

Institute for Training and Research in Family Planning (ITRFP)  
Alexandria, Egypt

SAVING

LIVES

AT BIRTH

**A Grand Challenge for Development**

**From Opposers to Champions of Maternal and Neonatal Health**

## Egypt Study Tour on Maternal and Child Health: Katsina and Jigawa State Religious Leaders

(29 August to 7 of September, 2012)





## **Acknowledgement**

*The Workshop and Study Tour on Leadership: Maternal and Neonatal Health Care from Islamic Position, was a result of collaboration between the Egyptian Family Planning Association and its Institute For Training and Research in RH/FP, Alexandria, Egypt and the Development and Research Projects Center (dRPC), Kano, Nigeria.*

*The success of the this activity was made possible, through the combined efforts of many individuals who worked collaboratively as team and attentively the twine organizations which extended throughout the past ten years.*

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*Special thanks goes to H.E. Grand Imam of Al-Azhar Dr. Ahmad Alyeb who gave us the opportunity and met with the delegates, listened carefully to their issues, and cited to send scholars to Nigeria for education the societies there at the expenses of Alzhar.*

*Special thanks to the remarkable efforts of Professor Dr. Gamal Abu-Elserour the director The International Islamic Center for Studies and Research in Population and we would like to thank all the Center professors for their cooperation and hospitality.*

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*Last but not least, the thankful and praise should be given to the Nigerian Delegates who attended the course, were enough kind to bear the tensile course and worked all the time, were very active and interacted with all topics and without their esteem dedicated this event would not lead to success.*

### **Introduction:**

Maternal mortality is specter of frightening threat to mothers and new-borne in the early stages of pregnancy and childbirth. A stronger focus on Africa and Asia is imperative to accelerate progress on maternal and newborn health.

These two continents present the greatest challenges to the survival and health of women and newborns, accounting for an estimated 95 per cent of maternal deaths and around 90 per cent of neonatal deaths.

Two third of maternal death occur in Asia and Africa, as Nigeria and India together account for one third of maternal death worldwide, Nigeria presents the greatest challenges to the survival and health of women ad new-born.

Premature pregnancy and motherhood pose considerable risks to the health of girls. The younger a girl is when she becomes pregnant, the greater the health risks for herself and her baby. Maternal deaths related to pregnancy and childbirth are an important cause of mortality for girls aged 15–19 worldwide, accounting for nearly 70,000 deaths each year.

Early marriage and pregnancy, HIV and AIDS, sexual violence and other gender-related abuses also increase the risk that adolescent girls will drop out of school. This, in turn, entrenches the vicious cycle of gender discrimination, poverty and high rates of maternal and neonatal mortality.

Educating girls and young women is one of the most powerful ways of breaking the poverty trap and creating a supportive environment for maternal and newborn health. Combining efforts to expand coverage of essential services and strengthen health systems with actions to empower and protect girls and women has real potential to accelerate progress.

Pregnancy and childbirth are generally times of joy for parents and families. Pregnancy, birth and motherhood, in an environment that respects women, can powerfully affirm women's rights and social status without jeopardizing their health. The enabling environment for safe motherhood and childbirth depends on the care and attention provided to pregnant women and newborns by communities and families, the acumen of skilled health personnel and the availability of adequate health-care facilities, equipment, and medicines and emergency care when needed.

Communities in northern Nigeria adheres to religious faith and social legacies, Which makes the Religious Leaders are Leader in directing people to the correct rules and customs in their lives. The dRPC as always draws its strategy towards public health in general and women health in particular, they discussed with the Institute for Training and Research to design study tour and workshop for Religious Leaders from 2 states in North Nigeria namely, Katsina and Jigawa to take up the leadership on maternal and neonatal health issues and problems and act as vanguard to inspire other Religious Leaders to be aware of Maternal and Neonatal Health problems and to take action in order to model the way and talk the talk in their proclamations and teachings to correct the Islamic position on immunization for neonatal and on child spacing. A course of 10-day study tour and workshop was developed for 14 Islamic Scholars from Katsina and Jigawa States to Maternal and Neonatal Health Care from Islamic Position to aimed at:

**Objectives:**

By the end of the study tour and workshop which took place at ITRFP, Alexandria, Egypt from 29 August to 7 of September, 2012, participants became able to:

- Acquired comprehensive knowledge of the Islamic perspective on maternal and neonatal health from the point of view the Holy Qura'an and Hadeeth.
- Identified Fatwas related to positive maternal and neonatal health behaviors
- Correct information and knowledge about the causes of maternal and neonatal health and the impact of these factors on sustainable development in the regional and nation as a whole
- Learned lessons from the experience of Egypt and get an appreciation of the Egyptian model where traditional and religious leaders are positively engaged in maternal and neonatal health

- Have their leadership capacity built to make positive public pronouncements to their communities encouraging good health seeking practices in the areas of maternal and neonatal health.

