Religious Leaders for Family Health
ADOLESCENT HEALTH AND INFORMATION PROJECTS (AHIP)

RELIGIOUS LEADERS FOR FAMILY HEALTH

Muslim Clerics
And
Christian Cleric

Promoting the Health of the Family

September 2017
AHIP
RELIGIOUS LEADERS
FOR
FAMILY HEALTH
Muslim Clerics
And
Christian cleric

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Executive Summary

The publication based on an initiative that started since 2005 with mass training from 2006 to 2009 for religious leaders of the two major faiths, namely Islam and Christianity. Participants were followed up till 2016 and found to still be enthusiastic about the learning from that training, and many confirmed that no such training was conducted for them since then. In 2005 AHIP had to diversify its activities to cover the larger Northern society. Engaging with religious leaders was chosen because they could reach a wider population with intended messages. AHIP engaged Imams and Pastors to promote health, especially reproductive and maternal health.

The Imams training workshop with the theme “The Role of Juma’at Imams in Promoting Family Health”, was conducted in 5 different zones with each center hosting three or four states. It covered the nineteen northern states and Abuja. Sokoto zone covered Sokoto, Kebbi and Zamfara States; Katsina zone had Katsina, Kano, Jigawa and Kaduna States. Maiduguri zone covered Borno, Yobe, Adamawa and Taraba States, while Bauchi zone covered Bauchi Gombe, Nassarawa and Plateau states. Finally, Niger, Minna zone, hosted Niger, Kogi, Kwara and the FCT Abuja. The Pastors’ training workshop was done on a large scale in Kano state.

Both workshops fostered good understanding of the subject matter and cleared misconception about reproductive health and family planning with the Imams and pastors. It enabled them to use the knowledge effectively to educate the community in a bid to improve the quality of lives of the families especially among women and young people.

It was gratifying that AHIP partnered with Centre for Legal Islamic Studies, Ahmadu Bello University in the implementation of the training for Imams, and the Christian Association of Nigeria (CAN) for the Pastors training, this enabled AHIP to achieve it set desired objectives. The Juma’at Imams from across the northern part of the country and Pastors all over Kano, came to learn and appreciate Reproductive health issues such as Sexually Transmitted Diseases, Safe Motherhood, Child Spacing, Infertility, Counseling, as well as HIV/AIDS (prevention, testing, and treatment) among others.

It was interesting to hear that for them; it was the first time, such highly placed category of people in the Muslim community are put together in one room to participate actively in the discussion of topics related to reproductive health. They pledged to support advocacy efforts within Islamic jurisdiction for the promotion of safe motherhood, fertility improvement, reduction of infant and child morbidity and mortality as well as preach Islamic ways of curbing and addressing the scourge of HIV/AIDS.

Communiqué that covered many issues was drawn up at the end of each training, and the summary of the communique is included in this publication.

The impact of the training has been beyond AHIPs expectation as;
- Each Imam is estimated to have an average audience of 500 and 1,500 people each week. Adamawa state has replicated the training for 200 Imams in their state and Katsina state has trained 300 Imams in their state. Bauchi state trained 210, Garko LGA in Kano state replicated for 120 Imams. The training reached
1839 Imams (direct reach) that indirectly reached an estimated total of 2,758,500 people on a weekly basis.

- Each Pastor has a minimum of two hundred members under him because when asked to estimate how many people attend their church, the total number was at least 42,000 members. They meet this number of people at least twice a week and each person reached has a family of at least 3-4 people, if you multiply 42,000 by four, it will give at least 210,000 people a week, and it continues like that, imagine the multiplier effect. This number is only for Kano metropolis pastors that were trained in the AHIP Institute for Human Development.

Introduction

Islam as a religion ensures total submission to the will of Allah for all believers; it is a complete system of life, which offers its own health, social, political and economic systems to guide humanity. Islam recognizes the survival of people and those things that have an effect on their survival thus results to improved quality of life, which has effect on the overall existence of humanity. The Juma’at Imam is a leader of the Islamic Friday congregational prayers. Thus an Imam reminds people of this duty to God and is saddled with the principle responsibility of conducting prayers. An Imam also has to deliver the Friday sermon much like the Sunday service in a Christian Church. When the congregation gathers, the Imam is at the front, leading the prayers. The Imam is required to be highly Knowledgeable as a divine leader with high qualifications. The Imam has the responsibilities of managing the affairs of the Muslim communities to improve and exalt the position of the Muslim. He protects and defends the religion, invites people to Islam with logic and good guidance. He executes all functions of a ruler and a government, including the settlement of legal disputes and maintaining law and order. Expands the sphere of its social and governmental influence and exposition of the Quran and the religious law. Engages in constructive education of people to lead a virtuous life in a way that people undoubtedly accept the Imam as their leader and attain salvation under his guidance.

Over time, in northern Nigeria, it has always been the role of the religious leaders to sensitize and educate their followers on issues that concern them and the society as a whole. These issues cover practically everything from education, social, economic, health and many others. Gradually these tasks began to slip from the religious leaders with the emergence of a more structured governance system that gave little authority to the religious leaders in the society. This has caused a major gap in communication as the religious leaders are closer to the people and have a very important role to play as the people still regard them with a lot of respect and significance. AHIP has noticed this fact and made an effort to bridge the gap.

For any intervention or project to succeed in Nigeria, there is a strong need to engage religious leaders. Unlike other interventions/organizations, AHIP has over the years partnered with the religious leaders to foster its objectives.

Situation prior to the Adolescent Health and Information Projects (AHIP) intervention – Engaging Religious Leaders

Nigeria contributes a sizeable percent of the world’s maternal deaths, and causes of these deaths include hemorrhage, obstetric fistulae, ruptured uterus, and pelvic inflammatory diseases, unsafe abortion, hypertensive disease of pregnancy, obstructed labor, and STI/HIV/AIDS. The Nigeria Federal Ministry of Health (2004) published
that HIV/AIDS was increasing at the rate of 5.0% that is endangering the quality of life of the old and the young in Nigeria and Maternal mortality at 1100/100000 while it ranged from 1500-2000 in the northern Nigerian states. In NDHS (2004), data shows that the health status of Nigeria’s population needs interventions especially in the Northern region of the country. There is low patronage of antenatal care and services, with many pregnant women delivered without the assistance of trained and skilled health personnel. There was an urgency, prior to 2006 to save the lives of mothers, pregnant women, unborn, and newborn babies. While promoting the National Reproductive Health Policy and a National Strategic Framework and Plan developed in 2002. The objectives include: to reduce maternal morbidity and mortality due to pregnancy and child birth by 50 per cent; to reduce prenatal and neonatal morbidity and mortality by 30 per cent; to reduce of the level of unwanted pregnancies in all women of reproductive age (15-49 years) by 50 per cent; to reduce the incidence and prevalence of sexually transmitted infections including the transmission of HIV infection; to eliminate all forms of gender-based violence and other practices that are harmful to the health of women and children; to reduce gender imbalance in availability of reproductive health services; to reduce of the incidence of reproductive cancers and other non-communicable disease; to increase knowledge of reproductive biology and promote responsible behaviors to prevent unwanted pregnancy and STIs/ HIV/AIDS; to reduce the prevalence of infertility and provide adoption services for infertile couples; and to increase the involvement of men in reproductive health issues.

