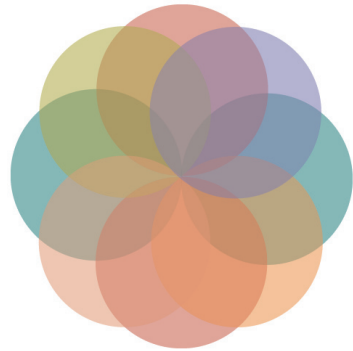


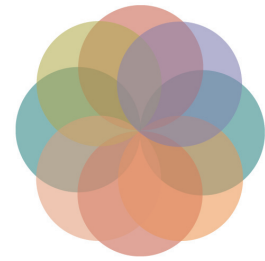
fistula STORIES

EXPLORING FAITH AND ACTION
TO END OBSTETRIC FISTULA IN
THIS GENERATION



fistula STORIES

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the story of this project

Fistula Stories began with a conversation at a Women, Faith and Development Alliance Break Through Summit, and a grant from the UN Foundation to work on raising awareness of obstetric fistula. The aim of this pilot project is to work with young Christian women (ages 18-30) to raise awareness and build confidence for advocacy and action towards ending obstetric fistula with this generation. This curriculum also examines the connections between faith and action, exploring the complex components of giving and organizing “here” to help women “there.” Through intentional conversations and actions we hope to work to bridge the divide and create a world where all women are valued.

The title “Fistula Stories” seeks to honor the courage and dignity of women who are obstetric fistula patients and survivors by listening to their stories and by connecting them to the stories of obstetric fistula doctors, fistula advocates around the world and the young women studying obstetric fistula using this curriculum. The word “story” is important for many reasons. The basis of the Christian faith is laid out in the Bible, and it is through the telling of these sacred stories that the community learns what it means to live our Christian faith. Women have often been storytellers, preserving for their communities the important memories of where they come from and who they are. It is critical, especially for young women, to learn that each of us has our own story to tell, and to learn how to hear one another’s story and share our own with integrity and respect.

These stories are not always comfortable stories of happiness or triumph; in fact they are often stories of trouble and oppression. Arguably the most important story in Christianity is one of suffering and death. Stories that make us uncomfortable often teach us the most about life and about hope for the future. We must listen to these fistula stories with care and humility, considering what it might mean for women who have suffered shame and isolation to share their stories publicly.

Many women’s stories are told in the pages of this curriculum and on our website www.fistulastories.org. Each woman tells her own story and has given permission for her story to be made public. We honor their stories by listening with open hearts and finding the places where our stories connect. We hope that our website will become a locus of this connection, as its blog features not only the story of women affected personally by fistula, but the stories of the women using this curriculum and many others in between. In this way we hope to join together in solidarity as we stand together to end fistula in this generation.

It is with great hope and humility that we present this curriculum, and we hope that you find it useful as we labor together to bring God’s justice to our world.

meagan manas
FISTULA GRANT COORDINATOR

ann tiemeyer
PROGRAM DIRECTOR

WOMEN’S MINISTRIES
THE NATIONAL COUNCIL OF THE CHURCHES OF CHRIST
U.S.A.

goals and objectives

The Key Objectives of the Fistula Stories project are to raise awareness about obstetric fistula among young women in Christian faith communities while exploring the connections between faith and action and empowering these young women to take action in step with the UNFPA's Campaign to End Fistula or other fistula advocacy groups. There are so many programs for obstetric fistula advocacy already in place; this curriculum does not seek to create a new program but rather to serve as an entry point for the Christian faith community into the issue of obstetric fistula. The Fistula Stories curriculum and the website www.fistulastories.org are the closely linked tools we have developed to accomplish these objectives.

The goals of each session move towards these objectives.

- [1] To understand what fistula is biologically and holistically, to understand the causes of fistula and to understand life with fistula more deeply through the stories of women's lives.
- [2] To explore the connections between faith and action as well as between ourselves and women dealing with obstetric fistula.
- [3] To more closely examine our role in working to end fistula in this generation.
- [4] To decide on an action the group will accomplish together, and create a plan of action based on and using their resources, skills and talents.

leader's guide

Getting to Know You

The Fistula Stories curriculum may best be used with a group of women who already know one another, providing the groundwork for conversations about what could potentially be sensitive issues. If your group is assembling for the first time, you may want to add one more session at the beginning simply for the group to get to know one another. Ice-breaker type games could be played, as well as asking each participant to share her story with the group, giving specific guidelines about what to share (example: Tell the group three things they might not know about you by looking at you, or create a list of information the group wants to know about one another, including name, where they live or have lived, what they study or do for work, their hobbies, etc.). You might have each woman tell what has been reported to her as her own birth story, or a birth story that was well-known in her family. Alternately, starting the first session one hour earlier and sharing a meal with the group while getting to know one another would also be a good icebreaker.

Ground Rules

During your first meeting, you should also take some time with the group to create some ground rules. You might begin by asking the group to remember positive group discussion experiences they have had and then list the characteristics of those experiences. The same can be done with negative characteristics to make a list of behaviors that you as a group want to avoid. When you have completed a list of ground rules, the members of the group may want to sign it to show that they agree to follow these rules.

