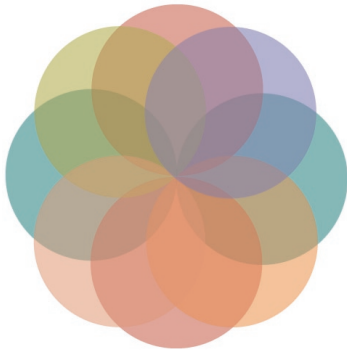


fistula STORIES

EXPLORING FAITH AND ACTION
TO END FISTULA IN THIS
GENERATION



fistula STORIES

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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 do for work, or 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 take 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.

FistulaStories.org and Participation in the Fistula Stories Blog

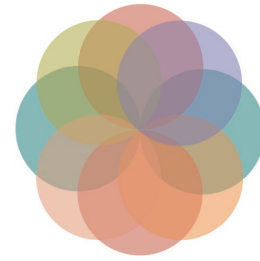
The website, www.fistulastories.org, was created to work in tandem with the curriculum. Please visit it often, encourage your group to visit, and make use of the resources there. As part of your work on this curriculum, we would love for you to participate in our blog at fistulastories.org. You can comment on other stories that are already posted or send your own stories, comments, photographs and video to us (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 group learning 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, www.fistulastories.org, 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 participant 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 this project

Fistula Stories began with a conversation at a Women, Faith and Development Alliance Break Through Summit (<http://www.wfd-alliance.org>), and a grant from the UN Foundation to work on raising awareness of obstetric fistula. The pilot project, launched in September, 2009, worked with Christian young women (ages 18-30) to raise awareness and build confidence for advocacy and action towards ending obstetric fistula with this generation. As we continue Fistula Stories, we are focusing on extending our reach—within the member communions of the National Council of Churches, USA, among diverse generations, and across other faith communities.

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 hearing the connections to our own lives and a global women’s movement. 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 word “story” is important for many reasons. The basis of Christianity 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 for each of us to learn that she has her 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 hope that our website will become a locus of 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 in solidarity as we stand together to end to 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 STORIES COORDINATOR

rev. ann tiemeyer
PROGRAM DIRECTOR

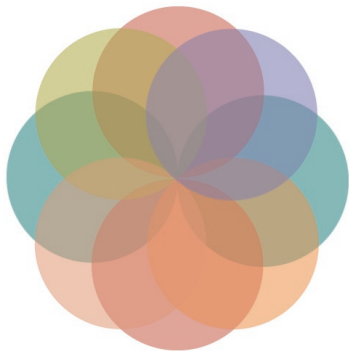
WOMEN’S MINISTRIES
THE NATIONAL COUNCIL OF THE CHURCHES OF CHRIST
U.S.A.

goals and objectives

The Key Objectives of Fistula Stories are to raise awareness about obstetric and traumatic fistula among women in faith communities while exploring the connections between faith and action and empowering these 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 project, including the Fistula Stories Curriculum and website (www.fistulastories.org), does not seek to create a new program but rather to serve as an entry point for the faith community into the issue of obstetric fistula.

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.



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.

RESOURCES FOR THIS SECTION

- **On the factors that contribute to fistula:**
A Walk to Beautiful Take Action Guide
www.fistulafoundation.org/pdf/takeactionguide.pdf
- **Films:**
These two short films make good introductions: UNFPA's commercial, "Tip Toe," and Nicolas Kristof's "Helping Themselves" available at www.fistulastories.org/resources

The feature-length documentary *A Walk to Beautiful* is an excellent way to enter into the stories of women who have lived with fistula.
- **Supplemental:**
Eve Ensler, *The Vagina Monologues* (Random House: New York, 2001)
See especially "My vagina was my village" and "I was there in the room"

LEADER'S NOTES

A good icebreaker for your first meeting is to ask each participant to share a story about a birth from their family. Whether their own or a relative's, nearly every family has a story of a birth that was in some way interesting, funny, or remarkable. Be aware that some of these stories may also be traumatic, and give participants the opportunity to "pass."

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.

Part I: The Background Story

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.