Adolescent Health and Information Project (AHIP)’ contribution to the reduction of maternal and child as a development organization is to work with Imams in promoting better health and development for young people and their families. AHIP’s major focus areas are development, reproductive health, social and economic issues as it relates to young people and women in Nigeria. AHIP have worked relentlessly to break the culture of silence; create enabling environment for reproductive health, expanded the scope for young people’s health and development, and promoted leadership for integrated reproductive health, service delivery and peaceful co-existence in Northern Nigeria. Hence, the strategic work with religious leaders in nineteen Northern States of Nigeria to promotes Family Health.

The assumption was that the intervention with Imams would lead to attitudinal change towards the health of the family including that of mothers. Starting from the Imams to their followers, families, young people, and other community members. AHIP adopted Social Change Leadership Theory (SCLT) guided by facilitative social change leadership (FSCL). Change here means a switch or shift in the internal and external culture or environment of a social group, organization, government agency, or humanity at large.

Social change is to bring about or transform conditions to improve the human welfare. Crawford et al (2000) examines Social Change Leadership Theory (SCLT) that is the “what, how, and why” of leadership to create change of personal, organizational, and societal by promoting the development of social change agents who address and solve community problems.

The theory that guided this arrangement is the facilitative social change leadership (FSCL) that focused on effective leadership that is relational, change-directed, learned, and transformative in its process. FSCL was choosen because it is a diverse approach that makes use of the principles of Transformational Leadership Theory, Social Change
Leadership Theory, and Social Change Theory (Tichy and DeVanna, cited in Northouse, 2004). And FSCL is characterized with following procedures and adhering to policies; submission to authority of others; commitment; being proactive; expecting conflict; telling the truth, but with compassion; listening; love people; and have the correct mindset. These outstanding characteristics are expected of religious leaders especially the Imams.

Methodology
Eminent Islamic scholars, Islamic researchers, and medical practitioners presented papers on the planned topics. All papers presented were discussed, the new concept of ‘Open Space’ technology was also introduced and applied in the last day of each workshop. The ‘Open Space’ technique afforded participants the opportunity not only to introduce their own issues or issue they felt were not adequately addressed in the sessions during discussions. Participant also becomes the convener and led others in discussions of on the topic or issues without any restriction as to what topic or number of persons involved. At the end of each training session delegates wrote and adopted a communiqué in which observations were made, and resolutions passed.

Strategies
‘The Role of Juma’at Imams in Promoting Family Health” was the theme of the training organized and conducted for Juma’at Imams. It was organized with the assistance and collaboration of the Centre for Islamic Legal Studies of the Ahmadu Bello University Zaria and the Jama’atu Nasril Islam (JNI). The 19 states were divided in clusters of 5 groups.

The initial training was conducted at 5 different centers with each center hosting three or four states and lasting for five days each. The first center was Sokoto, which comprised of Sokoto, Kebbi and Zamfara States. The second center was Katsina, which was composed of delegates from Katsina, Kano, Jigawa and Kaduna States. The third center was Maiduguri made up of Borno, Yobe, Adamawa and Taraba States. The fourth center was Bauchi where Bauchi, Gombe, Nassarawa and Plateau states put together. Finally, the fifth and the last center was Minna, which hosted Niger, Kogi, Kwara and the FCT Abuja. Subsequent training was conducted in Kano and Bauchi.

Topics addressed at the training include
- The Pre-requisites of an Imam;
- The Historical Development of the Institution of the Imamate in Northern Nigeria;
- The Imam as the Conscience of the Muslim Community;
- The Role of the Imam in Shaping the Destiny of the Muslim Community;
- The Role of an Imam on Alternative Dispute Resolution (ADR)
- The Role of an Imam in Fostering Sulh (Reconciliation) among his followers;
- The Role of an Imam in Enhancing the Quality of Reproductive Health of the Muslim Community (Gudummawar da Limamai Zasu Bada Wajen Kula da Lafiyar Iyali);
- The Role of the Imams in Fighting and Arresting the Scourge of HIV/AIDS among the Muslim Community.
- The Contribution of Imams in the Training and Up-Bringing of Muslim Youth.
- The importance and necessity of self-reliance and having trade or business by Imams in safeguarding their honour and dignity.
What Has Been Done

AHIP trained 1009 Imams over 3 years in the nineteen northern states. The old generation Imams and the new generation were adequately represented at the training. The Chief Imams of all the major Muslim cities in Northern Nigeria were in attendance. Muslim organizations like the Ansar ud Deen Society of Nigeria, the Jama’atu Nasril Islam (JNI), Muslim women organizations like the Federation of Muslim Women Association of Nigeria (FOMWAN) and the Muslim Sisters Organizations of Nigeria (MSO) were all adequately represented.

The main aim of the workshop was to sensitize the Juma’at Imams on the role they can play in promoting family health through their sermons. This resulted in making a great impact on the people because of their closeness to the general populace, their role, and status they hold in the society. Each Imam is estimated to have an average audience of 1,500 people each week.

Adamawa state has replicated the training for 200 Imams in their state and Katsina state has trained 300 Imams in their state. Bauchi state trained 210, Garko in Kano replicated for 120 Imams. The direct and indirect training reached 1839 Imams who are expected to reach a total of 2,758,500 people on weekly basis.

The Imams were exposed to the following among other things:

- The importance and necessity of being current in contemporary affairs and using this current knowledge in their Friday khutbahs (sermons)
- The techniques of appreciating and drawing closer the youth as the most valuable asset of the Islamic community;
- The importance of family health in promoting a healthy Muslim family and healthy Islamic Community and how, within the limits of Islamic principles, to promote safe motherhood, fertility improvement and child spacing;
- Self-reliance, skill acquisition and development as necessary in safeguarding the honor and dignity of the institution of the Imam
- Understanding and appreciating the immense unparalleled influence they exert on the entire Muslim community, especially in their weekly Friday Khutba (sermons) and how they can use these khutbahs in re-orientating and shaping the attitude of the Islamic community;
- How to organize effective engagement sessions in an effort to promote education;
- Appreciate their involvement in redressing the unacceptable maternal mortality situation;
- How best to address the issue of reducing infant and child morbidity and mortality among Muslims.
- The techniques and necessity of curbing and addressing the scourge of HIV/AIDS in the overall interest of the Islamic community;
- The importance of using current technology in daily affairs;
- The importance and benefits of using Alternative Dispute Resolution (ADR) techniques in resolving disputes within their Local Community.

Impact

An evaluation done eight years after the training, found interviewees still expressing great enthusiasm about the project and its achievements. The Imams who benefited from that training still remember the substance of the workshop.

- 98% of interviewees were able to recall the elements of the workshop, though none was able to recall the actual theme hence, it was concluded that the participants recall the substance of the workshop.
- 100% of interviewees established the fact that knowledge acquired during the workshop has been impacted on their congregation and community members through sermons, lectures delivered in the school, staff meeting, community forums, public lectures, media programs, and others. In conclusion it was established that the knowledge acquired by Imams was highly useful
to the community.
- The Imams acknowledged that the benefit of the knowledge acquired from the workshop is not quantifiable given the fact that congregation during Juma’at prayers are in thousands and many programs were held on radio, television and many have been posted on the internet.

