



# Turimiquire Foundation

## Annual Report 2013

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:

### **FIRST - Family Planning: Empowering women and families with the means to control their own fertility.**

- ⇒ In 2013, we offered our services to **3,041** additional reproductive-age women and their families, delivering **5,362 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 2013, we have delivered a total of **73,948 Couple Years of Protection** to low-income families seeking to control their fertility.
- ⇒ To achieve this, we have served over **32,000 rural and urban women** with birth control methods, including **3,896 tubal sterilizations**, the most popular method for mature women and their families here in Venezuela.
- ⇒ 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 **\$7.31 per CYP** in 2013, are well below documented averages.
- ⇒ Venezuela has a large young population with one of the highest teenage pregnancy rates in Latin America and the Caribbean. Starting in 2003, we have offered a total of **2,413 Workshops in Sexual and Reproductive Health** to **46,789 participants**, primarily students and teenagers, averaging over 200 sessions a year.
- ⇒ We are 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 (often directly related to supporting large families), until they would finally seek the definitive method of surgical sterilization in their mid 30's. Now, in 2013, the average woman we serve is in her mid 20s with two children, taking control of her reproductive health and fertility much earlier in life.
- ⇒ Women relieved of the enormous burden of involuntary multiple fertility become outspoken examples for their extended families and neighbors, showcasing the improved quality of life accessible through taking control of the size of their families.
- ⇒ As the *only* civil organization fulfilling this role in the eastern half of Venezuela, we have become the reference point for advancing family planning and reproductive health education, both for our professional and institutional peers and for the low-income clients that we serve.

### **SECOND - 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 *Via Cumanacoa* community enables an average of **45 rural students** each year to continue their studies at local high schools. Over 400 students from semi-literate families have now attended high school with the help of our program. Previously, most students in this community abandoned 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. And each year more students graduate from high school and continue to college.
- ⇒ *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 free *Internet* and other facilities for schoolwork.
- ⇒ Everyone agrees: **Education is the priority.**

### **THIRD - Community: Investing in people first!**

Our programs develop a sense of community in the remote road-less rural valley that we work and live in. We support valley infrastructure projects in water delivery, electricity, trail improvement, and agriculture, including the cultivation of promising tropical fruits. Our Community Center encourages sports for youth, and serves as a base for local commerce and town-related activities.

## **Our Finances in 2013**

We work hard to accomplish a great deal on a small budget. *We do more with less:*

- ⇒ We spend very little on infrastructure and staffing. Instead, we ride "piggy-back" on existing public and private health infrastructure, adding only what is needed to deliver our services more effectively.
- ⇒ Donations, *social marketing*, and sliding scale fees for our medical services all help to cover our operating costs. Our services are offered at highly subsidized prices, and *no one is turned away* for not being able to pay. Most everyone can help with *something*, and a few need extra help from us.
- ⇒ 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.
- ⇒ Our goal is to improve the lives of as many low-income clients as we can. Our success drives demand. More people come to us for help than we can possibly satisfy at our currently funded levels.
- ⇒ All of our Officers and Board Members donate their services and receive no compensation of any kind.
- ⇒ *Fundación ServYr*, our non-profit organization in Venezuela, independently received **\$4,145** in patient co-pays and in-country support in 2013.
- ⇒ Administrative costs for 2013, including fund-raising, were **5%** of our overall budget. **95 cents** of every dollar went directly into the field. Over the past fifteen years, an average of over **93%** of our budget has gone directly into the field.

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/](http://www.turimiquire.org/contribute/)

Expenses		%	Income	
Administration:		5.0%	Donors \$5,000 and more	\$ 15,000
Office	\$ 2,472	4.0%	Andrew Tobias	\$10,000
Fund Raising	\$ 548	1.0%	Charles Merrill	\$ 5,000
Programs:		95.0%	Merrill Family Charitable Trust	\$ 4,000
Field Staff	\$ 2,189	3.6%	Family Trusts and Foundations	\$ 3,500
Casa ServYr	\$ 1,854	3.0%	Individual donations \$1000-\$5000	\$ 9,000
Family Planning	\$ 39,187	63.9%	Individual donations up to \$1000	\$ 12,725
Reproductive Health Education	\$ 1,583	2.6%	Interest Income	\$175
Rural Education	\$ 5,626	9.2%	<b>Total</b>	<b>\$ 59,400</b>
Barrancas Community Center	\$ 2,567	4.2%	<b>We need your help!</b> We rely upon small 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 sustain our work!	
Family Assistance	\$ 1,597	2.6%		
Rural and Agricultural Development	\$ 3,727	6.1%		
<b>Total</b>	<b>\$ 61,351</b>	<b>100%</b>		



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