KUPONA FOUNDATION AND PARTNERS PRESENT

DRAWING OUT
OBSTETRIC FISTULA

an exhibition of work by Jac Saorsa
CREATE CHANGE.

BUILD OPPORTUNITY.

END FISTULA.

CREATE CHANGE.
The first time I met a woman who was recovering from fistula surgery, I was faced with a reality I had been sheltered from for far too long. Four years later, while the level of awareness around this condition in the developed world has grown, there is still a lot of work to be done before this critical global health challenge is given a permanent place in the spotlight.

IMAGINE...

Imagine if, while giving birth, you or your partner faced a complication requiring emergency medical care. Imagine if that care was unavailable, and you lost your baby. You grieve for the loss of the child who was so close to living. You, or your partner, suffer silently, trying to find a way to cope with the physical trauma that leaves you incontinent, unable to work and further devastated by judgment and abuse at the hands of your friends and family.

Our fistula program has treated patients as young as 12, and as old as 82. Imagine living like this for decades, certain that your pain will continue for the rest of your life. Imagine if this happened to your teenage daughter...

A SILENT TRAGEDY

At Kupona Foundation we often refer to obstetric fistula as a ‘silent tragedy,’ affecting members of our global community who struggle to make their voices heard even before they are faced with severe trauma. It is made even more difficult to endure by the myths and misconceptions that are held up as fact in their communities. The women living with obstetric fistula are hidden from view. As a result, those with the power to change things are oblivious to their struggle.

A twenty minute subway ride uptown will take you to the site of the last fistula hospital in the United States: now the Waldorf Astoria hotel. In the early 20th century, the need for fistula treatment in this country dwindled as the quality of our healthcare services improved. Demand dropped to the point where the hospital could be converted into a luxury hotel; the destination of many world leaders during trips to New York City. This is the dream of all fistula care providers across the world. That, eventually, they too will become obsolete.

The Drawing Out Obstetric Fistula exhibition is designed to shine a light on the experiences of women living with and recovering from obstetric fistula, to raise awareness about the condition, and to mobilize support for the programs and partnerships that work to restore women’s dignity. The women featured were all patients at CCBRT Disability Hospital in Dar es Salaam, Tanzania. CCBRT is one of the largest providers of comprehensive fistula treatment in the world, and Kupona Foundation’s sister organization in Tanzania.

Our hope is that these drawings will open your eyes not only to the reality facing the women living with obstetric fistula, but also to the opportunity facing every one of us to change the status quo.

WE IMAGINE A WORLD FREE FROM FISTULA, CAN YOU?

The Waldorf Astoria hotel is an iconic reminder that fistula can be treated, prevented, and ultimately eradicated. All it takes is a community of like-minded, motivated individuals and institutions coming together and taking action. By attending this exhibition, and purchasing this catalog, you have taken the first step to become a vital part of this community. Thank you for your support.

Abbey Kocan

Abbey Kocan, Executive Director, Kupona Foundation
“RESILIENCE, COURAGE AND UNADULTERATED BEAUTY”

- Dr. Jac Saorsa
As an artist, I believe very strongly that images have the capacity to communicate in ways that go far beyond the limitations of words. My exploration of the physical and psychological ramifications of obstetric fistula through art is an ‘act of witness.’ I try to ‘articulate,’ in a visual sense, the uniquely subjective experiences of women with the condition, their families, and the healthcare professionals working to change their lives. This exhibition is not meant to be a series of portraits of specific individuals. Rather, it uses the concept of portraiture as a framework to express my own very powerful experience of simply being with these women, on their own terms, trying to understand what they were going through.