Some examples of ground rules are, but are not limited to:

- [1] Be respectful of others
- [2] Make sure that everyone gets a chance to speak
- [3] Things said in the group remain in the group unless permission is given to share
- [4] Assume that everyone is speaking from their best intentions
- [5] Let others know, gently, when they have said something you find hurtful or offensive
- [6] Pay attention to time constraints

Included in this list or discussion should be a clear recognition that there will be folks in your group who have been through traumatic sexual or medical experiences that may be evoked in studying fistula and hearing others' stories. Everyone in the group should feel free to do what they need to do to deal with difficult feelings and take care of themselves, including leaving the room—physically or mentally—with the understanding that they will not be judged. Offer that you, or another you designate, will be available if they need to talk something out, and familiarize yourself with local resources for counseling services.

The Two-Minute Journal

A perpetual problem in group discussions, no matter how much it is agreed to on paper, is making sure that each participant has a chance to be heard. One particularly effective way to tackle this problem is to institute a “two-minute journal” system. After a question for discussion has been asked, give the group two minutes to jot down their thoughts about it. Note to the group that this is a time for extroverted people to narrow down their ideas to one or two most important points, and for introverted people to organize their ideas and have them on paper so they might feel more secure sharing those ideas in the discussion.

Another variation of this is to first have the group discuss the questions in pairs, and then share briefly with the whole group anything they found particularly important or interesting. This method is particularly effective when working with larger groups where there might not be a chance for all to participate in the large group within the time constraints. In a smaller group this may not be necessary, but feel free to try these methods and evaluate together what is working and not working for you as a group.

Participation in the Fistula Stories Blog

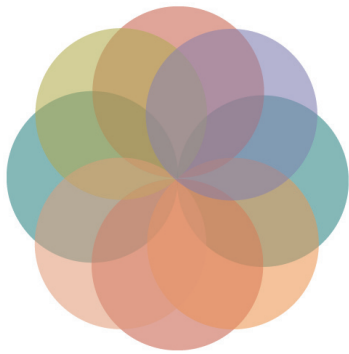
As part of your work on this curriculum, we want you to also participate in our blog at fistulastories.org. You can comment on other stories that are already posted or send your own stories, comments, photographs and video to Meagan (mmanas@nccusa.org) for posting directly to the blog. Possible topics include: your reactions to the discussions in the curriculum, reflections after first learning about what fistula is, or final reflections as you move towards the end of the program. We'd love to hear and see what your group is doing in your own community as well.

The Challenge of Continuity

One of the biggest challenges of campus ministry is continuity—getting the same group of people to commit to being at multiple events. Even a four week study can be a stretch. We hope that the website can function to bridge this gap. With all of the curriculum and supplemental materials online, anyone can go at anytime and check out what the lesson was in previous weeks, and use our resource lists for more information.

Materials and Time

Fistula Stories was created to be covered in four 1.5-hour sessions. If your group used your time differently, let us know how it went! As referenced above in “The Two-Minute Journal,” time and space for jotting notes is important. You may give a copy of the curriculum to each participant and instruct the group to write notes directly on it, or make provisions for each participant to have a notebook for this purpose.



the story of fistula SESSION I

Session Goals:

To understand what fistula is biologically and holistically, to understand the causes of fistula and to understand life with fistula more deeply through the stories of women's lives.

Opening Prayer

God our mother,
We thank you for giving us life,
For birthing all of our various and diverse passions and talents.
We thank you for giving us your story,
That we may learn from the witness of those who came before.
We are grateful that you walk with us,
And we find comfort knowing that you understand what it is
for a body to be torn open.

We ask for your help while we are together in this group.
Help us show love to one another.
Enliven our passions and empower our talents.
Listen to the stories with us
and walk with us as we find the voices of our own stories.
Move us to think and feel and act in ways
that bring more of your freedom, love and justice to this world.
Amen.

Part I: The background story

As the group prepares to begin this study of obstetric fistula together, take a moment to ask what knowledge the group already has. You might ask for a show of hands on such questions as “Who has heard of fistula before?” or “Who feels like they could confidently explain what fistula is and what its causes are?” The latter question may be asked again at the end of the session for confirmation.



www.fistulastories.org

If you prefer and have the equipment available, one of the films suggested at www.fistulastories.org/resources could be substituted for the following readings, UNFPA’s commercial, “Tip Toc,” and Nicolas Kristof’s “Helping Themselves” are recommended.

Take time to read through the UNFPA’s (United Nations Population Fund) “Obstetric Fistula in Brief,” below. Read silently or take turns reading out loud in the group. Note the illustrations on the next page, provided by One By One (www.fightfistula.org) for clarification.

Obstetric Fistula In Brief

Obstetric fistula is a hole in the birth canal caused by prolonged labor without prompt medical intervention, usually a Caesarean section. The woman is left with chronic incontinence and, in most cases, a stillborn baby.

The smell of leaking urine or feces, or both, is constant and humiliating, often driving loved ones away. Left untreated, fistula can lead to chronic medical problems, including ulcerations, kidney disease, and nerve damage in the legs.

A simple surgery can normally repair the injury, with success rates as high as 90 per cent for experienced surgeons. The average cost of fistula treatment and post-operative care is just US \$300. Sadly, most women with the condition do not know that treatment is available, or they cannot afford it.

