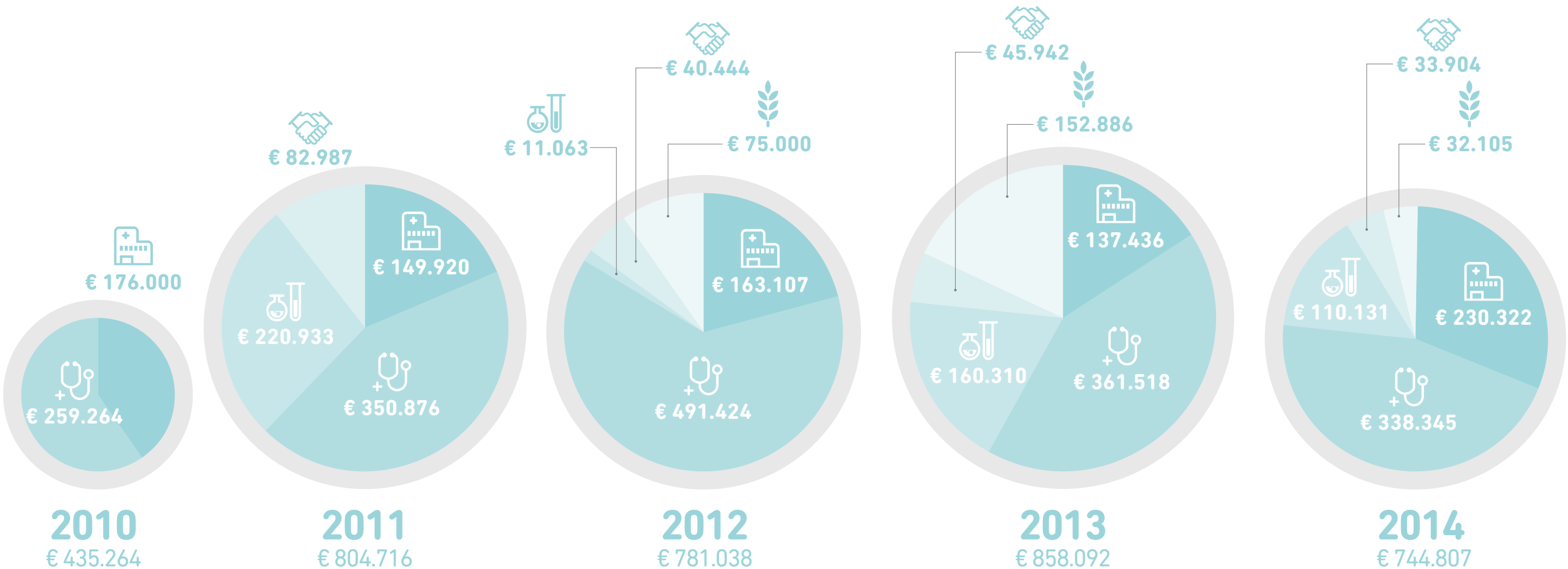
PARTNERSHIP PROJECTS

In addition to our own projects, we work in partnership with public–private organizations, providing economic resources, specialist technical support and visibility. The synergies we have established with several organizations through 22 projects represented a total investment of **744.807 euros** in 2014, helping to improve the quality of life of **1.144.602 people**.





HOW HAVE COLLABORATIVE PROJECTS EVOLVED?





CUIDA'M

HOSPITAL SANT JOAN DE DÉU

27 children from countries with **limited resources** have seen their lives change as a result of **access to complex medical treatments**. **Heart disease, stenosis** and **scoliosis** are conditions that are difficult to treat in many parts of the world. That is why a total of **91 families have applied for this program**, created by the Hospital de Sant Joan de Déu in 2004, of which **Probitas** has been the **principal partner** since 2012..