When I first talked with Dr. Alison Fiander from the Royal College of Obstetricians and Gynaecologists about visiting CCBRT in Tanzania, I was unsure of how the sort of work I do could be of any help or value. On getting there however, and simply being within the environment of the fistula ward, I found that, not only did drawing take on a new kind of meaning in that situation, but I also had to reassess much of the way I understand many things in life. My inability to speak Swahili, and the often very stark cultural differences between the women and myself, did not pose the limitations I had expected. They actually became vehicles towards what felt like far deeper forms of communication. We conversed through expression, though gesture, and most importantly through the content of the images I was constantly drawing in my sketchbook. During my second visit to Tanzania, I had a far better idea of how my work, and art more generally, could be of value to these women in their recovery. That is why I ran creative workshops with the women at the Mabinti Center, CCBRT’s socio-economic empowerment project for women recovering from fistula surgery. Art, and creative expression, is a core component of the psychosocial recovery of these women, and I felt privileged to play a small part in that.

Spending time with women at different stages of treatment and recovery was a very powerful and moving experience. As an artist, and most importantly as a human being, I became very aware of how the language of the visual allows us to reach a level of empathy and understanding beyond linguistic and cultural boundaries. Art touches the intuitive and emotional part of us. It responds to the basic human need to be acknowledged, heard and appreciated by others.

I hope that you will enjoy the drawings in this exhibition and appreciate in turn the resilience, the courage, and the unadulterated beauty of the women who inspired them.

Dr. Jac Saorsa, Artist

Dr. Jac Saorsa studied Fine Art at the New York Academy of Art and holds a PhD in Philosophy and Contemporary Drawing Practice from Loughborough University in the UK. She is the author of two books and is currently working on a third. Jac’s research interests are fundamentally interdisciplinary and rooted in the Medical Humanities. She works primarily within the field of medicine, using art practice as a productive way of understanding the existential and uniquely subjective experience of illness. With extensive experience working with healthcare professionals, patients and medical students internationally, her work has been successful in raising awareness and increasing understanding of how ill-health can dramatically impact patients’ lives. Jac is a Higher Education Academy Fellow and regularly works with universities both in the UK and abroad. She holds Honorary Research Fellowships at both Cardiff and Swansea Universities and has twice been invited as a Visiting Scholar to the University of Texas Institute of Medical Humanities. She was recently awarded a Wellcome Trust grant to take up an invitation for a three month Research Fellowship at Glasgow University Medical Humanities Research Center.
A debilitating and devastating childbirth injury, obstetric fistula is most often caused by prolonged, obstructed labor without access to timely, high quality medical care. The injury causes chronic incontinence. Leaking urine, feces, or both, women who develop fistula are left at severe risk of infection and further health complications.

**In 90% of cases the baby does not survive the traumatic delivery.**

Obstetric fistula carries severe stigma within the community, with many women accused of witchcraft and adultery during pregnancy. Women living with fistula are often abandoned by their family, excluded from their community and are unable to work. As a consequence, they are some of the poorest and most marginalized people in the world.

**Estimates suggest that more than 2 million women are living with fistula in Asia and Sub-Saharan Africa.**

**In Tanzania, up to 3,000 new cases occur every year. As many as 32,000 women have been living with this condition, without treatment, since the millennium.**

**OBSTETRIC FISTULA IS TREATABLE**

Kupona Foundation’s sister organization, CCBRT, is one of the largest providers of fistula treatment in the world. Committed to a comprehensive, holistic approach to care, CCBRT provides surgery, accommodation, food, physical rehabilitation and counseling to all patients free of charge during an average three week stay at the hospital. The program helps to rebuild the physical and psychosocial wellbeing of every woman. An innovative application of mobile money transfer technology, using cell phones and a network of trained ambassadors, facilitates patient referral, dramatically increasing the number of patients able to seek treatment. In order to bring high quality treatment closer to the women who need it, CCBRT partners with five satellite facilities across Tanzania, providing financial support for their fistula treatment programs.

**In 2015, CCBRT supported the treatment of 920 women with fistula, restoring their dignity and helping them to rebuild their lives.**

**OBSTETRIC FISTULA IS PREVENTABLE**

Obstetric fistula can be prevented by improving access to high quality healthcare during pregnancy and delivery. Identifying and managing high-risk pregnancies, and ensuring skilled attendance and access to adequate equipment and supplies during delivery are critical to ensuring a safe delivery for every woman and newborn.