Alhaji Aliyu Mustapha – Director sharia, Borno State sharia commission and Juma’at Imam Hausari Juma’at mosque – “I want to express my appreciations for your foresight in organizing work shop for imams. Really as we are aware if religious leaders were call upon to do something which is in line with their responsibilities definitely they will not find it difficult with their followers in achieving the desired goals. Issues related to health care delivery, especially controlling the spread of HIV/AIDs after being sensitized from both medical and religious perspectives the crusade against spread of HIV/AIDs will be a success. The training workshop which was held in Maiduguri has served as unifying factor among juma’at imams with in the zone, which gave room for exchange of ideas among the participants even after the training. This is because now we all communicate and share ideas on different topics for our sermons for our various juma’at mosque across the zone. In fact, we the participants have been regarding ourselves as one and part of AHIP since the completion of the training. On my part I am using the opportunity as the Director Sharia Commission to meet with juma’at Imams and discuss issues related to HIV/AIDs and family health so that they will pass the information to Muslim umma that attend their mosque. Therefore, there is no doubt that when you task religious leaders with responsibility which relates to their followers they will succeed in such assignment. For your information a total of 9 different ministries work involves fighting the menace of HIV/AIDs including sharia commission and none of those ministries made as much impact as the ministry for religious affairs since everybody has his own religion be you Muslim or Christian no religion encourages poor health”.

“The major achievements recorded are in the areas of; youth drop out from schools. This was achieved due to the formation of the youth group many of such dropouts were reformed and taking back to school. Those not in schools were made to learn various trades. Then in relation to reproductive health and HIV/AIDs, husbands now were fully involve on the issue. Those preventing their wives from attending ANC and post natal services previously now allow them to enjoy such services. Similarly, couples or would be couples go for HIV/AIDS counseling and test before getting married which was not accepted before the sensitization.” Religious Leader (Imam) Gombe

“Religious Leader Kaduna

“Alhamduillah, there is a lot of success achieved, first and foremost, for people to acknowledge the presence or existence of something new is a success; so, this is the first achievement that people get to know this new development. Secondly, now people know AHIP, its objectives, the activities its executing and there is acceptance by the populace so this is another achievement as far as we are concerned. Thirdly, with sensitization of people we embarked upon curbing the menace of HIV/AIDS and STI’s. Maternal and Child mortality has reduced in the society. So also the rate at which husbands deny their wives to go to the hospitals because of their none presence at home has also reduced. Because we enlighten them, that, there may be some situations that will warrant their wives to be taking to hospitals with or without their permission as enshrined in the holy book. Apart from that, we have not been relenting in sensitizing and mobilizing the populace on the issue of girl child education. This is because Islam permits the
girl child to be educated in both Islamic and western education. These are some of the benefits derived from the training workshop”.

Religious Leader Katsina

“Alhamdulillah we have not relented in that regard that is to say, we have been sensitizing the populace on the need for husbands to take adequate care of members of their families health wise and for children to be respectful of their parents. Similarly, we also sensitize parents to ensure that they enroll their children into both western and Islamic schools to ensure moral upbringing of their children. Accordingly we have also been emphasizing the need for Muslims to unite themselves and be their brother’s keeper at all times by embarking on communal efforts – for the development of their various communities. Moreover, I also fulfilled my promise to liaise with youth to ensure they formed groups in order to be helpful to themselves and their communities. Equally, I also use the mosque I am leading during Juma’at sermons to sensitize the congregation on family health, it’s impact and how it affects the populace.”

Religious Leader (Imam) Gombe

“Thank you for this question and coming all the way from Kano to meet and ask of our success concerning the training you organized for us (Juma’at Imams) sometimes in Madugun. In fact from the time we had that training to this present time, We have not relented in impacting knowledge and information we got during the training to our people through our weekly sermons. The reason why we took it upon ourselves to carry this message to our Muslim Imams and congregation is because HIV/AIDS is real no doubt about it. In addition to that, all the topics treated ranging from safe motherhood, maternal and child care to drug abuse which are realities in our communities have been featuring in our sermons and we will continue to do that until the Muslim umma are fully sensitized.”

Alhamdullahi Yobe.

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<td>1</td>
<td>Imam Isa Ibrahim Aliy Arzai : I really benefit from the workshop organized by AHIP and we share the informed ideas to our congregation during sermons. As a result, people are now visiting hospital and accepting polio unlike some years back.</td>
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<td>Sheik Muhammad Falalu Dan Almajiri: Knowledge is light, and whenever brightness of the light increases more creative ideas will emerge and thus benefit the humanity as a result. Many people have benefited a lot (including me) from the information shared during AHIP workshops. AHIP has trained and retrained many people on different beneficial programs which I am part of the beneficiaries.</td>
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<td>Imam Aliyu Salihu Turaki : We have actually shared the knowledge that we acquired during the workshop with congregation. In the last ten years people were not cared about patronizing health practitioners or hospitals, you will find somebody who is sick but he don’t know the exact disease he is suffering from, but now people knows the important of visiting hospitals as a result of enlightenments in the mosques and other religion gatherings.</td>
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<td>10</td>
<td><strong>Imam Kabir Badamasi Dantaura</strong>: Health talk is for all; the Imam and followers. The majority of people in our society know how to prevent themselves from different diseases and who to channel health complains to.</td>
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<td><strong>Alh Abdulateef Emiabata, Ansarudeen</strong>: All AHIP workshops attended are full of benefits; these include health and socio-economic matters. The knowledge acquired serves as a catalyst for enhanced quality of life. We include contemporary matters (like health) in our sermons and implore congregation to visit medical experts in accordance with Islamic rulings. And we have seen many positive changes in the society.</td>
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<td><strong>Imam Saminu Ibrahim, Dorayi</strong>: Before people are ignorant of visiting hospital because they inherit some traditional medicine from their forefathers but now everything has changed, the type of food that their forefathers are eating before is not the same with the one they are eating now, meaning that what cure their (forefathers) diseases before may not cure our own now. Through this explanation people now realize the importance of visiting hospitals. I was the person that suggested that those people who are going out for polio should hold sweet or biscuit in other to call the attention of children to accept the polio, likewise detergent or soap for pregnant women. And I challenge them why are they not supplying malaria and typhoid medicine for free since there is no any single house that are all free from such disease.</td>
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<td><strong>Sheik Sani Shuaibu (Rtd Judge)</strong>: Before the training, the number of marriage cases in our court is high, if there is 30 cases at a court 25 is all about marriage but now the level has reduced drastically. We formed an association called (KUNGIYAN YADDA ADDININ MUSULUNCI GA MANYA A KARKARA) the association is charged with the responsibility of enlighten adult in the rural areas within the 44 local government in Kano, about religion, marriage, health etc. We are through with more than ten local government areas and we will still continue insha Allah. Under Shanono local government, a community called “sauri” we found a 50 year old and above persons who cannot recite FATIHA and we were able to put them through, this is the success that I can remember for now.</td>
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<td>Imam Muhammad Bello Doma</td>
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<td>Imam Yahaya Adamu</td>
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<td>Imam Abubakar Lamido</td>
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<td>Imam Abubakar Abdullahi</td>
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<td>23</td>
<td>Imam Yusha’u Abubakar Dutse</td>
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<td>Imam Bala Musa, Kazaure</td>
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<td>A lot of youths have changed from bad to good; many young hawkers and dropped out students have been reintegrated back to schools and many drug users have been rehabilitated through classes we organized for them.</td>
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<th>Imam Muhammad Auwal Muhammad, Ringim</th>
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<td>There are several success story identified in the society such as: reduction in maternal death, drug abuse and unnecessary gathering which causes problems in the community. Young boys and girls are more concentrated on education as a result of sensitization from religious leaders.</td>
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<th>Imam Iliyasu Yusuf, Madinatu Dutse Raju</th>
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<td>It is of great benefit to include health messages in sermons; many listeners from the community, passer-by, and travellers will spread the information within their households and subsequently manifest positively in the society. Among others, reduction in maternal death, pre-marital sex, drug abuse have been part of the outcomes. And we have encouraged medical tests before marriage for the couple.</td>
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<td>From lessons learnt from the training, we Imams understand the importance of medical tests and its need in marital life. Therefore, we have forwarded our request to the State House of Assembly Jigawa. And the bill to formalise medical tests as part of requirements for marriage in the state is on the second reading.</td>
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<th>28</th>
<th>NaibiShehu Bala, Kazaure</th>
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<td>As a result of the sensitization during sermons, people have understood health matters and level of stigmatization of Survivors, HIV/AIDS victims, maternal problem, drug abuse and children diseases have reduced in my community.</td>
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<td>29</td>
<td>Imam Naisrudeen Adam</td>
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<td>30</td>
<td>Imam Mukhtar Gege</td>
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<td>31</td>
<td>Imam Usman Bature Ashura</td>
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<td>32</td>
<td>Imam Abdul Muddalib Yahaya</td>
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<td>33</td>
<td>Imam Bala A. Yahaya</td>
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<td>34</td>
<td>Imam Muhammad Sani Kerau, Katsina.</td>
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<td>35</td>
<td>Mallam Dayyabu Liman, Katsina</td>
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<td>36</td>
<td>Justice Isa Muhammad Dodo Rtd, Katsina</td>
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<td>37</td>
<td>Imam Abdullahi Yakub Liman, Rabia–Gusau.</td>
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<td>38</td>
<td>Imam Ahmad Umar Kanoma, Gusau</td>
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<td>39</td>
<td>Imam Lawal Muhammad Sani, Kasuwar Daji, Zamfara</td>
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<td>40</td>
<td>Imam Muh’d Kabir Umar, Al-Uthaimin Islamic Centre, Gusau</td>
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<td>41</td>
<td>Imam Musa Sidi Attairu, Sokoto</td>
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<td>42</td>
<td>Malam Aliyu Muhammad GidanKanawa, Sokoto</td>
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<td>43</td>
<td>Mallam Bello Musa, Sokoto</td>
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<td>44</td>
<td>Waziri Muhammad Bukhari Ladan, Sokoto</td>
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<td>45</td>
<td>Imam Musa LadanMungadi, Argungu</td>
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<td>47</td>
<td>Imam Usman Usman, Birnin Kebbi</td>
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<td>48</td>
<td>Dr Usman AbubakarDamana, Kebbi</td>
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<td>49</td>
<td>Imam Muntaka Muhammad Bilbis, Kaduna</td>
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<td>50</td>
<td>Mallam Hassan Idris, Zaria</td>
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<tr>
<td>51</td>
<td>Sheikh Uthman Danladi Keffi, Kaduna</td>
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<td>52</td>
<td>Imam Shuaibu Adamu, Dan Magaji, Zaria</td>
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<td>53</td>
<td>Imam Badamasi Umar, Minna</td>
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<td>54</td>
<td>Imam Umar Farooq Abdullahi, Bosso Estate, Minna</td>
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<td>55</td>
<td>Imam Idris Muhammad Idris, NETACO, Minna</td>
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Dr Salau Sule Omotoso, Minna
Success stories includes; domestication of the training for remote Muslim Community has promoted family health; and, the notion that many children mean more wealth, more popularity, and the prophet will be proud of them in the hereafter has been clarified that the Prophet sallallahu ‘alayhiwasalam will not be proud of hooligans, drug addicts…but well brought up children with Islamic teachings.

