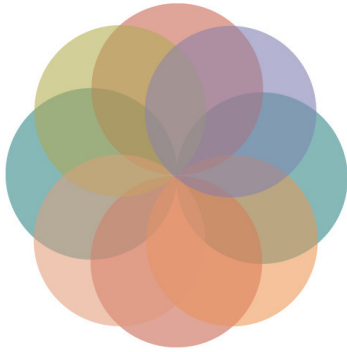


# **fistula** STORIES

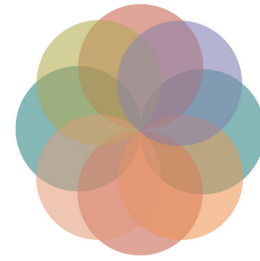
EXPLORING FAITH AND ACTION  
TO END FISTULA IN THIS  
GENERATION





# **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 (<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](http://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

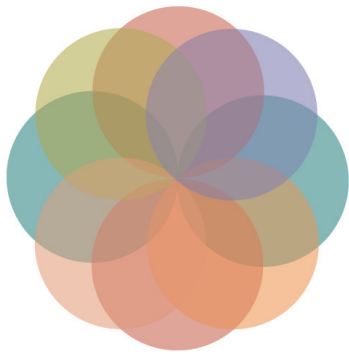
WOMEN’S MINISTRIES  
THE NATIONAL COUNCIL OF THE CHURCHES OF CHRIST  
U.S.A.

# 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](http://www.fistulastories.org)), 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 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.

## 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](http://www.fightfistula.org)) for clarification.

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### 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.

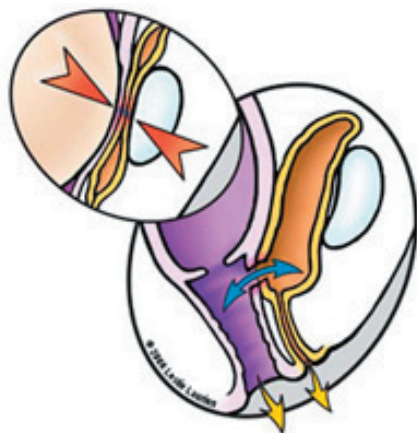
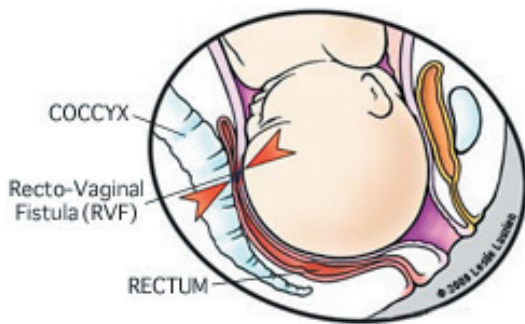
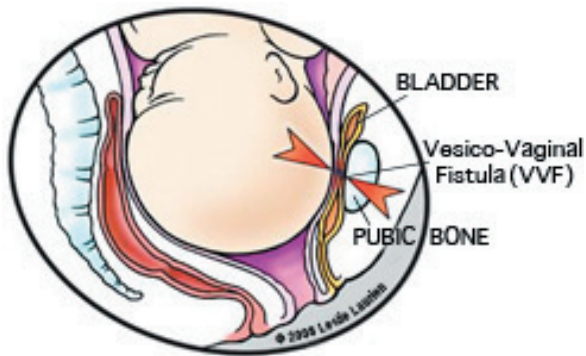
Like maternal mortality, fistula is almost entirely preventable. But at least 2 million women in Africa, Asia and the Arab region are living with the condition, and some 50,000 to 100,000 new cases develop each year. The persistence of fistula is a signal that health systems are failing to meet the needs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

## 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](http://www.endfistula.org/slide_show_womendeliver/slideshow.html)).

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**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?”

## 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]



“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 [Tanzinia]



"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.

### **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:

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### **Closing Prayer**

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

We feel...

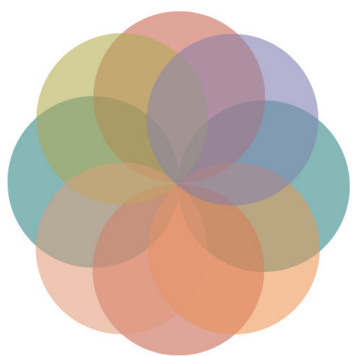
We have also heard the stories of women who have lived with obstetric fistula.

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.

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### 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.

## 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?

## Part 3: Journeying with the stories

Before our next meeting we/I will:

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### Closing Prayer

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

We feel...

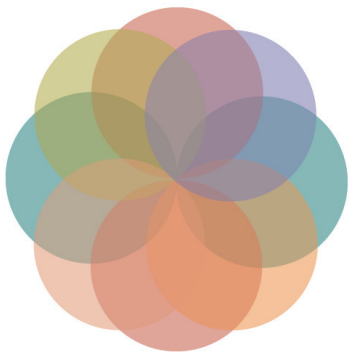
We are beginning to see ourselves and women across time and space differently.

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.

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### **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

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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 Representatives, supported by every Democratic woman member of Congress.<sup>1</sup>

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.<sup>2</sup>

[1] What are the miracles in this story?

[2] Who causes them to happen?

[3] Who participates in them?

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

<sup>2</sup> 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](http://www.fistulastories.org/action). In addition, I/we will:

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### **Closing Prayer**

God, today we have learned about faith and action.

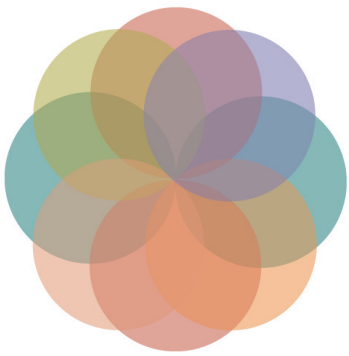
We feel...

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.



# **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.

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### 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: 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."

### **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.





[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.)

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- 
- 

Person responsible

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[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](http://www.fistulastories.org)? What did you use it for?

[8] Would you make any suggestions about [www.fistulastories.org](http://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?

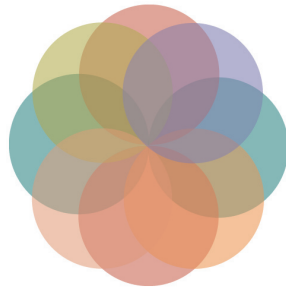
for women's issues in general?

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









# **fistula** STORIES

## **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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[www.fistulaSTORIES.org](http://www.fistulaSTORIES.org)