Kupona Foundation tackles the root causes of fistula in Tanzania by supporting CCBRT’s comprehensive maternal and newborn healthcare program. The team trains healthcare workers, distributes life saving equipment, and makes improvements to operating rooms and labor wards in public healthcare facilities. In parallel, CCBRT’s new Maternity and Newborn Hospital is in the final phase of construction. This 200-bed referral facility will
increase regional capacity to serve groups most at risk of complications during pregnancy and childbirth, including women with disabilities, teenagers, and women with a history of fistula.

Since the program launched in 2010, CCBRT has seen a measurable improvement in the quality of care available across supported sites.

Quality of care, as measured by a standard tool, increased from 9% to 79.5% over six years.

Over 200 frontline healthcare workers have been trained in Basic Emergency Obstetric and Neonatal Care.

Major renovations have taken place at 5 facilities to refurbish operating rooms and labor wards and improve the physical accessibility of facilities for patients with disabilities.

ABOUT KUPONA FOUNDATION

Kupona Foundation is a nonprofit committed to unlocking the potential of people and communities living in poverty in Tanzania. It starts by improving their access to quality, comprehensive healthcare.

Kupona Foundation’s vision and mission are directly aligned with our sister organization, CCBRT, a leading provider of affordable, high quality healthcare in Tanzania. Together, we fuse sustainable strategies and transparent practices with deep rooted local expertise to direct resources to programs with the greatest potential for long-term change.

Our collaborative partnership with CCBRT gives individuals and institutions in the United States the opportunity to foster direct, local impact, empowering people and communities to realize their full potential. Kupona Foundation convenes a community of donors, technical experts, advocates and volunteers to find and support creative ways to mobilize resources and activate awareness, with a view to enabling CCBRT’s life changing programs and sustainable growth.

TOGETHER, WE CAN CHANGE THE FACE OF HEALTHCARE IN TANZANIA, AND SET PEOPLE AND COMMUNITIES ON THE ROAD TO A BRIGHTER FUTURE.
“I LIVED IN FEAR OF HAVING AN ACCIDENT.”
Elian’s story is one of thousands of silent tragedies that occur every year in Tanzania. Too ashamed to tell anyone about her condition, Elian isolated herself from her friends and family for fear of leaking in public, and revealing her secret. Now that she has been treated, she is a part of her community again.

“I was admitted to a hospital in Dar es Salaam when I started to feel labor pains. After two days, nothing had happened and they sent me home. Eventually, I went back to the hospital. I was in labor for 6 days in total. It was then that the doctors told me I would be lucky if my baby was still alive.”

Mercifully, Elian’s baby did survive. But Elian did not emerge from the trauma unscathed. The damage caused by such a prolonged labor was so severe that Elian started leaking both urine and feces uncontrollably.

“My husband and I were the only people who knew. I was too embarrassed to tell anyone. I didn’t even tell the rest of my family. I thought I was going to suffer from this for the rest of my life. But my husband always stayed positive, and always believed we would find a solution. I lived with this problem for three years. I couldn’t go anywhere. I was so terrified that I would have an accident.

I finally heard an advertisement on the radio, and realized that I could get treatment.”

Elian’s surgery did so much more than just repair the physical damage of fistula. It restored her confidence, self-esteem, and her sense of belonging. “Now, I no longer have to make an excuse to leave a place 5 minutes after I arrive, in case I have an accident in public.” Elian’s surgery liberated her from her isolation, shook off her feelings of shame, and gave her the self-assurance to once again feel she is part of her own community.
"The microcosm of their world at the time, which was the hospital, the ward, the examination room, enveloped me while I was with them there, and the physical and psychological sensations and feelings I was experiencing became indistinguishably theirs and mine."