Imam Salman Adam, Ankpa, Kogi State
Young scholars have been equipped with knowledge acquired during the workshop to be current in the contemporary issues, and it has been the practice in the state. Many young Scholars have adopted the style of including contemporary issues, especially, health talk, in the sermons and other religion gatherings.

Imam Musa Abdullahi Galadima, Okene
Education for all is very important in the progress of our society and it was well stressed during the training organized by AHIP. Therefore, I make sure some orphans or neglected children in the state are cared for and introduced to schools, both western and Islamic, and preached to other people to emulate such action. This is part of my success stories.

Imam Zubairu Kayode Ibrahim, New layout, Lokoja
Improved relationship of Imams in Kogi state and it’s environ is the first notable success of the training. Secondly, family health has been promoted due to relentless efforts of Imams reminding the congregation every Friday and other religion gatherings about its importance.

Hon Hadi Imam, Okene
Many people have been rehabilitated and issue of stigmatization in relation to HIV/AIDS victims and survivors has reduced.
<p>| 61 | Imam Idris Abdullahi, Lokoja | Reduction in the rate of virus and other diseases in the society. With sensitization carried out by me and other Imams in the Mosques, radio and television programmes people have understood the menace of HIV/AIDS and STI’s as well as child and maternal mortality has reduced in the society. |
| 62 | Imam Muhammad Yahaya Tanko, Lokoja | Safe motherhood has been established and Imams are more skilled in sermons presentation. Apart from that, we have not been relenting in sensitizing congregation on the issue of child education both Islamic and western. This is because Islam encouraged every child, irrespective of sex, to be educated in both Islamic and western education. |
| 63 | Imam Muhammad Bashar Usman, Ilorin | Institution of health committee that provides free medical services was a great success and it has promoted family health and significantly reduced complications during birth in our society and its environs. This achievement was as a result of the sensitization during Jumu’at sermons using religious evidences to support health talks. |
| 64 | Lawyer Adam Toyin Jamiu, Ilorin | The outcome of the workshop contributed and promoted the idea of sermon of been translated today in Ilorin and its environs. People tends to appreciate Friday sermon more than ever in our society because when it is translated every listeners will understand, and human value what they know or understand. |
| 65 | Dr Ibrahim Yusuf Abubakar, Ilorin | We learnt a lot from the workshop...our opinion today is been guided by Quran and Sunnah taking contemporary issues into consideration. |</p>
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| 66 | **Dr Abdulganiy Akorede Abdulhameed, Ilorin**  
The workshop has exposed Imams to significance of family health and its influence on Muslim community. We are sure that family health is evidenced by the Quran and Sunnah and it is wrong to conclude that it is western ideas in as much it is not against the sunnah of our Prophet (peace and blessings of Allah be upon him). With the lessons learnt from the training, the sunnah to proclaim right of women and support the voiceless, we have sensitized our Muslim community in different gatherings on issues surrounding family health and importance of child education and peaceful marital life. |   |
| 67 | **Mallam Ibrahim AbdulKadir, Ilorin**  
Addition of health talks and other contemporary issues in our lectures has made sermons more understandable and appreciated by people. And the ideas has been facilitated by the workshop organized by AHIP, Kano. |   |
| 68 | **Alhaji Ibrahim Ali Al-Imam, Ilorin**  
We were asked to sensitized congregation during sermons in the language they understand by the end of the workshop which we did. Sermons were presented in the language congregation understand, and it is now has more impact on Muslim community that we got feedback and questions after from them unlike before. |   |
| 69 | **Imam AbdulQodir Muhammad Jumu’at, Ilorin**  
Basically, among other benefits noticed, people know the value of their health as a result of the enlightenment on different medias and women rights in Islam has been propagated and more protected in our community. |   |
| 70 | **Mallam Shuaib Ishaq Al-Jiyely, Ilorin**  
The knowledge of contemporary issues is very important in every Friday sermons to benefit the listeners. This is one of the lessons learnt from the workshop. The usage of modern technologies in updating knowledge, and our care for the followers have kept us united and led to conversion of non-Muslims to Islam. |   |
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| 71   | Dr Abdur-Razzaq Mustapha Balogun Solagberu, Ilorin  
*Our tradition after the workshop is that we print and file our sermons for ease of access by congregations and interested researchers and this has helped us a lot.* |
| 72   | Dr Abur-Rahman Ahmad Al-Imam, Ilorin  
*The workshop really benefited us all. One of our successes is that we (participants) remain united that up till now we share informed ideas. And we work together on similar activities.* |
| 73   | Imam Aliyu Abdullahi, Telex, Tundu Jukun, Zaria  
*We have started sensitizing we have not been relenting in educating our people during our weekly sermons and we try to educate our friends (Imams) on the issue of HIV/AIDS, STIs and the likes . The reason why we took it upon ourselves to carry this message to our Imams in the state is that we should love for other what we love for ourselves; since we have benefited from such programme we should let other benefit from us, thus, informed messages about family health circulated.* |

