



Turimiquire Foundation

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The following tables summarize the Turimiquire Foundation's activities in family planning, reproductive health and rural education, at selected public and private facilities in the city of Cumaná, and in nearby rural counties in the state of Sucre, from **May 1997** through **December 2016**. In this period, we have offered a total of **99,965 Couple Years of Protection (CYPs)**, the metric by which USAID measures family planning achievement, to the low-income rural and urban populations that we serve.

Family Planning Services: Our Story in Numbers

Year	Additional Women Served Each Year	Total Client Visits	Monthly Hormonal Birth Control Distributed	IUDs Placed	Average Age of Client	Average Number of Children
1997-2000	1697	5732	3199	783	24,8	2,8
2001	1078	2424	1716	555	23.3	2.1
2002	1332	2035	1117	538	22.8	1.8
2003	1606	3152	2177	481	24.1	1.8
2004	2746	7341	6266	396	24.2	2.1
2005	2958	11296	9465	786	24.2	2.0
2006	2895	13965	13459	853	22.4	2.0
2007	2977	13214	12318	440	23.8	1.6
2008	3361	9889	5884	86	22.5	1.3
2009	1427	6957	5265	102	23.0	1.3
2010	1769	8279	6173	174	23.4	1.6
2011	2077	9967	6681	247	26.2	1.8
2012	2999	13821	9135	350	24.5	1.3
2013	3041	16442	11140	372	23.3	1.6
2014	3320	19694	15955	329	23.4	1.6
2015	3087	25607	20032	369	22.3	1.5
2016	3013	16225	12702	655	20.6	1.1
TOTALS:	41383	186040	142684	7516	23.6	1.9

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- The Foundation works in collaboration with Fundación ServYr (our sister Foundation in Venezuela), FundaSalud (the State Ministry of Public Health), and other public and private health organizations and clinics, to provide these services.
- Starting in 2006, Hormonal Birth Control includes birth control pills, emergency contraception, and the increasingly popular monthly injections now available in Venezuela. We work with the state government and private health providers in the purchase, public distribution and social marketing of these hormonal methods in rural and urban areas.
- Our numbers vary yearly due to budget, as well as collaboration with (and current deterioration in) the state's public health infrastructure. We try to maintain reliable contraceptive supplies for the families we already serve, while offering our services to additional women as we are able to.
- Lower average age and number of children of our clients in recent years reflects an increase in adolescent and young adult participation, often women with one child or adolescents with no children. In 2011, these averages rose due to increased outreach in rural counties where women often have multiple children before they seek to control their fertility.
- Since 1997, we have distributed more than **100,000 condoms** through our reproductive health education and family planning programs, primarily to adolescents in urban as well as rural areas. In 2016, we distributed **7,103 condoms**.
- Since 1997, the Foundation has also facilitated more than **14,000 consultations** in family medicine and reproductive health, including gynecological and prenatal consultations, ultrasounds, and pap smears. In 2016, we provided **1063 consultations** for rural women with individual and family health issues aside from family planning.
- The unsatisfied demand for family planning - and the unmet need for reproductive health services - continues to far exceed our capacity to provide.

Educational Workshops in Responsible Sexuality, Reproductive Health and Family Planning

Cumaná and Four Rural Counties	# of Workshops	# of Participants
2002 (rural)	54	1326
2003 (rural and urban)	194	3893
2004 (rural and urban)	322	8344
2005 (rural and urban)	343	8829
2006 (remote rural outreach) *	108	2385
2007 (rural and urban) **	245	4209
2008 (rural and urban)	196	3343
2009 (rural and urban)	238	4811
2010 (rural and urban)	165	2790
2011 (rural and urban)	162	2577
2012 (remote rural outreach) *	119	2159
2013 (rural and urban)	267	2123
2014 (rural and urban) *	130	1990
2015 (rural and urban) *	80	1898
2016 (rural and urban) *	184	2606
TOTALS:	2,807	53,283