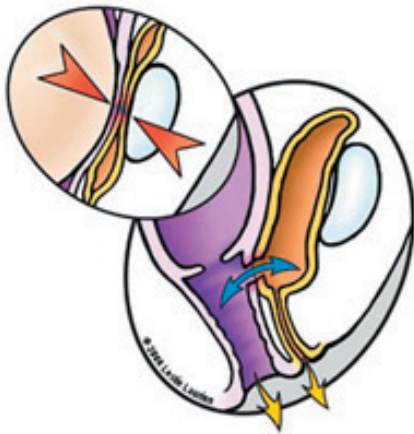
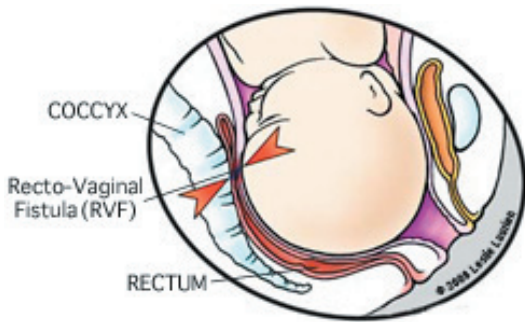
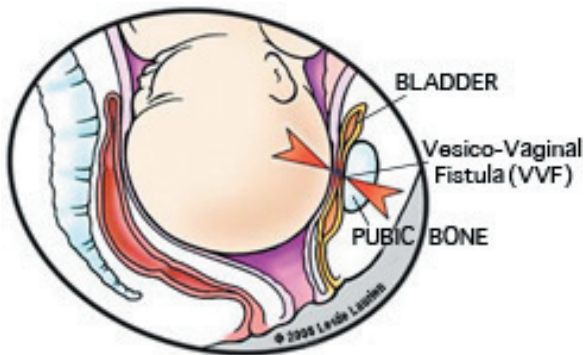
Like maternal mortality, fistula is almost entirely preventable. But at least 2 million women in Africa, Asia and the Arab region are living with the condition, and some 50,000 to 100,000 new cases develop each year. The persistence of fistula is a signal that health systems are failing to meet the needs of women.

Obstetric fistula occurs disproportionately among impoverished girls and women, especially those living far from medical services. Affecting the most powerless members of society, it touches on nearly every aspect of UNFPA’s mandate, including reproductive health and rights, gender equality, poverty and adolescent reproductive health.

In 2003, UNFPA spearheaded the global Campaign to End Fistula, a collaborative initiative to prevent fistula and restore the health and dignity of those living with its consequences.

http://www.endfistula.org/fistula_brief.htm

United Nations Population Fund is an international development agency that promotes the right of every woman, man and child to enjoy a life of health and equal opportunity. UNFPA supports countries in using population data for policies and programmes to reduce poverty and to ensure that every pregnancy is wanted, every birth is safe, every young person is free of HIV/AIDS, and every girl and woman is treated with dignity and respect. For more information, visit www.unfpa.org/about.



how does fistula occur?

Unattended obstructed labor can last for up to six or seven days, although the fetus usually dies after two or three days. During the prolonged labor, the soft tissues of the pelvis are compressed between the descending baby's head and the mother's pelvic bone. The lack of blood flow causes tissue to die, creating a hole between the mother's vagina and bladder (known as a vesicovaginal fistula), or between the vagina and rectum (causing a rectovaginal fistula) or both. The result is a leaking of urine or feces or both.

Courtesy of One By One: http://www.endfistula.org/q_a.htm

Ask participants to take one or two minutes to write down their feelings and thoughts after receiving this information. Before proceeding to part 2, ask if anyone in the group has clarifying questions about what fistula is and what its causes are, or if anyone wants to share a reflection with the group.

Part 2: Fistula Stories: Halima, Sarah, Fatima, Awatif, Martina, Marietta's Stories

Take turns reading these stories out loud. Try to listen to the voices of these women with openness and respect. As you read and listen, be sure to note what feelings and questions are coming up for you. Also listen for the causes of obstetric fistula. You may want to jot these down as you go along. These stories are courtesy of the UNFPA Campaign to End Fistula (www.endfistula.org/slide_show_womendeliver/slideshow.html).

www.fistulastories.org

The film, *A Walk to Beautiful* is an excellent way to enter into the stories of women who have lived with fistula and can be substituted for the following printed stories. Additional stories can be found at www.endfistula.org/womendeliver.

Halima Gouroukoye Niger



"Having fistula is not the end of the world," 20-year-old Halima told her fellow fistula advocates at a workshop in London. "Fistula can be cured: I am a living example of that."

Halima was married at 18 and became pregnant soon after. Following three days of obstructed labor under the care of a traditional birth attendant, she was taken to a hospital in Niamey. There she received an emergency Caesarean section, but her son died after two days. Four days later, she began leaking urine.

When Halima returned home, she was ostracized by the community. "I will never be able to erase this experience from my memory," she said. "I became the laughing stock of my village."

Two months later, Halima arrived at Dimol, a fistula rehabilitation center in Niamey where women receive psychosocial support and skills training in knitting, soap making and other trades before and after surgery. Halima exhibited natural leadership among her peers at Dimol, helping other women through their ordeal.