**Conclusion on Topics of interest to AHIP**

The training was not to train Imams on their duties or responsibilities because some have been doing a very good job for over 10 to 30 years before the said training. However, they were reminded of those duties and responsibilities and how to use their work on the Mimbar (pulpit) to promote the health of families and communities by their preaching.

The papers presented on *youths emphasized* the fact that (1) clear social goals and visions must be set for and by the youth or support then to set a goals for themselves. This is the only way they can grow with a sense of purpose and commitment to the goals and values of the Ummah. This involves Imams drawing the youths closer to them and understanding them and their issues properly. (2) The youths must be provided with proper role models, the ideal-examples, from whom they will emulate and re-model their lives. Such models will guide their conduct and behavior at all times. (3) A conducive environment with full employment must be created which will make it difficult for the youths to descend to negative vices, drugs, political thuggery etc. (4) The mosque can serve as a center where people are helped to find jobs and where modern facilities that will attract the youths are fully provided and installed. (4) The gap between the elders and the youth must be bridged, otherwise mutual mistrust and misunderstanding between the old generation and our youth will remain.

Finally, all the papers on the Muslim youth emphasized the fact that the youth is the most valuable asset of any community. The Muslim community cannot afford to ignore this vast resources of the community. The entire future of the community depends on what nature of
youth, the community is able to nurture. It is not enough to blame the youth for lawlessness and lack of respect for elders. The problems of the youths must have emanated from the mistake and faults of the elders. It is said that when the older generations lost their bearings, the younger generations are also lost with them.

Issues Relating to **Reproductive Health** and the Role the Imams can Play in Arresting Maternal Mortality and Reducing the Suffering Women undergo in Childbirth. Discussions on these issues, was led by experts, in all cases, consultant obstetrics and Gynecologists attracted the most interest and attention of the Imams. All issues relating to Reproductive health were raised and discussed. Emphasis was laid on,

(a) The care of the pregnant mother. The discussion here focused on the need to provide balanced diet to the pregnant mother and to make sure she attends the antenatal clinic regularly and as recommended by the experts.

(b) The need to mobilize the community towards eradicating the three delays that affects pregnant women

(c) The need to go to the hospital immediately labour begins to avoid losing any of the two, i.e. the mother or the baby.

(d) The need to delay conception and child-birth until when the girl/wife is physically and emotionally mature to avoid complications during delivery. This raised the issue of early marriage, which all the Muslim scholars agree is not prohibited by Islam as long as the consummation of the marriage will be delayed until such time when the wife is mature enough and capable of sexual intercourse.

(e) The need for proper care for both the mother and the child.

(f) The permissibility of spacing your children in such a way as to give enough room for the mother to fully recover from the previous childbirth and the child to enjoy properly the care and attention of its mother.

(g) The need to study and understand the nature and types of Sexually Transmitted Diseases (STD) and how the Imams can help in curtailing them.

At the end of the presentations and discussions on Reproductive Health, the Imams appreciated the issues raised and promised to sensitize the Muslim community in their various mosques on the importance and why is necessary to take the issues of Reproductive Health as matters of priority in checking and reducing maternal mortality.

**Educating the Imams on HIV/AIDS and how they can assist in fighting it.** Presentations were by experts in the field: the Imams appreciated the facts that;

(a) HIV/AIDS deserves the concern and efforts of each and every one of us. It is a scourge that affects each and every member of the Muslim community. If it has not affected one directly, it must have affected his relation, friend or even a neighbor or just someone they know.

(b) The spread and contraction of HIV/AIDS does not stop at sexual intercourse alone. There are so many innocent ways of contracting the disease.

(c) People living with HIV must not be stigmatized and rejected. Even if they contract the disease through some illegal ways. They are still our Muslim brothers and sisters. They deserve our sympathy and care.

(d) It is in the interest of the individual and the Muslim community at large that tests be carried out on intending couples before marriage, to avoid the spread of the disease and to protect innocent unsuspecting family members. The Imams agreed that it is even part of the principles of Islamic Family Law that you ascertain the nature and status of your intending partner in marriage before committing yourself.

The interviews for evaluation found that the training had helped the Imams to improved family health, rate of girl child education, promote women rights through informed sermons presentation of the Jumu’at Imams. The interviewees expressed great enthusiasm about the
project achievements and appreciation for Adolescent Health and Information Projects (AHIP) and donors with hope that similar training will be conducted soon.

**Recommendations**
- Refresher training is strongly recommended
- More young people and women scholars participation is recommended
- Communication with participants keeps them reminded

**Lessons Learned By Imams**
- A lot was learnt about complications of pregnancy and the rate of maternal mortality in Nigeria and Kebbi in particular. And also the importance of addressing the issue.
- It was really touching to learn about the suffering of pregnant mothers and the importance of ANC.
- Participants were taught how to network with other religious leaders in order to address RH issues.
- More light was shed about various STDs and how to prevent people from contacting various diseases and the importance of communication between couples.
- Participants were enlightened on vulnerable groups particularly, women and children and the problems they face.
- More information was shed on child spacing and it’s benefits.
- Before the training people were afraid of associating with HIV positive people, but now they know how to associate with them in different ways without contacting the virus.
- The role of leadership and quality were reinforced and this has served as an eye opener.
- More knowledge about abortion and how to prevent it from happening either spontaneously or induced, particularly amongst young unmarried girls.
- More enlightenment on ways of reducing drug/substance abuse in the community and also how to improve education in the community.
- Lessons on the importance of communication and different methods of involving people in trying to resolve an issue through proper advocacy, mobilization and networking.
- Going to the hospital to see the doctor when ill is the best rather than taking drugs without doctor’s prescription.
- Educating the family and society is the best way of increasing development.

**Challenges**
- These trainings are cost intensive
- Planning for the training must be within the Imam’s free time that means avoiding Thursdays and Fridays and working on Saturdays and Sundays

**Lessons Learned by AHIP**
- The Imams also need information, evidence, and to understand the rationale for programs.
- We must not take things for granted and assume that people understand what most programs aim at achieving if they have no understanding of the issues.
Summary of Communique and Resolutions
Communique issued at the end of the Five Weeks Training Workshops organized and funded by the Adolescent health and Information Project (AHIP) with the collaboration of the Centre for Islamic Legal Studies (CILS), Ahmadu Bello University, Zaria and the Jama’atu Nasril Islam (JNI) for Juma’at Imams from the Northern States of Nigeria and the Federal Capital Territory (FCT) Abuja, held between August 18th to September 21st 2006.