BENEFICIARIES



12 years old
Tetralogy of Fallot
Philippines



2 years old
Tetralogy of Fallot
Morocco



11 years old
Hirschsprung's disease
Dominican Republic



6 years old
Sensory neuropathy
El Salvador



10 years old
Congenital cholesteatoma
Peru



5 years old
Deformation of the hand
Sierra Leone



1 year old
Nephrectomy
Gambia



1 year old
Obstetric paralysis of the upper limb
Bolivia



8 years old
Anal atresia
Gambia



10 years old
Cardiac arrhythmia
Honduras



16 years old
Chronic infection of the middle ear
Equatorial Guinea



7 years old
Club foot and severe arthrogryposis
Dominican Republic

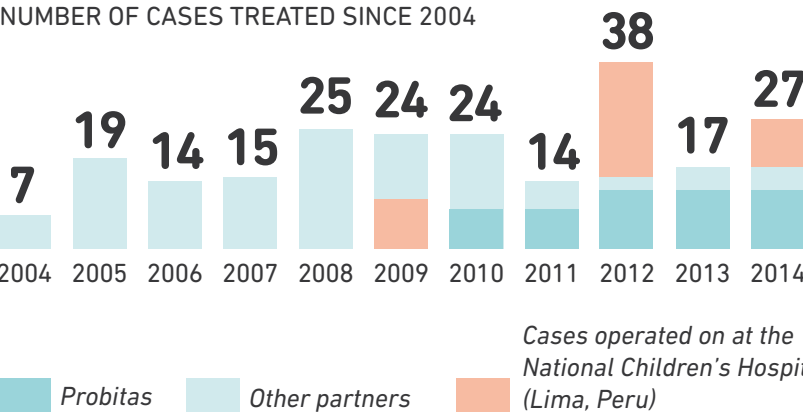
NUMBER OF CASES IN 2014



FINANCIAL SUPPORT FOR COST OF PROGRAM IN 2014



NUMBER OF CASES TREATED SINCE 2004





FUNDACIÓN BARRAQUER

OPENING PEOPLE'S EYES IN SENEGAL

With one ophthalmologist for every 130.000 people, the town of Richard Toll has a high rate of eye disease that has a **devastating impact on social and economic productivity** in this sugar-growing area. A team of two ophthalmologists and two optometrists from Fundación Barraquer has contributed to the fight against **preventable blindness** and **visual impairment** in the region.

PATIENTS TREATED

1.160

PAIRS OF GLASSES DISTRIBUTED

231



DIAGNOSED

96 Cataracts
400 Glaucomas




NUESTROS PEQUEÑOS HERMANOS

SPORT, HEALTH AND DEVELOPMENT

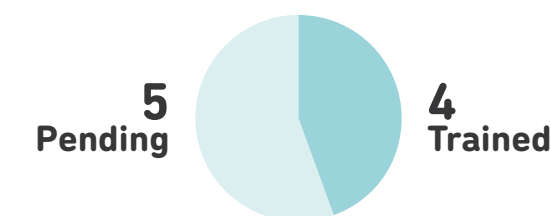
In this partnership project in **marginal schools** in Tabarre and Kenscoffe (Port-au-Prince), **sport** has helped **orphans** who were victims of the **Haitian earthquake** to increase their opportunities for growth and development. After receiving initial training in community health, **11 local trainers** act as promoters of healthy behaviors and preventive measures in sexual health.