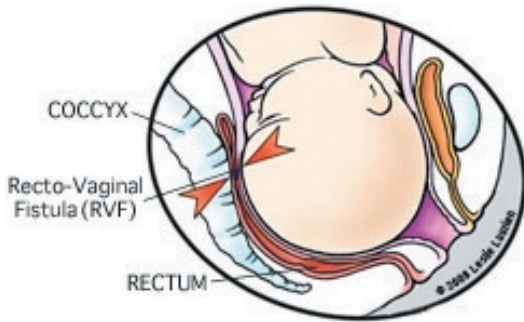
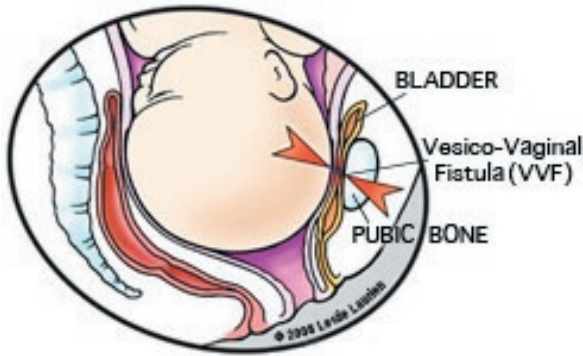
Like maternal mortality, fistula is almost entirely preventable. But at least 2 million women in Africa, Asia and the Arab region are living with the condition, and some 50,000 to 100,000 new cases develop each year. The persistence of fistula is a signal that health systems are failing to meet the needs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

Traumatic Fistula

Traumatic fistula is the result of sexual violence. The injury can occur through rape or women being butchered from the inside with bayonets, wood or even rifles. The aim is to destroy the woman and the community within which the sufferer lives. Once committed, the survivor, her husband, children and extended family become traumatized and humiliated. The Panzi Hospital in Congo is a pioneer in treating victims of traumatic fistula.

Courtesy of The Fistula Foundation: <http://www.fistulafoundation.org/aboutfistula/faqs.html>

LEADER'S NOTES

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.

LEADER'S NOTES

The names of people and places in these stories may be unfamiliar and difficult to pronounce. Support one another in sounding them out. Make sure all participants know they can "pass" on reading at any time.

Part 2: Fistula Stories

Halima, Sarah, Fatima, Awatif, Martina, and 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. Unless otherwise noted, these stories are courtesy of the UNFPA Campaign to End Fistula: (www.endfistula.org/slide_show_womendeliver/slideshow.html).

**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. "I received prenatal care when I was pregnant. It was because of the negligence of the doctor and birth attendants that I developed fistula."

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?”

Shahin Akhtar

[Bangladesh]



When her labor pains started, Shahin Akhtar, age 12, didn't know what was happening. A neighbour had to explain. Her mother-in-law sent for a traditional, untrained birth attendant, who tried for two days without success to deliver the baby. By the time the young mother was taken to the hospital, her undeveloped body had been terribly damaged. "At first I was in a lot of pain, then I had convulsions and lost consciousness," she recalls. "When I woke up, I asked my aunt what had happened. She told me the baby was dead. After seven days, urine started to leak out of me."

She was cast out of her home, a common fate among the tens of thousands of girls and women in Bangladesh who suffer from obstetric fistula. "I had to go live at my grandmother's house. I was very sad and alone there"—for the next nine years.

Shahin, motherless at age 4, was married at 10. When her husband and in-laws rejected her, her stepmother refused to let her return to her father's house. It was several years before anyone tried to help her get treatment for her degrading condition. Now 21, Shahin is finally awaiting surgery at the Dhaka Medical College Hospital, in a national centre that trains doctors to repair fistula.

"Most people told me, 'You will never be cured.' When they said that, I would cry all day," she remembers. "But a few said I could be healed. That made me very happy." Although her father said it would be a waste of money, her sister eventually took her to a doctor who referred her to the Dhaka centre. A Doctor there has told Shahin a full recovery will not be easy. "Her bladder has been nearly destroyed." Several operations will be needed to give her a degree of control over her excretory functions. Shahin remains hopeful. "I still want to go for it. I trust in God."

William A. Ryan, "Fistula Repair Facility Brings Hope to the Outcast," <http://www.americansforunfpa.org/NetCommunity/Page.aspx?pid=777>

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]



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. "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 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 my 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.

LEADER'S NOTES

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. Ask the group if/how they have been affected by gender stereotypes or inequality.

Part 3: Take Action: Journeying with the Stories

Decide together what you will do to journey with the stories you have heard today until the group next meets.

We have committed to:

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.

LEADER'S NOTES

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 of the Closing Prayer:



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.

RESOURCES FOR THIS SECTION

- **Exegetical Resources on Mark 5: 21-43** Available at The Text This Week: www.textweek.com/mkijnacts/mark5.htm
- **Musa W. Dube Shomanah, “Fifty Years of Bleeding,” The Ecumenical Review, 1999: Jan.** Available online via link at fistulastories.org/resources.
- To find out more about the stories of women of other faiths reference the Multi-Faith Perspectives downloadable from www.fistulastories.org/multi-faith

LEADER'S NOTES

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.