**Course Content:**

The following sessions were planned to achieve the objectives:

**First: Medical Aspects:**

**Session of neonatal care:**

To raise the awareness of the most important and common medical problems during the neonatal period and early childhood.

**Specific Objectives:**

- Awareness of some monitors of child health like neonatal mortality rate, prenatal mortality rate . And to study different factors related to them in different countries.
- Good awareness of common neonatal problems like : prematurity, neonatal hypoxia, respiratory distress, jaundice, congenital anomalies.
- Feeding of well babies including breast and artificial feeding.
- Good awareness of the causes and effects of mal nutrition.
- Vaccination.
- Good awareness of diarrheal diseases and respiratory illnesses.
- IMCI program.

**Maternal Health Care:**

- Acquired comprehensive knowledge about female reproductive system, and male internal organs.
- Discuss the Female circumcision and its detriments.
- Well-known about the health care for lady pre-post pregnancy and after delivery.
- Identified the relationship between child spacing and safe motherhood

**Third: Field visits:**

International Islamic for Studies and Research Center:

- Demonstrated the International Islamic Center for Population Studies and Research Experience for promoting safe motherhood.
- Familiar with the faith based approach to population, gender issues and reproductive health.
- Demonstrated the challenges that women face in the 21<sup>st</sup> century.
- discuss neonatal care and immunization.
- discuss family planning and infertility clinic.

**MCH Governmental Centers:**

- Well-known about MCH services provided to women and child.
- Familiar with the governmental policy of MCH.
- Exchange experiences and find out which is applicable to Nigerian community

**Maternal and Neonatal Health Care from Islamic Perspectives:**

- Demonstrate health from Islamic perspective.
- Reproductive health in Islam position.
- Marriage in Islam.
- Pre-marital counseling.
- Safe motherhood and proper nutrition.
- But the same rights on the insight "child spacing" the way to take the reasons.
- Vaccination from Islamic perspective.
- Discuss 5 Fatwas on:
  - 1- Is it permissible to deposit the fetus in the womb of substitute womb, because of mother illness? Whether the substitute uterus of a woman of a monkey, or pig?
  - 2- Islamic view of Banks of sperm and olives.

- 3- What if the doctor advises removal of the uterus and there is no pregnancy after?
  - 4- What about the sterilization?
  - 5- What is the minimum period of pregnancy?
- The role of advocates in maternal and neonatal health care.
  - Discussed Fatwa in Maternal Health and neonatal care, issues from Islamic Research Academy on:
  - Islamic perspective towards maternal and child health during pre and post delivery.
  - Islamic position on the marriage of relative women.
  - Islamic perspective about women during pregnancy and delivery.
  - Mothers rights to be fulfilled by husbands.
  - Islamic perspective about abortion.
  - Islamic perspective about the child spacing.
  - Islamic position about safe mother/childhood.
  - Islam and vaccination
  - Islam and pre-marriage investigation.

**Practicum Aspects:**

- Acquired knowledge about communication and the basic components of communication.
- Defined message and how they send and receive it.
- Defined the attitude and its function.
- developed persuasive communication model matched with the identifying issue.
- Population problem, and its dimension.
- Situation Analysis by using SWOT
- Leadership (conception, characteristics, types of leadership and the successful leader)

- Advocacy process and the five dynamics of advocacy plan.
- Population and development and the relationship between population and development.

### **Workshop Methodology:**

The workshop methodology consisted of a mix of interactive training workshop sessions and study visits to learning sites and facilities.

### **The Ideal Participants:**

The ideal participants for this study tour were senior religious opinion leaders, and public health program managers engaging traditional and religious leaders in maternal and neonatal health. (List of participants is attached)

### **Trainers:**

The training core consisted of group of experts from universities, religious institutions and government ministries involved in population and MCH and neonatal as well as the technical experts of the ITREFP (see list below).