Preamble
Three Hundred and Fifty (350) Juma’at Imams from the Northern States of Nigeria and the Federal Capital Territory (FCT) Abuja attended the training workshop organized by AHIP with the collaboration of the CILS/ABU and the JNI at Sokoto, Katsina, Maiduguri, Bauchi and Minna. The main theme of the training is “The Role of Juma’at Imams in Promoting Family Health.” Six sub-themes were identified, papers presented and discussed on them;

- The Pre-requisites of an Imam
- The Imam as the Conscience of the Muslim Community;
- The Technique of Developing and Delivering Khutbah (Sermons)
- Reproductive Health and Family Health Problems and the Role of the Imam in solving them
- The Scourge of the HIV/AIDS Epidemic and the Role Imams can play in arresting it
- The Problems of the Muslim Youth and the Role the Imams can Play in Solving them.

Observations
Scholars and Imams from all walks of life were invited to prepare and present papers on the theme and the sub-themes as listed above. Over 15 different presentations were made. After exhaustive discussion of the issues raised, the following observations were made;

1. That the office of the Imam is of paramount importance in the life of the Muslim Ummah. For the Imam to play such crucial role properly, he must possess these basic three qualities;
   - Sufficient and Adequate knowledge of Islam, the Qur’an and the Sunna, knowledge of contemporary issues affecting the Ummah and Islamic Jurisprudence (Fiqh).
   - High Moral Integrity, pleasing personality, good appearance and physical and emotional stability
   - Self-Reliance and the good sense of and commitment to social responsibility.

2. That in most cases succession or inheritance and not merit is followed in selecting Imams especially in our traditional cities thereby sacrificing and compromising quality and knowledge.

3. That most of the sermons (Khutbah) being delivered on Fridays are outdated and not relevant to our current situations.

4. That the mosques are not properly utilized. The real functions of the mosque are not performed. The mosques are not well maintained and they lack basic facilities necessary in our contemporary world, i.e. good and functional toilets, water supply etc.

5. That the Imams have a role to play in promoting family health and in sensitizing the Muslim Umma in arresting the spread of HIV/AIDS and in also reducing maternal mortality.

6. That the Imams can play a very important role in re-orienting the Muslim youth who is presently far away from the Islamic moral values.

7. That Imams can assist in settling disputes among their followers through ADR (Alternative Dispute Resolution) method, thereby minimizing cost and delay that are bedeviling our law courts.
8. That the Imams can help in promoting women’s rights and respect to women and children through their constant sermons and admonishing.

9. That it is permissible under the principles of Islamic law to conduct HIV status checks before marriage by couples intending to get married.

**Recommendations/Resolutions**

Following the above observations, the workshop resolved and made the following recommendations;

1. That Imams must review their Khutbah (sermons) to reflect the current situations and problems facing the Muslim Ummah.

2. That the appointment of Imams must be based on merit and not on hereditary basis.

3. That the proper role of the mosque as a center of learning and community mobilization must be restored.

4. That Imams must strive to know and understand the contemporary world politics and on local politics so as to give a more effective leadership in their mosques.

5. That our mosques must be re-designed to contain modern facilities that can make them more attractive to our youths and the generality of our umma, i.e. must be fitted with good and functional toilets, a place for women reserved at the back, a bookshop and a library etc.

6. That the Imams must sensitize the community to appreciate the importance of healthy family in the physical and emotional development of the Ummah.

7. That it is necessary to allow our women, especially pregnant mothers to attend antenatal and post-natal care clinics as a measure in reducing maternal mortality.

8. That in Islam, it is permissible to conduct checks and screening before marriage so as to avoid the risk of contracting HIV/AIDS.

9. That the Imams must device ways and means in making our mosque youths friendly so as to attract them.

10. That Guidance and Counseling centers and Dispute Resolution centers be set up in each mosque.

11. That Training Workshops like this one be organized annually or at reasonable intervals for the continuous education of the Imams.

12. That a National Imams Council be set up which will look after the interests of the Imams and the Ummah in general.

13. That the Imams should call on the community to show concern and accommodate people living with HIV or AIDS and stop stigmatizing them as this send them to our enemies in their quest for care and attention

14. That it is absolutely necessary for Juma’at Imams and in fact all other Imams and religious scholars to be self-reliant and maintain a trade or business to safeguard their dignity and honour.

Finally, the participants registered their thanks and appreciation to AHIP who took the responsibility of funding the entire programme. It is also hoped that AHIP will in the future continue its support to the Council of Imams that is coming up very soon.

All Praises are to God, the Almighty Who guide us to organize the Training workshop and through Whose Assistance and Mercy, we were able to successfully conclude it.

Signed Chairman Secretary
CHRISTIAN CLERICS

Introduction
A pastor is the spiritual leader over a group of people or congregation. He furthers the work of the church while leading others into a growing relationship with God. A pastor can practice within a specific concentration, such as working with children, overseeing a ministry or serving as a senior pastor. The Christians a pastor is a Preacher, a counsellor, a marketing tool, and he is that person who directs the church’s vision.

The pastor wears many hats but the most notable duty is the Sunday mornings preaching. Bringing the word of God to the congregation which has been entrusted to him. Preaching is a heavy burden and cannot be taken lightly. The pastors has to spend much time praying over and planning their sermons. The most important duty of a pastor is to work hard at preaching and teaching. By his sermons and his teaching, he shows his love to God and to the congregation. The duties outlined for a pastor includes administration, Christian Education, church discipline, community service, counseling, evangelism, prayer, sermon preparation, social action, teaching/preaching, visitation in the home, weddings/premarital counseling, funerals, visiting the sick, and visitation in the home, as well as others.

It is because of the pastors’ role as a preacher and a teacher that AHIP targeted them for interventions just like the Imams to help in promoting Family Health, reduce maternal mortality, and address issues that affect young people.

Methodology
Eminent Christian scholars, Senior Pastors, and medical practitioners presented papers on the planned topics. All papers presented were discussed, the new concept of ‘Open Space’ technology was also introduced and applied in the last day of each workshop. The ‘Open Space’ technique afforded participants the opportunity not only to introduce their own issues or issue they felt were not adequately addressed in the sessions during discussions. Participant also becomes the convener and led others in discussions of on the topic or issues without any restriction as to what topic or number of persons involved. At the end of each training session delegates wrote and adopted a communiqué in which observations were made, and resolutions passed.

Strategy
“The Role of Pastors in Promoting Family Health” was the theme of the Workshops. The pastors’ training was slightly more interactive as there were more discussions and a lot of issues came out. There was more discussions and experience sharing sessions. The topics addressed were similar to the ones with the imams. The initial training was conducted in the AHIP Institute for Human Development using a Peer to Peer Presentation. The main CAN members and senior pastors in Kano attended the first training. Subsequent training were conducted by AHIP staff who facilitated for pastor in rural areas. The rural workshops were attended by Pastors, their wives and women church leaders in batches of 50 persons in each training session. The trainings were done in four local government clusters, with participants drawn from 16 local government areas. The workshops were aimed at empowering Pastors, their wives and women church leaders with life building skills in order to impact factual information to the adolescent, women and children in their parishes.

Topics addressed included:
- Relevance of Pastors to the church members,
- How to prepare a Sermon;
- Women’s Right in Christianity;
- Reproductive Health and all its components;
- STIs and HIV/AIDS;
- Male involvement in Reproductive Health,
- Violence Against Women;
- Vulnerable Groups;
- Importance of Child Education to Nation Building,
- Alternative dispute resolution,
- Role of Pastors in developing the youths.