Following a successful surgery at a nearby hospital, she returned to her husband and is now working to build awareness in her community about the importance of family planning, girls' education and skilled attendance at birth.

"I call on all fathers, brothers, husbands, mothers and aunts to please delay the age of marriage for girls so that they have the opportunity to be educated and active members of their society," she said.

Sarah Omega Kidangasi

Kenya



“The experience of leaking urine for 12 years has been full of humiliation, pain, self pity, rejection and loneliness,” says 31-year-old Sarah. “I have often thought of committing suicide.”

Sarah is the seventh of nine children and became an orphan at the age of 11. She was sexually assaulted at age 19 and, as a result of the rape, became pregnant. When it came time for the delivery, Sarah went to a local health centre and, because her labor was obstructed, she was referred to a nearby hospital. But the doctors there lacked supplies to treat the obstruction, so she was referred—after 18 more hours of labor—to yet another hospital. By the time she reached this third facility, the baby had died.

Three days later Sarah noticed she was leaking urine. Doctors told her there was no specialist in the region who would be able to repair her fistula, and her dreams of living a normal life were shattered.

In 2007, when Sarah was hospitalized for depression, her doctor referred her to a fistula specialist in her home region. In May, she underwent a successful repair surgery and has begun the long road of recovery.

Now, she wants to ensure that other women with fistula know that treatment is available. “I strongly believe that there are many women suffering the same way I suffered,” she says. “So my concern is how will they know there is still hope?”

Fatima Lawal Aliyu

Nigeria



"I didn't ever think in my life that I would get fistula," says 34-year-old Fatima of Nigeria. "I thought I was educated enough not to get it, and I received prenatal care when I was pregnant. It was because of the negligence of the doctor and birth attendants that I developed fistula."

Fatima was married at 26 and became pregnant soon after while studying at Bayero University in Kano, Nigeria. When she began to experience labor pains, she went to a hospital, but was turned away. She returned the following evening and was admitted to the facility, but received inadequate care. "On the fifth day of labor, I finally had my baby. But by that time it was too late; I had already lost my child," she said.

Shortly after the delivery, Fatima began leaking urine and faeces uncontrollably. Despite three fistula repair operations, she is still not fully continent, but manages her condition. Later this year, Fatima will undergo a fourth operation in Kano, Nigeria, with Dr. Kees Waaldijk, a world renowned fistula surgeon. She hopes this operation will be her last: "Maybe, if I can get repaired, I will have a new husband," she says. "And then I will get pregnant."

In February 2007, Fatima travelled to Brussels to share her story with Members of European Parliament and encourage political support for the Campaign to End Fistula. Fatima has completed her college degree and is now working at a non-governmental organization in Kano that provides counselling, empowerment and reintegration services to women who have suffered with fistula.

Awatif Altayib Mohammad

West Darfur, Sudan



“From the beginning, my family did not discuss marriage with me, because a woman has no opinion in such matters,” said 27-year-old Awatif.

Awatif was married and pregnant with her first child at the age of 16. She labored at home with a midwife for two days before her husband took her to the nearest hospital—a four-hour drive from their town of Furbaranga, West Darfur. Sadly, her baby did not survive the journey.

Awatif did not have a choice in her family’s decision for her to marry when only sixteen years old. Girls who are educated are more likely to marry and start childbearing later and have smaller and healthier families. In turn, their risk of fistula is reduced. “After seven days at the hospital, I felt severe pain and paralysis in my right leg. I knew there was something wrong with my urine,” says Awatif. “At that time, I had no idea about fistula.” When she returned to Furbaranga, the family spent 40 days trying to raise money to cover the cost of treatment. Eventually, her father sold his cows to pay for the repair surgery, but it failed.

During a second attempt to seek treatment in Nyala, Awatif’s vehicle was hijacked at gunpoint. All of the family’s money and belongings were stolen, and two men were killed.

Meanwhile, Awatif’s husband began leaving home for long periods of time. Eventually he stopped coming home altogether. She believes the fistula greatly influenced his absence.

In April 2007, Awatif graduated from a midwifery school in West Darfur. The following month, after living with fistula for nine years, she received free surgical treatment during a UNFPA-supported outreach campaign in Zalingei, West Darfur. Since then, she has been spreading the word in her region that fistula is preventable, and encouraging those affected to seek treatment.

Martina Labia

Tanzania



"I came here to represent other women that have fistula and to ask political leaders to help these women get treatment," said 62-year-old Martina Labia, speaking before a group of fistula survivors at an advocacy workshop in London. "Every woman should go to the hospital for delivery, and hospitals should be close to the villages." Married at the age of 15, Martina developed fistula after her first pregnancy. She labored for two days before beginning a daunting journey to the hospital, which included a four-hour bicycle ride to the nearest junction. By the time Martina reached the hospital, her condition had worsened and the doctor had to use forceps to assist with the delivery.

Martina would spend the next 35 years of her life leaking urine. But despite her condition, she went on to give birth to eleven healthy children, all of whom are now adults. Though his brother urged him to leave her, Martina's husband stood by her side. "My husband refused [to leave me]," she says. "He told his brother that when he married me I was not leaking. I started leaking in his house, so he will not leave me."