Read the story to the right 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 in the chart provided as well as to reflect on the feelings and questions that arose as they read and listened.

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

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 kum," 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.

Fill in the chart with the similarities and differences between the two healed women.

Similarities	Differences

Part 2: Our Stories

- [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 this story. 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 this story react—what do they do?
- [4] Who do we ignore? When do we laugh? What do we regard as lost causes?

LEADER’S NOTES

After the two readings and two minutes for reflection, 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.

Discuss the questions in Part 2 as a whole group. You may want to give time for silent reflection and writing for each question.

LEADER'S NOTES

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 to omitted in each section of the Closing Prayer:

Part 3: Journeying with the stories

Before our next meeting we/I will:

Closing Prayer

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

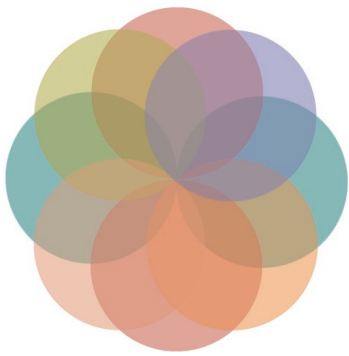
We feel...

We are beginning to see ourselves and women across time and space differently.

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

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

Amen.



the story of action SESSION III

Session Goals

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.

LEADER'S NOTES

To find out more about the stories of women of other faiths reference the Multi-Faith Perspectives downloadable from www.fistulastories.org/multi-faith

LEADER'S NOTES

Re-read the story of Jairus' daughter and the woman with a hemorrhage from Session II (p. 18) together, taking turns to read it out loud.

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

Before reading, consider these questions as a group:

- [1] What are the miracles in this story?

- [2] Who causes them to happen?

- [3] Who participates in them?

Part 2: Stories of Action — Sarah’s and Julie’s Stories

Sarah Omega Kidangasi



Turn back to page 8 and remember Sarah Omega Kidangasi’s story. She ended by asking of other fistula sufferers, “how will they know there is still hope?” They will know in part because of the work Sarah has been doing as an ambassador to governments and the United Nations—raising awareness, concern, and money to bring an end to fistula in this generation.

In 2008, Sarah came to Washington DC to advocate on behalf of the millions of women who die each year in childbirth or suffer from related injuries, speaking with US government representatives and dignitaries and encouraging their support of a resolution to reduce maternal mortality in the US and abroad. At a press conference on Capitol Hill she said, “Living with obstetric fistula is a life full of stigma...It is a condition that has left many homes broken. It denies you the freedom to intermingle with others. You live a lonely life, and you are rejected. The worst thing about obstetric fistula is that you become a social outcast.” The day after Sarah’s visit, the resolution guaranteeing US commitment to reducing maternal mortality that had been introduced by Congresswoman Lois Capps was passed by the US House of Representative, supported by every Democratic woman member of Congress.¹

And then in 2009, Sarah traveled to Geneva, Switzerland, to address the Economic and Social Council of the United Nations, whose yearly focus was Global Public Health. The council met especially to discuss the health-related Millennium Development Goals (MDG), including MDG 5, which aims to improve maternal health and reduce maternal death—the goal where the least has been achieved to date. The 400 attending ministers of health, ministers of foreign affairs, and ambassadors at the ECOSOC High-Level meeting listened to Sarah tell her story and 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. Since this meeting, maternal health has been on the radar screen of the United Nations in several ways, including the creation of an Adolescent Girl Taskforce and movements to more fully integrate gender and gender justice work at all levels of the United Nations.²

[1] What are the miracles in this story?

[2] Who causes them to happen?

[3] Who participates in them?

LEADER’S NOTES

Look back to Session 1 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, ask the group to note what feelings and questions are coming up for them.

¹ UNFPA, *Fistula Advocates Visit Capitol Hill: Maternal Mortality Resolution Passes House*, 22 May 2008 <http://www.americansforunfpa.org/NetCommunity/Page.aspx?pid=729>

² Leyla Alyanak and Katia Iversen for UNFPA, *Advocates Rally World Support to End Fistula; Safe motherhood on the forefront of important UN meeting*, 06 July 2009.

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.

Courtesy of Jill Wiley, Operation Healing Hope.

[1] What are the miracles in this story?

[2] Who causes them to happen?

[3] Who participates in them?

[1] What else could a miracle look like in the context of fistula today? Who could participate? How could we participate?

Before our next meeting, we will brainstorm action ideas, beginning with visiting www.fistulastories.org/action. In addition, I/we will:

Closing Prayer

God, today we have learned about faith and action.

We feel...