### What Has Been Done

AHIP trained 209 Pastors and 231, Church leaders, and young people over 3 years in Kano states. AHIP organized the training for pastors in collaboration with Christian Association of Nigeria (CAN), Kano. The old generation pastors, the new generation, and Catholic priests were adequately represented at the training in Kano. ECWA and other churches dominated the trainings in the rural areas. This comprised 16 LGA and trainings conducted in 4 zones.

The main aim of the workshop was to sensitize the pastors on the role they can play in promoting family health through their sermons which will result in making a great impact on the people because of their closeness to the general populace, the role, and status they hold in the society. Each pastor is estimated to have an average audience of 200 to 500 people each week.

Each participant has a minimum of two hundred members under him, because when asked to estimate how many people attend their church, the total number was at least 42,000 members. They meet this number of people at least twice a week and each of this people have at least 3-4 people in their family, if you multiply 42,000 by four, it will give at least 210,000 people a week, and it continues like that, so you can imagine the multiplying effect. This number is only for Kano metropolis pastors that were trained in the AHIP Institute for Human Development.

### Impact

**Rev Linius Barau**

“What I can remember is the training on HIV/AIDS, how to get affected, how to get infected and the rest. We talk about personal hygiene child spacing, I tell them how to take care of their children, how to take care of their family.

I also got informed about family planning, how to go about it, its advantages and why we should practise it. I was able to understand that couples have to know each other and understand their body system especially that the woman should be aware of how her body works and the patience the husband should have during sexual intercourse. Family planning boost the immune system of the couple, keeps them fit and strong. Though church does not agree artificial infusion of
family planning because of the chemical reactions it starts in the body making the woman increase in body weight and size, which discourages her spouse romantically but we encourage the natural means. No knowledge is wasted at all except for the ignorant person. The knowledge gained from the training has helped me health wise personally, its been part of my everyday life and especially in my sermons because what i do is what i tell my congregation. I have used this number to affect the lives of quantum of people especially in Christ the King Church (CKC), Dutse right now. Presently i have about 1000 regulars, had 500 regulars at Christ the King Church (CKC), Hadejia here in Kano before I was transferred. I talk to them about them every time i get the chance. No association was formed. I have spread awareness so much that there was this person who got infected with this HIV. This led to rejection from family and friends so i had to intercede and supervise his visit to the hospital. I also made sure that i talked to the family members to stop discriminating and enlightened them .I have also been able to tell people about the importance of getting tested and to be aware of their status. For infected persons, i try to tell them not to be afraid of their condition, as they are aware they can manage the ailment. I have even made it an ongoing rule for unmarried couples to get tested before marriage. If not i won’t join them to be married”.

Pastor Ayok Echidi

Actually I remember as soon as the called the name of the organisation, yes we were trained on HIV, how to prevent t from contact the epidemic, how to actually take care of yourself and so on. I actually educated my people about it, I told them it’s not only by sexual intercourse .I told them that one can probably contact through blood transfusion, use of needles and told them that everyone of them need to be careful, even the men I told them to be careful in barbing their hair, that they have to tell their barber to sterilize those equipments. i was using it on my day to day sermon of course you know, when you go to a training and get a knowledge ,you have to pass it to the others. Actually you know since then I have met a lot of people I cannot estimate the number at all, they are plenty. I have not formed any group but individually I talk to people, I only use that on the altar and sermon and one or one discussion. I was able to impact a lot of people. I even told them that those that are infected should not feel victimised that there is still hope. I even told people that those who have HIV can even live longer than those that don’t have because its not the sickness that kills, it is the fear of victimisation carelessness and trauma. This is because the infected person who start feeling bad and asking why did I get infected ‘ and then before you know it the person would become traumatised. So this is why people die. I was able to tell them that these are the reasons why infected people die after all there are people who live more than 30 years and yet did not die. I also told them that loss of hope is responsible for their death and this would make them develop other diseases that would kill them. You know when you talk to people about this HIV, what they would be hearing outside is different .the food of an infected person is infected. If you eat balanced diet, the disease would not have plenty chance. Through the training, I was able to learn that there are guidelines that infected persons should take so that they can live longer in life. I have been reminded now to keep talking to people again. I have not attended any other training.

Pastor Enoch I. Achi

We were trained on HIV/AIDS, how someone can get contacted, and how we can take care of person that contact it, how you can prevent yourself from contacting. How to take care of a pregnant HIV positive person, the treatment to be given to such person so that the unborn baby won’t be affected. I was serving in a mission house; the training really helped me a lot. The people where I was serving then don’t believe in going to the hospital, they believe in traditional cure. So then I was able to talk to them so that whenever they are ill, they go to the hospital to get professional help. I use the knowledge during sermon. I was talking to a lot of people in the church. The people that acquired the knowledge through me are very plenty. Even till now I still pass the knowledge. Then we had a small congregation of 75 people in number. The message got to all these people. We have talks on Sunday during sermon, I organised small talk show during midweek services and I personally go to people houses to talk to people to open their eyes in regards to what is happening.
I also remember one girl who paid a visit to town and contacted HIV. I moved closer to the girl and was guiding her on how to take care of herself, encouraged her to go to the hospital and she did.

Pastor Emmanuel Jaro
The training was at Tofa, if I can remember well that is ECWA pastoral training school somewhere around Tofa. We discussed on HIV and the training has taken place long time that is like ten years now. Actually the training helped me a lot. I still remember the discussions we had, the people that I come across every day, I usually enlighten them especially those that have HIV/AIDS. I speak to people especially on HIV/AIDS that they should run away from all these immoral acts.. I can’t really estimate the number of people i have counselled, anytime I get the chance to talk to people honestly, I do. Right from that time till today, the benefit is still great. I counsel, teach and advise people.

Rev Umar Shata
The training was on good health, about HIV to the advancement to AIDS and a way to understand when there are other symptoms of sickness and if it is related to HIV (HIV related sickness) and how, it start and how to detect. We were made to know it is ok to mix up freely with an HIV patient and show them love and we were told not to stigmatise them as we can’t contact HIV or AIDS through talking hugging, shaking hands, sleeping on the same bed or even eating together, except by contact with blood or semen from the body of an infected patient/person.

Just as we were taught we were also able to make others aware of the sickness, how it can be contacted, how it can be spread from one person to another, we were also able to let the people of the community know about care to be taken and how to relate with others that are infected with HIV to avoid blood transfusion from an infected person. I can’t really give a particular number or statistics of people, but there has been an outcome of plenty people whom has been affected positively by our knowledge even the members of the church including men and women fellowship of ECWA even those that are not members of ECWA. We gave an open announcement to all that were thought during the training to go back to their various places and teach the people around to spread the news further. I have not attended any other training since then.

There was somebody in the church community that was infected with the HIV and when the people around him found out due to lack of knowledge he was stigmatised by the people which affected his health seriously, but after this awareness program to the people, the people were able to understand the way to treat him and relate with him without getting infected. The people were able to understand the way to treat him and relate with him without getting infected. Therefore the people’s behaviour changed positively and this caused a great change to his health (positive change)

Pastor Joshua Yusuf
HIV/AIDS, child spacing, and infertility lot of thing I think I jotted them down I just pick the pamphlet this morning to check I think is on the 11th and 12th November 2007. As of then I was at Kibia local government when I went back I was able to create awareness to members on area of child spacing and all the preventives measures to take towards HIV/AIDS, to enlighten them on it. Didn’t use it not in preaching we create a forum. I didn’t create a group I only call on people around and we discuss on it on the impact of what we receive.

As of then I guess I talk to up to 20 people. I empower them I call them together and some of them were also in the meeting so we call those that we not part of the meeting to enlighten them.