I remember being particularly the heat and the stuffy atmosphere and the physical confusion of feeling 'misplaced' but most of all I feel the thirst (for always offered to that emotional hurt simply the water) the disappointment, the pain, the how the situation, the shame and embarrassment of all these things intermingle with moments of relief and peace but..."
“WHEN MY MOTHER PASSED AWAY, I HAD NO ONE LEFT TO TALK TO.”
To live with the physical pain and emotional devastation of obstetric fistula for even one day is more than any woman should have to endure. Hadidjia faced this trauma every day for 10 years. Now, after losing two jobs because of her condition, Hadidjia has taken her future into her own hands.

“I had labor pains for two weeks before I gave birth in a hospital in Dar es Salaam. My baby survived, and we would sleep in the bed together. I woke up with the sheets covered in urine, and at first I thought the baby was wetting the bed. When I realized it was me, I told the nurses and they said it was normal after giving birth. They gave me pills to take for 3 months. The problem didn’t stop, and eventually my baby’s father left me because he said I was spoiling the mattress.”

Abused and ostracized by her extended family and community, the only person Hadidjia could rely on for help was her mother. When further tragedy struck, Hadidjia was totally alone.

“I lived like this for 10 years, with my mother. My neighbors told me I smelled, and forced me to stay inside. When my mother passed away, I had no one left to talk to, and nobody to look after me. I went to my father’s sister for help, but she told me I was cursed. She chased me away from her house and refused to let me live there. I was fired from two jobs, both times because of the smell.

When I asked my mother’s family for help, my uncle told me that I needed to get married, and that he had found a man for me. I told him I couldn’t get married, and explained why. My family told the man everything, but he wasn’t discouraged. He still wanted to marry me. He had heard about fistula before, and he was the one who helped me find help from CCBRT.

Now that I have had surgery, and I have trained at the Mabinti Center, I have my own business. I make clothes and bags, and do embroidery and sewing. The money I earn helps me to pay for my children’s school fees. I never need to worry about losing my job again, because I am my own boss.”
“MY EXPERIENCE OF LIVING WITH FISTULA HAS MADE ME THE SUCCESSFUL BUSINESSWOMAN I AM TODAY.”
The trauma and grief that Lidya experienced during the delivery of her children is beyond what many of us can imagine. Lidya is an inspiration. Losing her first child at just 2 days old, raising a child with a disability caused by birth complications, and developing fistula on two separate occasions, has only made Lidya stronger.

“When I was admitted to the national hospital to deliver my first baby, my doctor referred me to an intern. They used a vacuum to assist with the delivery. My baby was born with his brain outside of his body, and he died 2 days later.

After the delivery, my legs were paralyzed. My husband’s family bullied me, and told him to leave me because I was damaged, and wouldn’t be able to give him any more children. He deserted me. I couldn’t even afford the bus fare to attend the clinic for check ups.

I married again, and had another child. This baby also got stuck during delivery, and was born with a disability. I was leaking. I was so ashamed that I left my husband. I left Dar es Salaam behind and went to live with my grandmother in our rural village. It was there that I read a leaflet about fistula, and realized I could get treatment. I had my surgery in 2005, and got back together with my second husband.”

Scarred both physically and emotionally by the birth of her first two children, Lidya was determined that her third pregnancy would be different.

“I always say that I ‘bought’ my third child. After all of the problems I’d had in the past, I paid to deliver at a private hospital, to ensure that my baby and I were safe. I trusted my doctor, but just before I went into labor, she was called away. She referred me to the doctor who was responsible for delivering my first baby. Once again, he left me with an intern, even though I begged him not to.

My third child was delivered safely, but the scars from my fistula opened again three days after my delivery. I had another surgery to correct it.

I finished my training at the Mabinti Center in 2012. I now have a successful business. I go to fairs, and sell my products in my community. I reached the Top 20 of a radio competition, and even met the First Lady of Tanzania when she visited my stall at a fair!