We thank you for the advocacy and action of Sarah and Julie.

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

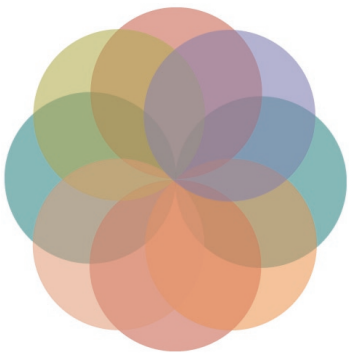
Move us to do your work, together with people all over this world, bringing an end to fistula in this generation.

Amen.

LEADER'S NOTES

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 next session.

Invite the group to add the words omitted in each section of the Closing Prayer.



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.

RESOURCES FOR THIS SECTION

- Read more stories of faith in action at the Fistula Stories blog: www.fistulastories.org
- You may want to print out a copy of the ideas for action listed on the action page of fistulastories.org for use in this session (www.fistulastories.org/action).
- Multi-faith prayers are available for this section in the Multi-Faith Perspectives at www.fistulastories.org/multi-faith

Part I: Connecting Our Stories

[1] How has the place where we were born affected our stories?

[2] What would it look like for women with different stories to work together? Does this happen? Has it happened in your life?

[3] How can we be in solidarity with women suffering from fistula?

Part 2: Story of Faith in Action

Suzanne Campise



Members of AMHI and panelists after a panel discussion on Maternal Health. Suzanne is second from right in the back row.

Suzanne Campise's compassion for women suffering from obstetric fistula began with the "Fistula Stories" curriculum. Prior to leading the group study, she did not know what a fistula was. It was not something people talked about. But after reading the women's stories, and learning of a surgery that could restore their dignity, she could not keep silent.

Suzanne's "Fistula Stories" group developed an action plan to help these women enduring this silent stigma, and together with a group

of dedicated volunteers at Advent Lutheran Church in New York City created the Advent Maternal Health Initiative (AMHI). The mission plan of AMHI is to raise awareness about maternal health issues, specifically obstetric fistula, and to raise funds to support fistula repair surgery and care for women in developing nations in Africa.

AMHI's action plan, lead by Suzanne and Blessing Tawengwa, incorporates education, healthy birth kits, and fundraising events. The group launched their campaign in April 2010 with a screening of *A Walk to Beautiful*. The following week, AMHI hosted an Educational Panel titled, "Maternal Health: the Issues, the Challenges, the Opportunities," featuring five speakers from the community with various backgrounds: medical, advocacy, sexual rights education, microfinance nonprofit, and faith. Their passionate presentations and questions ignited conversations and motivated attendees to get involved in the "labor push" for maternal health.

The members of AMHI invited neighboring faith-based groups and friends to these events and accepted donations for their Healthy Birth Kits including items like a bar of soap, latex gloves, and blankets. For three months, congregants and supporters donated enough items to create over 200 healthy birth kits. AMHI member Brelyn Johnson feels that "working with this group is deeply tied to my faith. In the Accompaniment Method that the Evangelical Lutheran Church in America (ELCA) follows, which asks us to walk beside our global brothers and sisters, I feel that through raising awareness in my own local relationships I can do a small part to be part of this global church."

At the time of this writing, The Advent Maternal Health Initiative has only begun its mission. Involving the congregation and community, AMHI will seek to uplift maternal health as a national and international priority, especially in a faith-based context. AMHI is looking forward to the Healthy Birth Kit Assembly Day, two 5K fundraisers, and a Benefit Dinner with a silent auction and guest speaker.

With the experience gained from leading this faith-based group, Suzanne plans to continue advocating for the education and empowerment of women. "While maternal health is a gender and justice issue, it's also a matter of faith," Suzanne says. "My faith calls me to love and to serve those in need. I hope that our work will inspire other congregations to act for justice."

LEADER'S NOTES

This story is only one example of what a group of people who studied *Fistula Stories* have done. Your group's action should fit the capacity of your group. Whatever you choose to do, AMHI's story encourages us to expand our imagination of what might be possible!

LEADER'S NOTES

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.

Part 3: Journeying with the stories

As a group, create a list of the gifts, talents and skills you bring, then create a brainstorming list of action ideas. Once you have created the lists, discuss the following questions 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?

Make an action plan, 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.

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.

LEADER'S NOTES

Invite the group to add the words to omitted in each section of the Closing Prayer.