DIRECT BENEFICIARIES

1.150

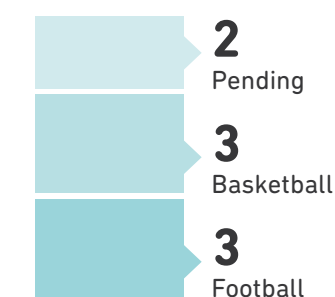
COMMUNITY VOLUNTEERS



HOURS OF TRAINING

22hrs Theory and football and basketball practice
6hrs In healthy behaviors

TEAMS TRAINED



**Results at November 2014*

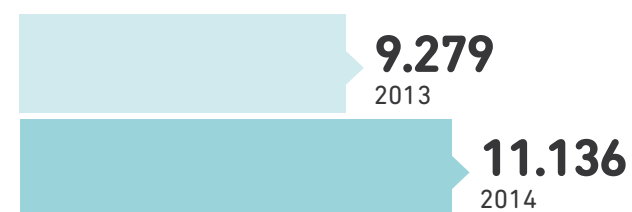


VOIE DE L'ESPOIR

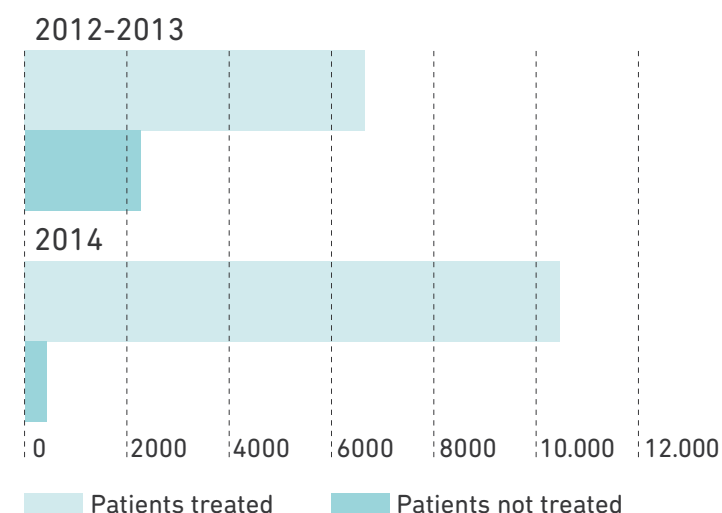
IMPROVEMENTS TO HEALTH CENTRE LABORATORY EQUIPMENT

Two laboratory teams have enabled this **humanitarian center** to perform **blood tests**, prescribe drugs correctly and reduce, **referrals** and the use of **empirical diagnosis**. The center, with **11.136 users** who live in the *commune* of Bigerville sur del Axe (Abidjan, Côte d'Ivoire) has filled the gap resulting from the almost total absence of health structures in the district.

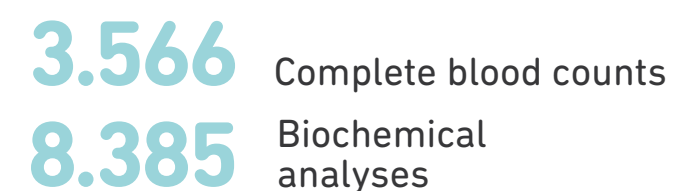
PATIENTS TREATED



PATIENTS TREATED AND PATIENTS NOT TREATED DUE TO LACK OF CAPACITY AT CENTRE



BLOOD TESTS AND BIOCHEMICAL ANALYSES PERFORMED IN 2014



*Results to December 2014

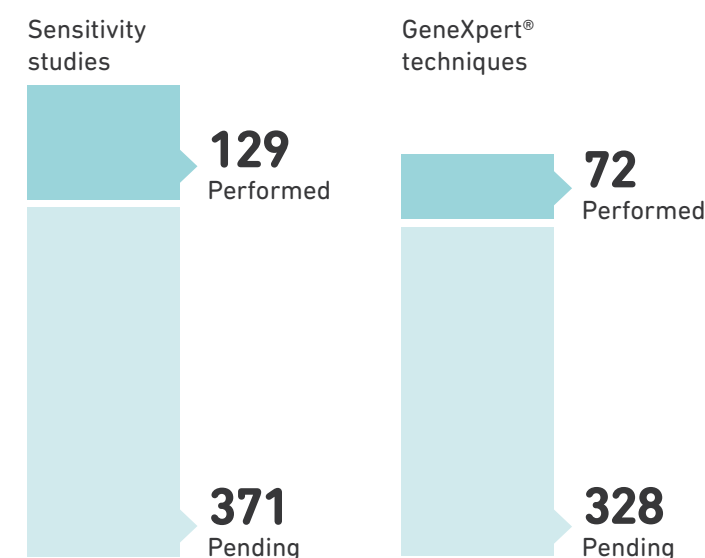


VALL D'HEBRON INSTITUT DE RECERCA

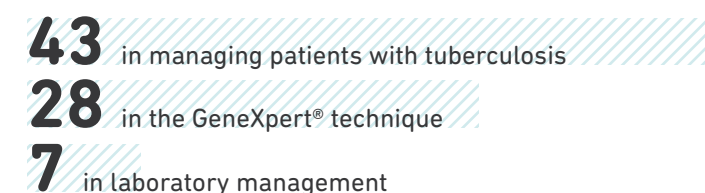
IMPROVING THE QUALITY OF LIFE OF TUBERCULOSIS PATIENTS IN CUBAL

Although it is the **leading** cause of **death** and **illness** in rural Angola, there is no clear data recording how many people suffer from tuberculosis, in particular **multidrug-resistant tuberculosis** (MDR-TB), nor of how to **manage** treatment. The GeneXpert® diagnostic equipment installed during the first phase of this project will make it possible to identify the actual **prevalence** of the disease in the region and to provide **early** detection of MDR-TB in order to improve the prognosis for sufferers.