My experience of living with fistula has made me the successful businesswoman I am today. I am now able to pay for my children to go to school, and my income means I can support my siblings as well.”
“THANKS TO MABINTI, WE HAVE NEW SKILLS AND THE CONFIDENCE TO USE THEM.”
The Mabinti Center, ‘Mabinti’, is a socio-economic empowerment program for women recovering from obstetric fistula. An extension of CCBRT’s holistic treatment program, Mabinti runs a 12-month intensive training course for 10 women every year. Teaching screen-printing, sewing, beading, and crochet, as well as product design, business proficiency, numeracy, and English, the program empowers women with the skills they need to become financially independent. Committed to the long term well-being of every trainee, Mabinti also provides follow-up support for graduates for one year after the end of their training, conducting home visits and refresher classes to help guide the women during the challenging early days of independent entrepreneurship.

Recognizing the unique support fistula survivors can give to women awaiting treatment, Mabinti Center graduates also host crochet workshops on the fistula ward at CCBRT’s Disability Hospital. In addition to teaching the patients a new skill, having a trainer who has experienced fistula and is thriving after treatment provides a source of comfort and inspiration during their recovery.

“In 2002, I joined the Mabinti Center as a trainee. During my training I learned important skills like screen-printing, sewing, and beading, as well as English, numeracy, and business skills. The staff saw how motivated I was to learn and work, and they asked me to stay on as an employee, making products that are sold to support the Center. Other members of my training class have gone on to open their own businesses using the skills they learned at Mabinti. Today, I am happy. I earn a good income and have a supportive husband. I make products for sale along with my fellow Mabinti trainees. We all recovered from fistula surgery, and now, thanks to Mabinti, we have new skills and the confidence to use them. Working with other women who had the same experience helps me remember that I am not alone.”

– Asha, Mabinti graduate and employee

The Mabinti Center operates as a social enterprise, covering 50% of project costs through product sales. In its production unit, Mabinti employees 8 graduates who make products for sale in the Mabinti showroom, at local craft fairs and to fulfill international wholesale orders.

By purchasing a Mabinti Center product you not only contribute directly to one woman’s income, but you also help sustain the training center and support vulnerable women as they rebuild their lives.
Thanks to the following partners for their support in bringing this exhibition to life.

**Fistula Foundation**

Fistula Foundation believes that no woman should suffer a life of isolation and misery simply for trying to bring a child into the world. They are dedicated to raising awareness of and funding for fistula treatment worldwide, to help end the suffering caused by obstetric fistula. Fistula Foundation works with dedicated local partners in more than 20 countries to deliver life-changing fistula treatment that helps women regain their health and place in society.

[FISTULAFOUNDATION.ORG](http://FISTULAFOUNDATION.ORG)

**Johnson & Johnson**

For more than 125 years, Johnson & Johnson has been committed to improving the health of individuals, families and communities around the world, including the most vulnerable populations. In the maternal and newborn healthcare sphere, their goal is to save and improve the lives of women and children, ensuring every child thrives. Johnson & Johnson believes that the lives of millions of moms and babies can be saved through simple, affordable interventions. Their innovative partnerships, spanning decades, have trained a new generation of health workers to provide critical prenatal and obstetric healthcare in limited-resource settings. They also donate lifesaving medicines and support the development of technologies that improve access to critical healthcare information.

[WWW.JNJ.COM](http://WWW.JNJ.COM)

**New York University, Kimmel Center for University Life**

The Helen and Martin Kimmel Center for University Life serves as a hub for campus activity at New York University (NYU). Located at the heart of the NYU campus, the Kimmel Center provides space and resources for students, faculty, staff, departments, alumni, and community organizations who utilize the facility. The Kimmel Center for University Life offers one of the only university-wide gallery programs on campus. Kimmel Galleries offers a space for the creative community - students, faculty, visiting artists - and sponsors art exchanges with other institutions.