### List of trainers and experts

| No  | Name                    | Position   |
|-----|-------------------------|--|
| 1-  | H.E. Dr. Ahmad Al-Tayeb | Grand Imam of Al-Azhar   |
| 2   | Dr. Gamal Abu-Elserour  | Director of IISRC, Alazhar   |
| 3   | Dr. Usama Al-Abd        | Chairman of Alazhar University   |
| 4-  | Dr. Ahmad Ragaie        | Professor at IISRC, RH consultant  |
| 5-  | Dr. Mervat Hassanin     | Professor at IISRC, Vice director  |
| 6-  | H.E. Dr. M. Wessam      | Al-Mufti, Dar Elefta'a   |
| 7-  | Dr. Abdulmuniem Fazy    | Prof. of OB/GYN, consultant of MCH   |
| 8-  | Dr. Mohammad Dawoud     | Prof. of Pediatric, Alexandria University                                  |
| 9-  | Shiekh Sa'ad Marzouk    | Advisory of Advocacy, Alexandria   |
| 10- | Shiekh Sayed Zayed      | Membership of Fatwa Committee  |
| 11- | Dr. Fathi Abu-Ayana     | Prof. of demographic population, Alexandria University, Vice of university |
| 12- | Dr. Inas Abu-Yousuf     | Prof. of media, faculty of media   |
| 13- | Dr. Fuad El-Shiekh      | OB/GYN consultant, Residency of Bauchi Hospitals, Nigeria                  |
| 14- | Mr. A-Fattah Abdou      | Acting Director of ITRFP, Alexandria                                       |
| 15- | Mrs. Nagwa El-Dabah     | Director of Training Section, ITRFP  |
| 16- | Mr. Ahmad Shetewi       | Training officer, ITRFP  |
| 17- | Mrs. Abeer Fawzy        | Senior Accountant, ITRFP   |

#### **Monitoring & Evaluation:**

Each day's sessions were evaluated and the overall program were assessed by using M&E instruments (attached)

## **Implementation process:**

### **First: Preparatory phase:**

- Two month earlier, the dRPC, Kano, Nigeria, engaged the Institute for Training and Research in RH to carry out the activity.
- ITRFP designed and tailored the program due to the activity objectives and the participants' needs.
- All the logistics were facilitated and the both partner were communicable daily, until the visa for all participants were issued.

### **Study tour and workshop implementation:**

#### **Wednesday, 29 September:**

Participants were met at Cairo Airport with ITRFP representative MR. Ahmad Shetewi, who accompanied them immediately after the Airport procedures to Alexandria.

At 2pm they arrived to ITRFP, where ITRFP director and his staff received them, and the ITRFP management took prompt measures for residence rooms and gave them lunch and a rest.

On the Evening they met with Mr. A-Fattah and his assistants to discuss the norms and their expectations which they found it fully matched with the topics of the program schedule.

The first session was rounded up with Dr. A. Ragaie who gave an elaboration on the anatomy physiology of reproductive age for both female and male. He emphasized the necessity to ensure mother's health at stages of the pregnancy and delivery occasion. Dr. Ragaie also alerted of early marriage by giving witness of medical aspect which led to risks. He ensure the breastfeeding and its advantages. He explained the useful of vaccination of the baby against disease such as measles, polio.. etc.

He explained the child spacing from medical aspect as method to keep mother healthy and make opportunity for feeding her new baby.

### **Thursday, 30 September:**

The day began with a post conference presented by A-Fattah and discussed through the approach of how the tour and sessions would be managed. The presenter explained the approach of assessing the knowledge, skills, and the experiences that would be gained by the form (WAW) which means **Where Are We?** And this **WAW** can standardize the process of the implementation and the topics which would be discussed.

The presenter also explained an example to be good guide for participants for the next sessions or visits, this example is determined in **(5 W & H)**, which means who are they, to whom they want to reach, why, where, when and how to do all. It was very fruitful and informative and was very much appreciated by all participants.