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Tubal Sterilizations

Year	Patients	Average Age	Average # of Children
1997	72	30.3	5.8
1998	282	29.2	4.8
1999	227	29.8	4.3
2000	222	28.9	4.0
2001	163	27.7	3.9
2002	266	28.4	3.5
2003	230	27.3	3.2
2004	228	27.7	3.2
2005	226	28.8	3.5
2006	223	28.8	3.5
2007	320	30.1	4.2
2008	227	30.1	4.7
2009	251	28.6	3.3
2010	250	28.7	3.1
2011	202	29.3	3.2
2012	197	30.1	2.9
2013	280	29.3	3.1
2014	288	29.2	3.0
2015	700	33.9	3.1
2016	631	31.3	2.7
Totals:	5485	29.4	3.7

Through December 2016, the Foundation has provided 5485 surgical sterilizations to mature, low-income women who desire this permanent method of family planning. This service is provided on a strongly subsidized sliding-scale basis, with low-income rural women financially and logistically assisted. In 2005, we became the first (and only) provider of modern laparoscopic surgical sterilizations for low-income families in our State.

With the severe economic crisis in Venezuela, we have increased and extended the range of our surgery program to perform hernia repair and other operations for low-income rural patients who can no longer count on the public health sector for help. In 2016, we were able to do 631 tubal sterilizations, repair 160 hernias, and facilitate an additional number of cesarean sections, oncological and orthopedic interventions, diagnoses and biopsies as well.

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Rural Primary and High School Education

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

Since 2003, responding to this dynamic, we have offered a yearly average of 50 scholarships for rural high school students. Before we instituted this program, most of these rural students abandoned their formal education at or before the sixth grade. Now, 500+ students have attended high school, 100+ students have graduated, and 25 of these graduates are currently in college with our support. Five of our students have graduated from college (two as nurses, two as teachers, and one in food technology), a real first for this rural area. Several of these graduates continue to work with us as professionals in their communities.

Since 2005, the Foundation has maintained a *rural education center* with a small library and computers, located in Barrancas along the Cumaná-Cumanacoa highway. In 2015, we moved this center to a remote site up the Rio Brito valley, several walking hours from the road, in order to be closer to the recently established rural high school.

We also maintain three outlets for subsidized school supplies for pre-school, primary and high school students from our rural area, serving the communities of Brito, Barrancas, Tigre, Agua Santa, San Fernando, Tataracual, Guaripa, and Cumanacoita. Mothers and their student daughters run these outlets out of their homes.

Activities	Tutoring		Computing and Internet		Distribution of School Supplies	
	Rural Student Sessions	Urban Student Sessions	Rural Center Participation	Urban Center Participation	Number of Beneficiaries	Number of Subsidized Sales
2007	542	558	126	672	309	773
2008	1354	1380	262	879	954	2385
2009	1116	1125	287	1399	788	1970
2010	1120	1163	115	2800	807	2018
2011	1038	1073	368	2893	1483	2175
2012	1144	610	106	3040	1284	4673
2013	1060	901	85	2639	1189	3926
2014	830	650	80	1853	1260	7530
2015	842	657	185	1466	1416	9904
2016	610	598	130	2332	1446	9658
Totals	9656	8715	1744	19973	10936	45011

College Education

We now support 25 of our most motivated high school students continuing their studies at local community colleges and the state university. Here we chart the progress of our students through high school and into college since 2007, including *our first five college graduates*:

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Academic Year	Entering High School	Graduating High School	Entering College	Leaving College	Graduating College
2007/2008	10	3			
2008/2009	11	5	5	1	
2009/2010	11	4	4		
2010/2011	9	8	2		1
2011/2012	12	5	3		1
2012/2013	11	13	2	2	2
2013/2014	14	11	1	1	1
2014/2015	8	7	1		
2015/2016	12	12	11		
2016/2017	13	9	1		

College entrance can be low, and attrition can be high for students coming from rural semi-literate communities. We offer personalized tutoring for this difficult transition. College graduation can also be delayed as upper education schedules are severely disrupted by the current socio-economic crisis. This chart focuses on rural student participation. We also support several students from urban low-income, *barrio* communities.

***“When we dream alone, it is only a dream.
When we dream with others, it is the beginning of reality.”***
Dom Camera Helder