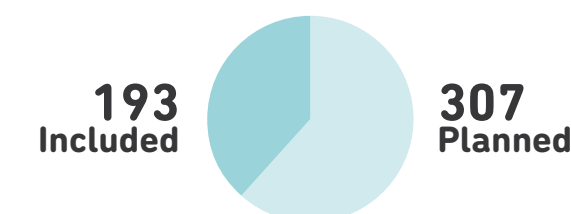
MOLECULAR BIOLOGY TECHNIQUES PERFORMED



TECHNICIANS TRAINED



PATIENTS INCLUDED IN THE STUDY



*Results to August 2014



RED CROSS

IMPROVING THE FOOD SECURITY OF 1.500 MAASAI FAMILIES

The **drought**-prone district of Simanjiro now has **three reservoirs** that provide drinking water for livestock. **Two training sessions** to raise awareness about **correct use of the water** and **20 agrarian schools** will also help to improve the **nutritional status** of **9.000 Maasai** through the cultivation of **maize, sorghum, sunflower** and **beans**.



4.500 ACRES PREPARED
FOR CULTIVATION



100%
of acreage

MAIZE AND SUNFLOWER
SEEDS PROVIDED



100%
of families

ACCESS TO KITS OF
FARMING IMPLEMENTS
AND FERTILIZERS



100%
of families

INCOME-GENERATING ACTIVITIES



3 mills
to produce and bottle
sunflower oil

**Results obtained to June 2014*



PALIATIVOS SIN FRONTERAS

MEDICINES AND BEDS FOR TERMINALLY-ILL PATIENTS

Although **palliative care** is a low priority for Cameroon, there are organizations that fight for people's right to have a dignified, pain-free death. Where before there were **cots**, now there are **6 folding beds** in **two units** for the **terminally patients** in **Bikop** and **Yaoundé**, which attend a **hundred** people per year.



TERMINALLY ILL PATIENTS
RECEIVING DRUGS

88

STUDENTS OF MEDICINE AND NURSING
TRAINED IN PALLIATIVE CARE

194

TOWNS INCLUDED IN THE HOME-BASED
PALLIATIVE CARE PROGRAM

28



ULLS DEL MÓN

REDUCTION OF PREVENTABLE BLINDNESS IN MOPTI

This project aims to implement an integrated and **sustainable eye care** system in this region of Mali, and has already trained **220 teachers** in primary eye health and **23 health agents**. As part of an awareness-raising program, **13.350** people have attended **training sessions**.

19.371
PEOPLE RECEIVING
EYE CARE

1.024
PEOPLE UNDERGOING
CATARACT OPERATIONS

↓

154%
of target

↓

128%
of target

NUMBER OF PAIRS OF GLASSES DISPENSED

607 112,4%
of target



*Results to December 2014

UNRWA

CONTROLLING DIABETES AMONG PALESTINIAN REFUGEES IN JORDAN

The diagnosis of diabetes in the camps of **Wihdat** and **Irbid** has improved with the implementation of an **innovative diagnostic technique**: measurement of glycated hemoglobin. Due to a **lack of awareness** and certain **sociocultural patterns**, **39% of the population** is at risk of **diabetes**.

LABORATORY TECHNICIANS TRAINED IN IDENTIFYING
AND TREATING DIABETES



*Results to December 2014

4.141

beneficiaries screened
every three months with
the new technique

↓

12.423
tests
performed

↓

100%
coverage of
the diabetic
population of
Wihdat



ASOCIACIÓN COMPARTIR

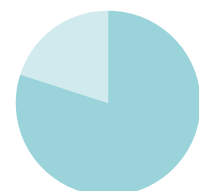
STRENGTHENING THREE HEALTH CENTERS IN HONDURAS

Dermatitis, respiratory illness, digestive diseases and **dengue** are the most prevalent diseases in Nueva Suyapa, Villa Nueva and Los Pinos: three towns whose health center **laboratories** have been **strengthened** with equipment and consumables. Working with a **community** focus that involves training **local leaders**, the aim of this project is to reduce the morbo-mortality rate and **increase comprehensive care** coverage for women.