In 2003, visitors from the Women's Dignity Project in Dar es Salaam came to Martina's house and informed her that they worked on maternal health issues. She told them about her condition and was taken to Mwanza at Bugando hospital for treatment.

Martina was nervous about the hospital visit: "I was scared because people in the villages told me I was going to be killed, and that they would drain all of the blood from the body." But her husband supported her, and insisted that she go for treatment. Martina's fistula was repaired, and she now actively participates in community life.

Marietta Kiden

Southern Sudan



"Let fistula end with my generation, not the next," says 40-year-old Marietta of Southern Sudan. "It's not enough to have hospitals. You need to have skilled midwives and qualified doctors at the health facility who can help women after they get there."

Marietta grew up with her family in a refugee camp in Uganda, returning to Southern Sudan as a young adult. She struggled to become pregnant and, after three years of marriage, she delivered a healthy baby girl.

During her second delivery, Marietta endured three days of obstructed labor under the care of a traditional birth attendant before she was taken to a health centre. Upon arrival at the facility, the baby had already died. A failed attempt by a medical assistant to remove the baby left the head lodged inside the mother, and the body severed. Marietta was transferred to the nearest hospital, an 8-hour drive away, where the operation was completed. Soon after, Marietta began leaking urine.

An initial surgery repaired Marietta's fistula, but after a violent assault three years later, it reopened. For the next 25 years, Marietta's husband cared for her while others in her community turned away. "When I was sick, nobody came to my house," she says. "Nobody ate my food. Nobody drank my water."

In 2006, Marietta had a successful repair surgery during a treatment campaign at Juba Teaching Hospital. Now an advocate, Marietta has been working with UNFPA Southern Sudan to raise awareness of fistula and the treatment campaign in Juba. In September 2007, the Minister of Health nominated her to be included in a mobile awareness-raising program, travelling around Southern Sudan as living testimony of the benefits of this campaign.

Give a few minutes for participants to write down some final thoughts, feelings, questions and reflections. Gather as a group and briefly share feelings, thoughts, or questions that arose while listening, and create a group list of the causes of obstetric fistula you heard in the stories. Brainstorm and discuss the many ways in which gender inequality can contribute to obstetric fistula (examples: poverty, education, nutrition, marriage customs). Note whether thinking about these things feels new or different in any way.



See *A Walk To Beautiful* Take Action Guide for more on the causes of obstetric fistula: <http://www.fistulafoundation.org/pdf/TakeActionGuide.pdf>.

Part 3: Journeying with the story

It may seem abrupt or difficult to leave the group at this point. Decide together what you will do to journey with the stories you have heard today until the group next meets. You may commit to telling one person each about fistula—maybe a mother or grandmother, reviewing the “resources” section of www.fistulastories.org and posting to your blog or facebook page, or praying for the women whose stories you have heard as well as those whose stories remain untold.

This would be a good point to ask again: Who feels like they could confidently explain what Fistula is and what its causes are?

Invite the group to add the words omitted in each section.

Closing Prayer

God, today we have learned a little about obstetric fistula.

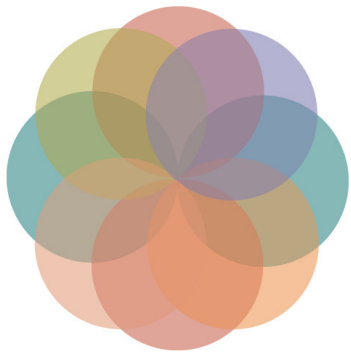
We feel...

We have also heard the stories of women who have lived with obstetric fistula.

For all who suffer from fistula, we ask...

Move us to do your work, together with people all over this world, bringing an end to fistula in this generation.

Amen.



**the story
of faith** SESSION II

Session Goals:

To explore the connections between faith and action as well as between ourselves and women dealing with obstetric fistulae.

Opening Prayer

God, you are the keeper of all,
Of both the named and the unnamed,
Of both the woman with a hemorrhage in the street
And Jairus the leader in his home.
Open our hearts and minds to both the seen and unseen
As we gather around these stories today.
Amen.

Before Part I begins, you may want to briefly review the content of Session I. Ask the group to define what obstetric fistula is and what causes it. Check to see if all group members have had a chance to visit fistulastories.org.

Part I: The story of Jairus' daughter and the woman with a hemorrhage

Read the story below from Mark 5:21-43 together. Take turns reading it aloud and listening as a group. Read through the story once, and then read a second time, asking the group to listen specifically to compare and contrast the stories of the two women who are healed. After the second reading, take two minutes for the participants to jot down the similarities and differences they heard as well as to reflect on the feelings and questions that arose as they read and listened.

Mark 5:21-43 (NRSV)

When Jesus had crossed again in the boat to the other side, a great crowd gathered around him; and he was by the sea. Then one of the leaders of the synagogue named Jairus came and, when he saw him, fell at his feet and begged him repeatedly, "My little daughter is at the point of death. Come and lay your hands on her, so that she may be made well, and live."

