



Turimiquire Foundation

Annual Report 2012

Our U.S.-based non-profit Foundation has served the low-income population of Sucre state in northeastern Venezuela since 1996. Based on more than 35 years of living and working in the impoverished regions of northeastern Venezuela, we have developed our three-step [Recipe for a Thriving Community](#) as a blueprint for action that guides our work in rural communities:

One - Family Planning:

The first step towards empowering women and families is to offer them the means to control their own fertility.

- ⇒ In 2012, we offered our services to **2,999 new clients** and delivered **4,278 Couple Years of Protection (CYPs)** - the metric by which USAID measures family planning achievement - to the low-income populations that we serve.
- ⇒ Calculating an average family of five, approximately 12,000 additional new family members also benefited.
- ⇒ Cumulatively, from May 1997 through December 2012, we have delivered **68,586 Couple Years of Protection**.
- ⇒ To achieve this, we have served over **29,000 rural and urban women** with birth control methods, including **3,586 tubal sterilizations**, the most popular method for mature women and their families here in Venezuela.
- ⇒ Venezuela has one of the highest teenage pregnancy rates in Latin America and the Caribbean. To reach this younger population, we have offered **2,146 Workshops in Sexual and Reproductive Health** to **44,666 participants**, primarily students and teenagers.
- ⇒ Since 1997, we have done this on an average budget of less than **\$50,000** a year dedicated to family planning and reproductive health. Our operating costs, at **\$15.68 per CYP** in 2012, are well below documented averages.
- ⇒ We are notably efficient because we spend minimally on infrastructure and staffing. Instead, we ride "piggy-back" on existing public and private health infrastructure, working with motivated personnel in both sectors to supplement and improve their services, always conforming 100% with prevailing Venezuelan medical practices and cultural norms.
- ⇒ We are increasingly reaching younger women with reversible family planning. In the past, most rural women survived significant infant and maternal mortality and morbidity as well as economic adversity directly related to supporting large families, until they would finally seek surgical sterilization in their 30's. Now in 2012, the average woman we serve is in her early 20s with less than two children, taking control of her reproductive health and fertility much earlier in life. We also see women with two or more children choosing sterilization while still in their late twenties.
- ⇒ Women relieved of the enormous burden of multiple involuntary fertility become outspoken examples for their families and neighbors, not only in showcasing the quality of life advantages in controlling their own fertility, but in subsequently having more energy and resources to educate and improve the lives of their children.

Two - Education:

Once families gain control of their fertility, they concentrate on giving their children the best possible future through schooling.

- ⇒ **Our Scholarship Program** for the *Vía Cumanacoa* community enables an average of **45 rural students** each year to continue their studies at local high schools. Before we instituted this program, most students in this community had to abandon their formal education at or before the sixth grade.
- ⇒ **Fifteen** of these high school scholars are now studying at the *college level* with ongoing Foundation support, a real precedent for this rural community.
- ⇒ **Two** of our first rural college students have now graduated with *nursing degrees*.
- ⇒ **Three** of our high school graduates run outlets for our *subsidized school supplies* out of their own rural homes.
- ⇒ Our *Brito-Barrancas Community Center* now offers additional staffed library and computer facilities at a new site upriver - two hours walking distance from the nearest road. We are building an additional space for the students of the small new high school which is starting up there.
- ⇒ We help support several local kinder and primary rural schools in our area, and assist their lunch programs.
- ⇒ Our rural high school and college students, as well as many low-income urban students, regularly study at our *Computer Center* in Cumaná, which offers *Internet* and other facilities for schoolwork.
- ⇒ Everyone agrees: **Education is the priority.**

Three - Community: Investing in people first!

We endeavor to develop community in the remote road-less rural valley that we serve and live in, through supporting valley infrastructure projects such as water and electricity, trail improvement, and the cultivation of promising new fruits and vegetables. Our Community Center offers sports and educational facilities for youth, and serves as a base for commerce and town-related activities.

Our Finances in 2012

Our supporters believe in the unique service model that we have created. Donations, social marketing, and sliding scale fees for our medical services all help to cover our operating costs.

Doing more with less:

- ⇒ Our programs work with local institutions and programs already in place. We ride *piggy-back* on the existing public and private health infrastructure, adding *just* what is needed to deliver our services more effectively.
- ⇒ We use *Social Marketing*. Our services are offered at highly subsidized prices. *No one is turned away* for not being able to pay. Our goal is to improve the lives of as many low-income clients as we can.
- ⇒ We invest *minimally in public outreach*. Women and families proactively promote our services through word-of-mouth, and state public health facilities and private agencies now regularly refer clients to us.
- ⇒ More people come to us for help than we can possibly satisfy at our currently funded levels.
- ⇒ Officers and Board Members donate their services and take no compensation of any kind.
- ⇒ Our working non-profit in Venezuela — [Fundación ServYr](#) — independently received **\$7,279** in patient co-pays and in-country support in 2012.

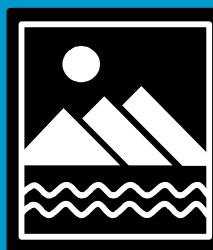
We work hard to accomplish a great deal on a small budget. Administrative costs for 2012, including fund-raising, were **8.5%** of our overall budget. Over **91 cents** of every dollar went directly into the field. Over the past twelve years, an average of over **93%** of our budget has gone directly into the field, and this will continue to be our goal.

In Venezuela, a little can go a long way. We appreciate the help that many of you give us, and hope that you'll continue to support us. *Thank you!*

The Turimiquire Foundation is a 501(c)(3) non-profit organization. Donations are fully tax deductible.

Please contribute by check, payable to the Turimiquire Foundation, or online at www.turimiquire.org/contribute/

Expenses		%	Income	
Administration:		8.7 %	Donors \$5,000 and more	\$ 30,000
Office	\$ 8,080	7.7 %	Andrew Tobias	\$ 10,000
Fund Raising	\$ 1,096	1.0 %	Charles Merrill	\$ 4,000
Programs:		91.3 %	Merrill Family Charitable Trust	\$ 7,000
Field Staff	\$ 3,199	3.0 %	Harry & Molly Marcus Charitable Trust	\$ 1,000
Casa ServYr	\$ 1,027	1.0 %	Ole Skaarup Foundation	\$1,000
Family Planning	\$ 67,063	63.9 %	Mertz-Gilmore Foundation	\$1,000
Reproductive Health Education	\$ 4,389	4.2 %	Assorted Donations up to \$5,000	\$ 32,519
Rural Education	\$ 6,502	6.2 %	Total	\$86,519
Casa Barrancas Community Center	\$ 7,775	7.4 %	We need your help! In 2012, we relied upon accumulated savings to cover the difference between increasing program opportunities and our annual donations and in-country support. Donations in any amount will help to expand our work!	
Family Assistance	\$ 919	0.9 %		
Rural and Agricultural Development	\$ 4,971	4.7 %		
Total	\$ 104,739	100%		



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