Actually, there was no any HIV victim around where I was so the basic thing was just child spacing and it also help them actually. It has been long and I left there for long I left the place 2013 but this issue of child spacing has help the women there. I gather all the women in the
church and I make use of the opportunity to talk to pregnant women to give them some counselling on ways how they will take care of their self and even after the give birth and the period they should leave before having another child. They still do it up till now. No I have not had any other training expect this one.

ADO DANLAMI GANI
I recall some of the thing we were trained then child spacing and HIV. It’s been long that is the only thing I can say.
Concerning the HIV, you know we have youth among us so we use to talk to them about HIV and how to take care of them self and they have seen so many people suffering with HIV and some have died so they are more conscious of them self and not to have premarital sex before marriage.
We normally talk to people on child spacing here you know our people have little education on child spacing here but, now all women are doing so because they know it. I can’t remember how many people I was able to reach but I talk to, so many people.

LYATU DANIEL
We were taught so many things but I will talk on HIV we were told not to stigmatized those living with AIDS and that we can’t contact it by eating playing sleep with the except through sharing of razor, barbing then if we run from them the will go through emotional trauma we should show them love. We were taught on family planning on how we women give birth

As for me I talked with people leaving with HIV not to get worried but they have the disease but to get medical attention since there are drugs available for it we do this so that they can have peace. Through daily discussion/ gist with people after the training we do sit under shade to discuss on the diseases. I talk to at least at least 100 women but, I did not form a group or association but if we meet as women we talk about it. During women fellowship I do talk about it. I did not receive any other training. The training was really beneficial to us we are very grateful. The success I can account for is that those that don’t know of the availability of family planning drugs are now aware of it and go to get the drugs.

PADI GARBA
After the training we able to talk with other that don’t have knowledge on those areas how HIV can be contacted and we were able to change people’s perception on how it’s been contacted. I can’t remember the number reached but I know I talked to so many people on what we were trained on, we discuss within ourselves after the training on issues raised during the training. I have not had any other training except for this one.

Conclusion on Topics of interest to AHIP
The training concluded with participants assessing how much information they have internalized and areas where they intend to take actions.
• 100% of the participants said that the program was very useful and educative. According to some of the participants:
  ✓ They see this program as a renewal, restoration and redirection for change and promotion of health in their communities
  ✓ . Another participant said ‘the program is a re-awakening program, it reminds them what is not done that ought to be done’
• 64% of the participants said they benefited most from the following: Violence against women, HIV/AIDs Reproductive health, Alternative dispute resolution and the relevance of pastors to the church members and also the role of pastors in developing the youths in the church.
• 36% of the participants said they benefited from all the topics discussed.
• 100% of the participants agreed that all aspects of the training are relevant, only that they wish Hausa speaking pastors should be separated from those that speak only English for more understanding.
• The participants were asked what the pastors will emphasize to their congregation. The majority of the participants seem to understand and realise the importance and also the relevance of violence against women, because almost all of them said violence against women, HIV/AIDS, women and Childs right in Christianity, reproductive health and youth development.
• Each participant has a minimum of two hundred members under him, because when asked to estimate how many people attend their church, the total number was at least 30,000 members. They meet this number of people at least twice a week and each person met has at least 3-4 people in their family, if you multiply 30,000 by four, it will give at least 120,000 people a week, and it continues like that, so you can imagine the multiplying effect. This number is only for Kano metropolis pastors that were trained in the AHIP building.

Lessons learned by Pastors
• The training has increased my knowledge on the health, development and the economic importance of family planning ‘family planning is a good thing to do.
• HIV/AIDS infected persons are not always characterized by thinness or loss of weight.
• I learnt how to live a peaceful life with people and the society in general.
• Pregnant woman should visit the hospital regularly or as recommended by health provider for the safety of herself and for the unborn child.
• Some of the pastors learnt how to protect or prevent contracting STIs and HIV/AIDS.
• Some of the pastors explained how the knowledge on gender roles has improved and now know the importance and how to take care of wives when pregnant, by providing her nourishing foods and allow her to access services. It is also very important to help family, most especially the wife when she is pregnant
• Prior to the training I didn’t know that having female children is determined by the man, I learnt that the man in responsible for the sex chromosomes that produce either male or female children in pregnancy with this knowledge I will be able to counsel families in conflict.
• I learned that when someone is infected with HIV/AIDS we should not stigmatize him or her.
• We learned how to take care of oneself and the importance of going for test when we are pregnant.
• Before I thought that when you are infected with HIV/AIDS, there is nothing you can do except to wait for death to come.
• I learnt more on infertility, causes, types and how to prevent infertility.
• I learnt that babies can contact HIV/AIDS through breast-feeding. If the mother is infected.

Lessons learned by AHIP:
• Achieving sustainability in HIV prevention requires a multi-prolonged approach which involves working with pastors and church leaders and engaging them actively in prevention programs.
• Involving church leaders encouraged youth in churches to undergo HIV counseling and testing before marriage.
• Prior to the training there are misconception about the importance of family planning
Some of the pastors and church leaders had poor knowledge on the HIVAIDs issues, maternal mortality and caring for PLWHIV.

The Pastors also need information, evidence, and to understand the rationale for programs.

We must not take things for granted and assume that people understand what most programs aim at achieving if they have no understanding of the issues.

Faith leaders can be effective in behavior change communication on reproductive health: The credibility and trustworthiness of faith leaders and the strong grassroots networks of faith based communities make them effective at behavior changes.

Challenges

- These trainings are cost intensive.
- Pastors are always committed to an assignment making it a bit challenging to bring them together for the training.
- Some religious leaders viewed the seminar on family health and HIV prevention as unnecessary for Christian and tended to disassociate themselves from it.
- The fact that we had to use Hausa to facilitate in the LGAs, because it’s not all words you have the Hausa term for. But, the participants were cooperative and supportive, genera
SUMMARY OF COMMUNIQUE AND RESOLUTIONS

THE COMMUNIQUÉ AFTER THE THREE DAY TRAINING WORKSHOP FOR PASTORS ON PASTORS ROLE IN PROMOTING A HEALTHY FAMILY

PREAMBLE
In trying to reduce to the barest minimum maternal death, the spread of HIV, Adolescent ill health mentally, physically, spiritually and socially the AHIP Institute for Human Development organized a three day training workshop to empower clergy men with factual information in order to reach the family through their place of Worship as a means to reaching out to the larger Society so as to cause a positive impact through the sermons they preach.

RESOLUTION
The Sessions were Informative and Educative
a) It was resolve by the entire Ministers that all the information received during the training will be implemented through sermons by all participating ministers.

b) The Rights of the women and children in the society will be propagated by all the ministers present.

c) Support groups for HIV positive people will be established and assisted in order to check stigmatization in the society at large.

d) Youth and women empowerment should be encouraged by the churches and government

RECOMMENDATIONS
a) The entire house therefore recommends that AHIP as a human development centre should ensure that such trainings should be heard all over the state and the country in general.

b) AHIP should collaborate with well to do individual and the government to ease the burden of the great work the Organization is into

c) On the ground of the effort we recommend AHIP for a National AWARD within and outside the state

We pray that the objectives of the program will be graced by ALMIGHTY GOD and that your aims and Objectives will be achieved in no distant time.

SPECIAL THANKS
On behalf of the ministers we sincerely appreciate the good works AHIP is doing and pray for you. Keep it up.

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Rev. Murtala Marti                 Pst. David George
CAN Secretary                   Communiqué Secretary
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