So he went with him. And a large crowd followed him and pressed in on him. Now there was a woman who had been suffering from hemorrhages for twelve years. She had endured much under many physicians, and had spent all that she had; and she was no better, but rather grew worse. She had heard about Jesus, and came up behind him in the crowd and touched his cloak, for she said, "If I but touch his clothes, I will be made well." Immediately her hemorrhage stopped; and she felt in her body that she was healed of her disease. Immediately aware that power had gone forth from him, Jesus turned about in the crowd and said, "Who touched my clothes?" And his disciples said to him, "You see the crowd pressing in on you; how can you say, 'Who touched me?'" He looked all around to see who had done it. But the woman, knowing what had happened to her, came in fear and trembling, fell down before him, and told him the whole truth. He said to her, "Daughter, your faith has made you well; go in peace, and be healed of your disease."

While he was still speaking, some people came from the leader's house to say, "Your daughter is dead. Why trouble the teacher any further?" But overhearing what they said, Jesus said to the leader of the synagogue, "Do not fear, only believe." He allowed no one to follow him except Peter, James, and John, the brother of James. When they came to the house of the leader of the synagogue, he saw a commotion, people weeping and wailing loudly. When he had entered, he said to them, "Why do you make a commotion and weep? The child is not dead but sleeping." And they laughed at him. Then he put them all outside, and took the child's father and mother and those who were with him, and went in where the child was. He took her by the hand and said to her, "Talitha cum," which means, "Little girl, get up!" And immediately the girl got up and began to walk about (she was twelve years of age). At this they were overcome with amazement. He strictly ordered them that no one should know this, and told them to give her something to eat.

After the two readings and two minutes for reflection, have the participants share with one another in pairs for five minutes. Reconvene the group and give each participant a chance to share the similarities and differences they noticed between the two healed women. Create a list that everyone can see of the similarities and differences as you go along.



For more in-depth information on the study text Mark 5:21-43, check out fistulastories.org/curriculum

Part 2: Our Stories

Discuss the following as a whole group. Give two minutes for silent reflection and writing after the initial reading of the questions.

- [1] It is easy for us, from this vantage point, to make an analogy between “the woman with a hemorrhage” and “the woman with a fistula.” What does this reveal about our perceptions of them both?
- [2] It is not always as easy to place ourselves in these stories. Where are you? Where is the United Nations, the United States, the “Developed World?” Where is our group?
- [3] Notice the way the “extras” in these stories react—what do they do? Who do we ignore? When do we laugh? What do we regard as lost causes?

Part 3: Journeying with the stories

Decide together what you will do to journey with the stories you have heard today until the group next meets. You may commit to telling one person each about fistula, reviewing the blog at www.fistulastories.org and writing your own short reflection to be posted, posting about obstetric fistula to your blog or facebook, or praying for the women whose stories you have heard as well as those whose stories remain untold.

Invite the group to add the words omitted in each section.

Closing Prayer

God, today we have learned more about fistula, your Word,
and ourselves.

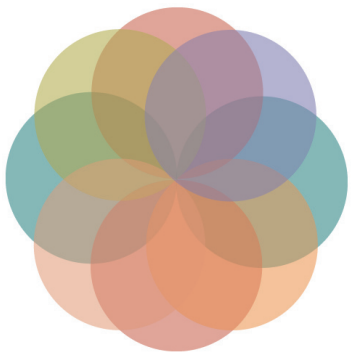
We feel...

We were asked some difficult questions.

For all women of the world, no matter where they live, we ask...

Move us to do your work, together with people all over this world,
bringing an end to fistula in this generation.

Amen.



**the story
of action** SESSION III

Session Goal:

To more closely examine our role in working to end fistula in this generation.

Opening Prayer

God of goodness, love and mercy,

We see the effects of sin so clearly in this world.

Evil exists in the disparities among people,

In the struggles faced by young women denied equal food, education,
pay, and voice.

God, bring your Justice.

We thank you for the faithful witness of those who advocate for women.

Help us to join our voices with theirs in calling for your new reality to come.

Amen.

Part I: The story of Jairus' daughter and the woman with a hemorrhage

Re-read the story of Jairus' daughter and the woman with a hemorrhage from Session II together, taking turns to read it out loud.

Before reading, ask these questions of the group:

[1] What are the miracles in this story?

[2] Who causes them to happen?

[3] Who participates in them?

After discussing the text, giving each participant a chance to respond if they would like, continue on to these questions:

[1] What would a miracle be in the context of fistula today?

[2] Who would participate?

Part 2: Sarah Omega's story

Look back to Session I and remember reading and hearing Sarah Omega Kidangasi's story. Her story did not end there. As we continue to hear her story, take turns reading out loud and listen with openness and respect. As you read and listen, be sure to note what feelings and questions are coming up for you.

Advocates Rally World Support to End Fistula

Safe motherhood on the forefront of important UN meeting

UNITED NATIONS, Geneva — Fistula survivor, Sarah Omega Kidangasi, and singer, actress and Virgin Unite ambassador, Natalie Imbruglia, today addressed the Economic and Social Council (ECOSOC) of the United Nations to call attention to maternal health and obstetric fistula, a devastating injury of childbearing that leaves women with agonizing pain, chronic incontinence and – in most cases – a stillborn baby.

The 400 attending ministers of health, ministers of foreign affairs and ambassadors at the ECOSOC High-Level Segment were confronted with the grim facts that every minute a woman dies needlessly in pregnancy or childbirth, and for every woman who dies, 20-30 women suffer a serious birth injury, of which one of the more devastating is obstetric fistula.