[WWW.NYU.EDU](http://WWW.NYU.EDU)

**New York University, College of Global Public Health**

The NYU College of Global Public Health (CGPH) is preparing the next generation of public health pioneers with the critical thinking skills, acumen and entrepreneurial approaches necessary to reinvent the public health paradigm. Devoted to employing a nontraditional, inter-disciplinary model, CGPH aims to improve health worldwide through a unique blend of global public health studies, research and practice. CGPH is located in the heart of New York City and extends to NYU’s global network on six continents. Innovation is at the core of their ambitious approach, thinking and teaching.

[WWW.PUBLICHEALTH.NYU.EDU](http://WWW.PUBLICHEALTH.NYU.EDU)

**UNFPA & The Campaign to End Fistula**

The United Nations Population Fund (UNFPA) is committed to delivering a world where every pregnancy is wanted, every childbirth is safe and every young person’s potential is fulfilled. In 2003, UNFPA and its partners launched a global Campaign to End Fistula in line with international targets to improve maternal and newborn health and with the goal of making fistula as rare in developing countries as it is in the developed world.

In recent years, the Campaign has drawn the attention of policymakers, health officials, affected communities and individuals, as well as the general public to the issue of fistula. Focused on prevention, treatment, and rehabilitation, the Campaign, in conjunction with its partners, is now working in more than 50 countries across Africa, Asia and the Arab region.

[WWW.ENDFISTULA.ORG](http://WWW.ENDFISTULA.ORG)
A healthy mother is the foundation of a healthy family. Protecting and preserving the health and wellbeing of one woman makes it easier for her to complete her education, and secure a steady income. This, in turn, means she can afford to feed her family, and to send her children to school. The health and wellbeing of the next generation improves as a result, breaking the cycle of poverty.

DONATE ONLINE

kuponafoundation.org/donate-mother

MAIL A CHECK

Checks payable to ‘Kupona Foundation’
12 Bensonhurst Avenue, Saratoga Springs, NY 12866

$125 provides equipment for 1 C-Section
$215 provides a safe, quality delivery for mother and child
$480 provides a bed for one mother on a postnatal ward
$700 provides a dignity restoring surgery for one woman with obstetric fistula
$1,000 trains 4 night nurses to provide patient counseling on the fistula ward
$2,700 supports 1 week of training and on-the-job mentoring by a skilled OB/GYN
$4,100 enables us to purchase an emergency medical gas alarm, improving patient safety during surgery
$8,000 enables critical upgrades to equipment in the fistula operating room

If you are interested in purchasing an original piece from the ‘Drawing Out Obstetric Fistula’ collection, please contact Alexandra Cairns alexandra@kuponafoundation.org, +1 518.595.9007

DONATE TODAY, AND YOU WILL SET A WOMAN AND HER FAMILY ON THE PATH TO A BRIGHTER FUTURE.
CREATE CHANGE.
BUILD OPPORTUNITY.
END FISTULA.

For more information on Kupona Foundation contact: info@kuponafoundation.org

For more information on the Drawing Out Obstetric Fistula collection contact: jacsaorsa@hotmail.com
CREATE CHANGE. BUILD OPPORTUNITY. END FISTULA.

“Imagine if, while giving birth, you or your partner faced a complication requiring emergency medical care. Imagine if that care was unavailable, and you lost your baby. You grieve for the loss of the child who was so close to living. You, or your partner, suffer silently, trying to find a way to cope with the physical trauma that leaves you incontinent, unable to work and further devastated by judgment and abuse at the hands of your friends and family.”

The Drawing Out Obstetric Fistula collection by artist Jac Saorsa shines a light on the experiences of women living with and recovering from obstetric fistula, their families and the healthcare professionals working to change their lives.

Bringing this collection to the United States for the first time, Kupona Foundation and partners seek to raise the profile of obstetric fistula as a critical global development challenge, and mobilize support for the programs and partnerships working to eradicate this silent tragedy.

By purchasing this book, you have joined a community of individuals and organizations committed to creating change, building opportunity and ending fistula.

WE IMAGINE A WORLD FREE FROM FISTULA. CAN YOU?

Learn more about the exhibition: www.resilience.gallery