[1] The action our group is planning is:

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

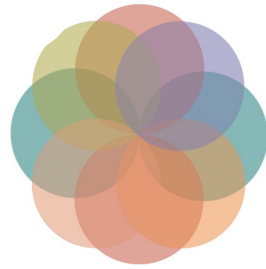
[3] Location of action:

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

-
-
-
-
-
-
-

Person responsible

-
-
-
-
-
-
-



fistula STORIES

PARTICIPANT EVALUATION

[1] Where did you hear about Fistula Stories and how was your group formed?

[2] How would you explain the purpose of the Fistula Stories curriculum?

[3] How confident were/are you in your ability to explain:
(use a scale of 1-10, 1 meaning no confidence, 10 meaning completely confident)

before Fistula Stories

after Fistula Stories

what obstetric fistula is

what causes obstetric fistula

[4] Has your understanding of the global women's health movement changed as a result of participating in Fistula Stories? How?

[5] Has your understanding of the connections between faith and action changed as a result of participating in Fistula Stories? How?

[continued on next page]

[6] What were the most and least important parts of the Fistula Stories curriculum in your opinion?

[7] How often did you refer to www.fistulastories.org? What did you use it for?

[8] Would you make any suggestions about www.fistulastories.org?

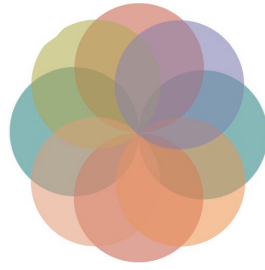
[9] How likely are you to continue advocating... (1 = not likely at all, 10 = extremely likely)

for an end to obstetric fistula?

for other maternal health issues?

for women's issues in general?

[10] Is there anything else about Fistula Stories you would like to share?



fistula STORIES

FACILITATOR EVALUATION

[1] Where did you hear about Fistula Stories and how was your group formed?

[2] How would you explain the purpose of the Fistula Stories curriculum?

[3] How confident were/are you in your ability to explain:
(use a scale of 1-10, 1 meaning no confidence, 10 meaning completely confident)

before Fistula Stories

after Fistula Stories

what obstetric fistula is

what causes obstetric fistula

[4] Has your understanding of the global women's health movement changed as a result of participating in Fistula Stories? How?

[5] Has your understanding of the connections between faith and action changed as a result of participating in Fistula Stories? How?

[continued on next page]

[6] What were the most and least important parts of the Fistula Stories curriculum in your opinion?

[7] How often did you refer to www.fistulastories.org? What did you use it for?

[8] Would you make any suggestions about www.fistulastories.org?

[9] How likely are you to continue advocating... (1 = not likely at all, 10 = extremely likely)

for an end to obstetric fistula?

for other maternal health issues?

for women's issues in general?

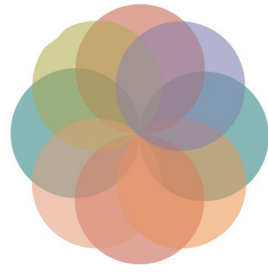
[10] How much time did your group spend on each session?

[11] How much of the material were you able to cover in that time period?

[12] How do you as a facilitator feel the participants responded to the process and content of the Fistula Stories curriculum?

[13] What was the action your group decided on in Session 4? Give as much detail as possible.
(Include a copy of your plan for action if you would like.)

[14] Would you suggest this action for other groups?



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GROUP INFORMATION

- [1] How many people are in the group? (List each of the four sessions individually if attendance varied)

- [2] What are the faith backgrounds of the members of the group?
(For Christian backgrounds, list individual denominations. Participants can also identify as “no affiliation”)

- [3] What are the racial backgrounds of the members of the group?

- [4] What are the ages of the people in your group?

- [5] What are the occupations of the members of the group?

- [6] Are there any other comments about the group composition you would like to make?

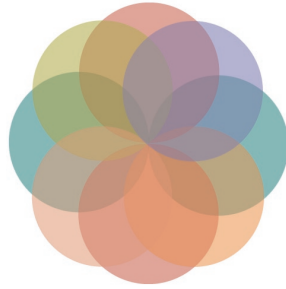


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CONTACT INFORMATION

If you would like to pass on your contact information to the National Council of Churches Young Women's Listserv to receive future updates having to do with young women's leadership, please clearly complete the information below. print your name, email address, address and phone number below.

	name	address	phone	email address
[1]				
[2]				
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[4]				
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fistula STORIES

Meagan Manas

FISTULA STORIES CURRICULUM WRITER
AND GRANT COORDINATOR

Rev. Ann Tiemeyer

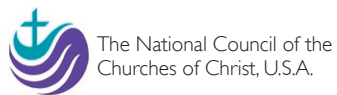
NCC WOMEN'S MINISTRIES PROGRAM DIRECTOR

Robert Brunson

DESIGN

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