(continued on next page)



“Obstetric fistula was eliminated here in Europe and the United States more than 100 years ago,” said Ms. Imbruglia, the Virgin Unite ambassador and spokesperson for the Campaign to End Fistula, a global effort led by UNFPA, the United Nations Population Fund. “It’s unacceptable that women and girls in developing countries are still suffering from this entirely preventable and treatable condition.”

ECOSOC this year focuses on Global Public Health, and the participants at the High-Level segment also listened to Ms. Kidangasi, a Kenyan woman who has personally experienced living with fistula.



“Night and day for 12 years, my life was continually put on the verge. With uncontrolled leaking of urine, foul smell, stigma, isolation, pain and rejection, it was like dying every day,” said 33-year-old Sarah, who developed fistula after prolonged obstructed labour that left her baby dead.

Today, two years after successful treatment, she is a strong maternal health advocate in local communities and at international meetings. “I speak with conviction, passion and emotion, on maternal health because every woman has a right to live, laugh and live again,” she said.

Ms. Imbruglia has for five years lent her voice and energy to ending fistula and together with Virgin Unite has raised over 875,000 euros for the campaign. She addressed the ECOSOC session on Partnership in Health. “The partnership between Virgin Unite, UNFPA and the Campaign to End Fistula is helping ensure that fistula is no longer something hidden, forgotten and unspoken. And it is working - otherwise I would not be standing at the ECOSOC today,” she said and called on the world to join her and make motherhood safe and fistula a thing of the past.

It is estimated that more than 2 million women are living with fistula in developing countries; an additional 50,000 to 100,000 new cases occur each year. Every year, more than half a million women die in childbirth. The ECOSOC meeting 2009 will discuss the health-related Millennium Development Goals (MDGs). The goal where the least has been achieved to date is the one on maternal health, MDG 5, which aims to improve maternal health and reduce maternal death. MDG 5 is often called the heart of the MDGs because if it fails, the others will,

courtesy of the UNFPA

Top: Fistula survivor Sarah Omega Kidangasi. **Bottom:** Singer, actress and Virgin Unite ambassador, Natalie Imbruglia. Photos: United Nations/Jess Hoffman

Journal for two minutes on these questions and then reconvene and discuss as a group.

- [1] What are the miracles in this story?
- [2] Who causes them to happen?
- [3] Who participates in them?

Part 3: Connecting Our Stories

By this point we have heard many stories. We have heard stories of women who have experienced fistula, stories of unnamed women in the Bible, and even our own stories. We need to start to think about how these stories connect. Use the following questions as a jumping-off point for this conversation, referencing the questions from the end of Session II and your discussion about them as well.

- [1] How has the place where we were born affected our stories?
- [2] What would it mean for women with different stories to work together? How would this happen?
- [3] What would it mean for a group of American young women to give to a group of South Asian or Sub-Saharan African women?
- [4] What actions do these stories call us to do?

Part 4: Journeying with the stories

In the next session, the group will decide together what action we will take as we continue to journey with all of the stories we have heard. The group should commit to visiting www.fistulastories.org/action and reviewing the ideas for action there to discuss in the last session. You may also want to brainstorm some of your own ideas.

Invite the group to add the words omitted in each section.

Closing Prayer

God, today we have learned about faith and action.

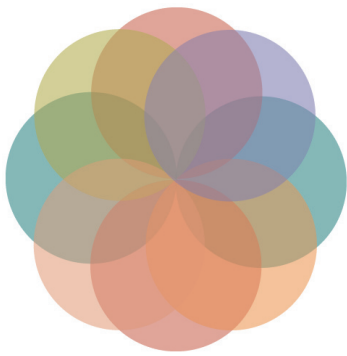
We feel...

We have also heard more of Sarah Omega's story.

For the people in our world who don't know about fistula, we ask...

Move us to do your work, together with people all over this world,
bringing an end to fistula in this generation.

Amen.



tell a new story:
faith in action SESSION IV

Session Goals:

The group will decide on an action they will accomplish together, and create a plan of action based on and using their resources, skills and talents.

Opening Prayer

God who makes all things possible,
We remember the rich young man
Who asked you what he needed to do
But lacked the courage to follow.
We remember the woman with a hemorrhage
Who did not ask
And was healed.
Give us courage, O God,
For the action and witness that lay before us.
Amen.

Part I: Stories of Faith in Action

You may want to print a copy of the ideas for action at www.fistula.org/action for guidance in this session. Take turns reading Julie and John's stories out loud. As you hear their stories, listen for the connections between their advocacy for obstetric fistula and their faith (Stories are courtesy of Jill Wiley, Operation Healing Hope).

Julie Warren R.N.



Julie Warren R. N. is the first to tell you she is passionate about fistula. She also has a heart for mission that she pours into leading her United Methodist conference's Volunteers in Mission (VIM) program in Central Texas.

For the past two years, Julie has led a team of doctors, nurses and other volunteers on medical missions to Ganta United Methodist Hospital located in northern Liberia where they have performed fistula repair surgery and other maternal and infant health care services. In a five-day period during July of 2009, the team of three doctors and five nurses completed forty-eight separate procedures.

