



*Grant Funding Report
presented to*

DINING FOR WOMEN

*With gratitude from
The Fistula Foundation*



THE FISTULA FOUNDATION INTERIM REPORT OF 2011 PROJECT GRANT FUNDING TO DINING FOR WOMEN

1. A brief description of what has been accomplished so far, including progress on the goals and objectives of the program DFW is funding. What impact has been made through DFW's funding?

Your 2011 grant of \$57,106.45 was used for transformative surgery for women in Ethiopia, a country where fistula is not uncommon in women. Specifically, your 2011 grant was used to pay for obstetric fistula surgery costs at the Hamlin Fistula Hospital in Addis Ababa, the capital of Ethiopia. This hospital is one of the most respected, productive and effective fistula hospitals in Ethiopia and is one of the first hospitals to dedicate its work to women suffering with obstetric fistula. It is located in a region where we know there is a dramatic need for reproductive health services for women, and where fistula is too common.

Perhaps the most wonderful thing about fistula surgery treatment is that the cost to restore a woman's body and spirit is so little. A little does so much. Fistula surgery literally transforms her life forever. Putting an end to her enormous physical and psychological suffering is indeed a priceless, lifelong gift. She benefits. Her family and children benefit. Many lives are touched and changed forever.

2. Has anything changed in regard to the original program goals and objectives?

No. It was the intention to provide 124 surgeries for women with obstetric fistula over a one year period and, to date in 2012, 67 fistula surgeries have been performed at the Hamlin Fistula Hospital in Addis Ababa.

3. Have you experienced any significant challenges or obstacles in implementation? If so, how are you addressing them?

The Hamlin Fistula Hospital experienced a staff transition in the spring. They hired a new CEO who started work in June. This has not presented an obstacle, but is a noteworthy change.

4. Has the timeline for the program changed from the original funding application?

No. It is the intention that the balance of the surgeries will be performed in the second half of the year.

5. Has funding changed for this program? For example, have you received unexpected funding from another source?

No, the funding is still to be used for obstetric fistula surgeries for 124 women at the Hamlin Fistula Hospital in Addis Ababa. The hospital is the largest and longest running fistula treatment facility in the world.

6. How much of the original DFW restricted funds have been disbursed and how much remain?

The full grant amount of \$57,106.45 was disbursed to the Hamlin Fistula Hospital on December 20th, 2012.

One Woman's Story: Asnaku Tebibu came to the Hamlin Fistula hospital in Addis Ababa after suffering with obstetric fistula from labor with her second child. She was brought to the hospital by her brother after suffering for 8 months of being incontinent. Her husband is home in their village, Merabita, as he cares for their two children and waits for Asnaku to return healed.

Asnaku was unable to go to school. As her brothers attended school, she took care of the family's sheep and cows in the field. At the fistula hospital she is able to learn the alphabet and to read; along with working on handicrafts that she enjoys. When asked why she waited until now to come to the hospital to be cured from her fistula she said she had to "wait [for] my daughter to be strong."



Hamlin Fistula International

THE GLOBAL PROBLEM OF OBSTETRIC FISTULA

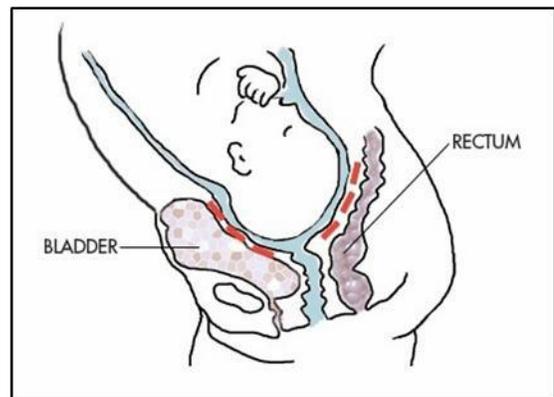
Obstetric fistula is the most devastating and serious of all childbirth injuries. It has been labeled the “most frightful affliction of humankind.” Fistula is preventable, when timely emergency obstetric care is available to women experiencing obstructed labor.

Most Americans don’t know about obstetric fistula. Perhaps this is because it was eradicated in the United States more than 100 years ago thanks to emergency cesarean section surgery.

Obstetric fistula is a serious problem in the world’s poorest countries, where most mothers give birth without any medical help. In these cases, if a woman’s labor becomes obstructed, she will endure days of painful, prolonged labor. The two great causes of obstructive labor are a small pelvis or a malposition of the baby inside the mother’s uterus.

In poor countries, women are often marrying at a young age. At the time of a young woman’s first birth, her body may not be fully formed. And an obstetric fistula injury is more likely to happen because her pelvis is too small.

During labor contractions, the baby’s head is constantly pushing against the mother’s pelvic bone — causing tissue to die due to lack of blood flow to this area. All of that pushing creates a hole, or in medical terms a “fistula,” between the birth passage and an internal organ such as the bladder or rectum. A woman cannot hold her urine, and sometimes bowel content as well. A woman’s injuries also often include nerve damage to her lower extremities because she remained in a squatting position while enduring painful labor contractions for days.



Her baby is unlikely to survive. If she survives, a woman’s body is literally broken by childbirth. Uncontrollably leaking bodily wastes, she will likely be rejected by her husband because of her inability to bear more children and her foul smell. She will also be shunned by her community, and forced to live an isolated existence. Oftentimes, her community believes her condition is the result of being cursed or having sinned. And what is worse — she believes it, too. Women with fistula suffer profound psychological trauma resulting from their utter loss of status and dignity.

For the poorest of the poor, complications from pregnancy and childbirth are among the leading causes of death and disability for women of reproductive age. And the numbers are staggering.