PATIENTS RECEIVING CARE FOR RESPIRATORY, GASTROINTESTINAL, DERMATOLOGICAL AND SEXUALLY TRANSMITTED DISEASES

13.514

PATIENTS RECEIVING ADEQUATE TREATMENT



80%

PATIENTS SCREENED AND TREATED FOR DENGUE

10



3 centers with 5 contraceptive methods
1.800 patients with greater knowledge of these methods

800 out of 1.403 children and young people benefiting from disease awareness-raising



*Results to December 2014



CASAL DELS INFANTS

CENTRE FOR COMMUNITY INITIATIVES FOR EDUCATION AND SPORT

The aim of this center is to improve the **living conditions** of **young people** in Beni Makada (Tangier, Morocco) by providing **educational opportunities** through **informal education**, **learning support**, leisure and **work experience**. The center embodies a **community** approach that emphasizes participation.

BENEFICIARIES OF ACTIVITIES:

INFORMAL EDUCATION

44



LEARNING SUPPORT

40



SPORTING ACTIVITIES

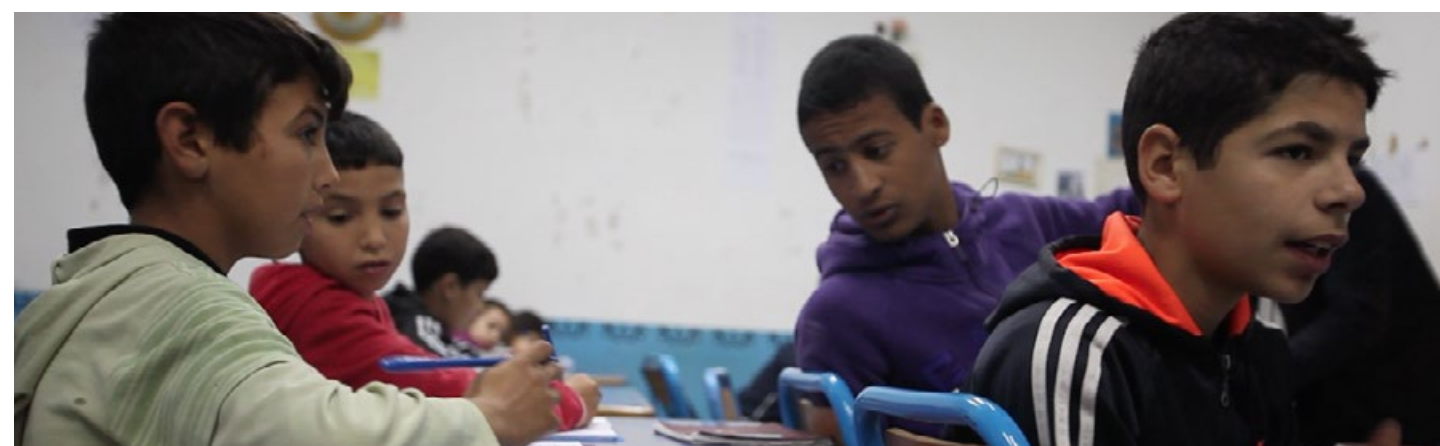
277



From 8 associations and 3 schools

CAREERS GUIDANCE AND WORK EXPERIENCE SERVICE

127



*Results to December 2014



OTHER PROJECTS



SAUCE

Support for Battambang health center

The center has cared for **1.820 patients**, 690 of whom were referred on to hospitals, and has attended 8.047 people in **remote villages**. It has trained **54 health professionals**, and has improved the infrastructure of the center, which is the public face of this integrated project created with the aim of **educating disabled victims of land mines**.



EMALAIKAT

Ophthalmological project in Turkana

Following eye health care successful campaigns, **42.570 patients with eye problems** in the **nomadic** region of north-eastern Kenya have been treated. **844 cataract** operations have been performed, **2.497** for **trachoma**, **241.947** children have received **vitamin A** with the aim of combating **xerophthalmia**, and Probitas has funded training for **12** local people.



GESTA AFRICA

Support for national program to combat blindness

The **mobile surgery unit** has improved eye care in Senegal with the acquisition of a **microscope** and an **autoclave**, and a **campaign** that has treated **286 patients** without recourse to surgery. In light of the outbreak of **Ebola**, the team advised against a **second campaign**.