During this summer's visit, while Julie was attending to the women waiting in line for evaluation by the medical team on a range of medical issues, she felt a gentle tug on the sleeve of her scrubs. When she looked around, she encountered a small young woman looking up at her who said so softly Julie couldn't barely hear her, "I'm VVF." "VVF" is the common term for obstetric fistula in Liberia where regular radio public service announcements are aimed at raising awareness of "vesicovaginal" fistula or VVF. Lucy, the girl at Julie's sleeve had heard one of these announcements and knew if she could just get to Ganta Hospital there would be a medical team from the United States of America that would be carrying on free VVF surgery.

After coming out of the crowd to identify herself to the blond American nurse, Lucy went on to inform the team she had had four stillbirths and had been suffering VVF for over six years. The following morning, she was in the operating room and by noon repair surgery had been completed.

The next afternoon Lucy and her sister Pauline who had traveled with her were seen walking around the hospital compound with wide smiles knowing that thanks to Julie and her team, it was indeed the first day of the rest of her life. Encouraged by achievements made by Ganta Hospital in treating fistula patients, Julie is already setting her sights on a mission to Democratic Republic of Congo in Summer 2010.

Reverend John Togba



For Rev. John Togba, chaplain at Ganta United Methodist Hospital in northern Liberia, there is no such word as hopeless.

He would not be blamed for feeling helpless, sometimes, as he counsels patients coping with diagnoses of irreparable fistulae or others with HIV/AIDS. But hopeless? Never.

The walls and windows of the chaplain's office at Ganta Hospital are papered over with numerous posters bearing uplifting messages, as much maybe to remind Rev. Togba of his own positive outlook as to protect the privacy of those he counsels from prying eyes.

Many come to him with post-trauma issues and family problems, others with diagnoses of HIV/AIDS. He describes with great sympathy fistula victims who come to him in tears, sometimes suicidal, when their prognosis is not good. His calling, he says, "is to bring hope to the hopeless." He takes exception when fistula patients are told point-blank that there are no options. "Our God is a miracle-working God," he declares, taking inspiration from stories in the Gospel of Mark showing Jesus as healer, counselor and wonderworker.

Rev. Togba is familiar with God working wonders. In January of 2003 when armed rebels stormed into the Ganta Mission chasing away and mowing down everyone in sight, Rev. Togba hid for five days on a compound under siege. He did so to be the sole protector of a 10-year-old girl who was in hospital for treatment after falling into a bonfire and couldn't move fast enough to escape. They were without water and food as they stayed behind the locked doors of his parsonage. Gunmen approached the house but never sought to enter. When things became dire, Rev. Togba prayed desperately for rain, which came and he was able to reach a bowl where it collected and save them. Shortly thereafter, family members of his came and rescued them and even in the chaos that followed he was able to find relatives of the young girl.

Rev. Togba will tell you that as a counselor or chaplain, you can't give what you don't have. Thus, as he counsels fistula victims, HIV/AIDS patients and others, it is clear he can offer them much hope, because he has deep wells of hopefulness to give.

Give two minutes for journaling, and then discuss as a group the following questions:

- [1] In what ways do you see the impact of Julie and John's faith on their involvement in the movement to end fistula?
- [2] What skills, gifts and talents do Julie and John bring that shape their particular ministries? What other skills are being brought by others in their stories?

Part 2: Our Story of Faith in Action

What are the gifts and talents that we bring to the movement to end fistula within this generation? Using large pieces of paper, a chalkboard, or whatever is available, make lists of the resources, talents and skills that we bring.

As we left our last gathering, we committed to spend some time thinking about what kinds of actions our group could take in solidarity with women affected by fistula. Reference www.fistulastories.org/action if you need suggestions. Go around the circle and make sure each person has a chance to share their ideas. Take notes on another area of the chalkboard or a new large piece of paper, especially noting the most popular ideas.

Discuss the following as a group:

- [1] Which ideas for action best match up with our list of resources, talents and skills?
- [2] When will we plan for this action to take place?
- [3] Who will need to take leadership roles?
- [4] What other resources/who else will we need? Where can we find those things?

Part 3: Journeying with the stories

Make a plan for action, using the form at the end of this curriculum. Note the date and time, place, and personal responsibilities for your action. Make plans for any work that needs to be done before then. Make sure that each member of the group knows what her own responsibilities are and has a copy of the plan for action.

Invite the group to add the words omitted in each section.

Closing Prayer

God, today we have made a plan for action.

We feel...

We are taking up work in solidarity with women around the world.

For our own project, we ask...

Move us to do your work, together with people all over this world,
bringing an end to fistula in this generation.

Amen.



[1] The action our group is planning is:

[2] Date and time of action (or range of dates):

[3] Location of action:

[4] Tasks to prepare for action (publicity, materials, etc.)

-
-
-

Person responsible

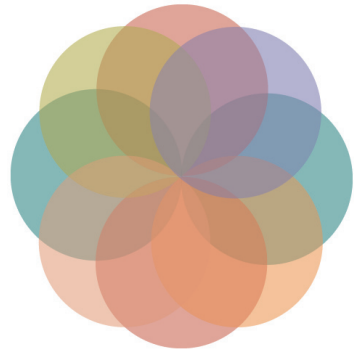
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[5] Tasks involved in the action

-
-
-

Person responsible

-
-
-



fistula STORIES

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