RMF

Medical care in educational establishments

6.425 children have received **checkups** as a result of this school medical service in **Zghara**, a region that has some of the highest levels of **poverty** and **immigration** in **Lebanon**. Care has increased by **20%** as a result of over **400 Syrian refugees** being included in the project. **Detection of tooth decay** has doubled (**1.845 cases**) and a significant rise in obesity has been identified.





OTHER PROJECTS



IPI-COOPERACIÓN

Developing maternal and neonatal health in Ethiopia

The new **maternity center** and waiting homes at the Woldiya Hospital will **open in 2015**. As the work nears completion, the **training of local staff** in obstetric and neonatal emergencies has begun. As a result, combined with efforts to **raise awareness**, the **hospital** and **nearby health centers** have cared for **twice as many women** as they did in **2013**.



AZIMUT 360

Photovoltaic energy for the health center in Gonfreville

A **hybrid photovoltaic system** has enabled this health center in Côte d'Ivoire to care for **patients** and enjoy an **uninterrupted power supply** 24 hours a day, so that it can **store vaccines** and **medicines** in the correct manner. Two **technicians** are being trained to **maintain** the installation, which will have a **remote monitoring** system, and **staff** of the center are being trained in the **efficient** use of electricity.



FUNDACIÓ GUNÉ

Strengthening health services in Kolda

Although the **Ebola outbreak** in Guinea obstructed the progress of this project, designed to reduce **mother and infant morbo-mortality** in the remote Senegalese district of Diaobé, **29.510** people participated in **community health** and **family planning campaigns**. **Refurbishment** of the local **maternity center** also led to a **53%** increase in **child vaccination**.



OHSJD

Building a health center in Amrahia

After one year of construction work, the district of Tema will have a new health center in **March 2015**. The new facility is designed to be integrated within the **Ghanaian public health service** in order to **reduce** the need for highly vulnerable members of the population to **travel** to receive health care, as well as contribute to combat **high** rates of **malaria, diarrhea** and **respiratory infection**.





ECONOMIC IMPACT

BALANCE SHEET (31 DECEMBER 2014)

ASSETS	2014	2013
Working capital		
Receivables		
Other receivables	66.101	3.767
Cash & Banks		
Banks and credit institutions, demand current accounts	359.230	121.557
Total working capital	425.331	125.324
TOTAL ASSETS	425.331	125.324

LIABILITIES	2014	2013
Equity		
Endowment fund	60.000	60.000
Accumulated earnings	-41.379	-48.974
Surplus from fiscal year	-5.330	-7.695
Total equity	24.051	18.721
Short-term payables		
Creditor beneficiaries	0	0
Suppliers and other payables		
Debts for purchases & provision of services	356.641	66.409
Public administrations	18.997	15.109
Other current liabilities	25.603	25.085
Total short-term payables	401.280	106.603
TOTAL LIABILITIES	425.331	125.324

PROFIT AND LOSS ACCOUNT (31 DECEMBER 2014)

EXPENSES	2014	2013
Personnel costs	263.684	224.008
Monetary aid and other expenses	2.351.347	1.942.395
Other expenses		
External services	34.485	75.836
Taxes	50	44
Total operating expenses	2.385.619	2.018.275
Positive operating results	5.435	7.718
Financial expenses	105	23
Positive results from ordinary activities	5.330	7.695
Fiscal year positive surplus (profit)	5.330	7.695

INCOME	2014	2013
Foundation earnings from activities		
Earnings from promotions, sponsors and collaborations	2.655.000	2.250.000
Total operating income	2.655.000	2.250.000
Negative operating results	0	0
Financial results	0	0
Negative results from ordinary activities	0	0
Fiscal year negative surplus (loss)	0	0

Note: At 31 December, Probitas Fundación Privada has 3.482.752 euros from previous years at its disposal, accrued and pending application plus more than 4.127.760 euros corresponding to the 0,7% of the 2014 result from the Grifols consolidated group, totaling 7.610.512 euros.

PARTNERS



AND HERE

C. Jesús i Maria, 6 / 08022 Barcelona
Tel. +34 935 710 500
fundacion.probitas@grifols.com
www.fundacionprobitas.org