At 10Am, participants were accompanied by Mrs. Nagwa, training director to visit an MCH Center at Amrawi district where it characterized between rural and urban. They were received by the acting director who took them to round to all the 9 units (vaccination, family planning, Antenatal, Dental, X-Ray/Ultrasound, Laboratory, Breast feeding Units, in addition to the pharmacy and Emergency unit. The participants could know from the visitors (clients) that:

- All the children in the catchment of the center are vaccinated and parents willingly accepted this practice.
- Family planning is well accepted by families as means to promote safe motherhood, economic, social perspectives.
- Dental services are rendered to both mothers and babies accordingly.
- X-ray/Ultra sound checks on the pregnant mothers and babies are readily offered.
- Laboratory investigation required by pregnant mothers and babies are readily offered as well as emergency services for them both.
- Breast feeding only is encouraged for the first six months of the child and without any substitute by water or any other artificial foods.
- All medicine and drugs required by mothers and babies are available.

- Participants observed that all units equipment/records keeping techniques are available for delivery of qualitative services.
- Participants observed also that the center includes some social services like Orphan Day for Orphan children, Literacy class for illiterate mothers, exhibition of crafts made by mothers, each family has a doctor who will be consultant for the family.

The next session was the relationship between population and development through introduction to population problem which presented by A-Fattah who furnished the participants with figures of birth rate and death rates in Egypt. Participants appreciated the presentation and showed great interest in learning the meaning of terminologies of birth rates, death rates, population growth, and immigration in and out and effects of these overall population, side effect of population growth on health care, education, security and other social services. And the equation of high growth and reasonable percentage of 2.1.

#### **Friday, 31 August, 2012:**

The day was rounded up with a session on reproductive health only, which presented by Professor Dr. Abdulmunim Fawzy who discussed on the meaning of reproductive health, female circumcision, Early marriage, and importance of vaccination. The participants were very interested in learning that a healthy woman or child is one who is free from mental, psychological, physical and social problems.

Participants were introduced also to the female circumcision which has obvious risks and complication which include bleeding, pain, sock (psychological) UTI, trauma, mutilation of genital organ.

The next session covered the topic of leadership, and planning skills which presented by A-Fattah who discussed the essential things to know if one is to plan what he wants to do, as well as assess his achievement.

Participants were very interesting in learning the meaning of comprehensive planning, and importance of implementation of plans, reasons of non-implementation of well-planned project comprise a fear of faith. Participants also could know the types of plans (short, medium, and long term. They knew the valuable targets that are planned for must be clear specific, procedural ambitious and practical. They could know that the planner must be to modify the schedule of his plan and be prepared psychologically to face emergency.

They divided into 3 groups to identify the effectiveness of leadership type in implementation plans (systematic, directive, facilitative, and interactive).

### **Saturday, 1<sup>st</sup> September, 2012**

The first session included the topics of reproductive health and family planning issues from Islamic perspective which were discussed with Shiekh Sa'ad Marzouk, who discussed the maternal health risks of early marriage, premarital counseling, female circumcision, family planning and spacing of child birth according to the Islamic Point of View.

Shiekh Marzouk mentioned that according to Islam family planning is allowed but birth control is HARAM, except on medical grounds that may warranted same, H.E. cited that child birth is recommended by way of adhering to 2 – 3 years on ensuring breast feeding of child before getting another pregnancy, and added historically family planning was practiced in the Arab Islamic Community as implied in the Hadith narrated by Jabir, where he said: we were using AZAL as means preventing pregnancy during the period that Quara'an was being revealed and Abeduwin Arab came to the prophet and said to him: I am practicing AZAL for fear of my child's health, then the Prophet said to him: Do the AZAL and whatever is predestined for her will occur.

Shiekh Marzouk recommended that people are allowed to think and decide on their personal issues as the Prophet was reported to have said: "You are in better to decide on what affects your worldly issues".

Then the second session was presented by A-Fattah covering the topic problem solving skills. The presenter discussed the problem solving process which has 3 stages principle of inter personal problem solving and also effective problem solving. Participants were very interesting and interactive with present and could learn well that the problem solving should be identified, analyzed, and defined in clear ways.

The third session was rounded up with DR. Fathi Abu-Ayana the vice president of Alexandria University and the Demographic population professor. The session focused on covering the population and development and the relation between them. The professor discussed the measurements of development and the effect of population upon development, showing that the savings and investments with financing are the three stages of capital formation, and the demographic factors may affect savings in a number, and the population may

play a significant role in savings decisions and performance, He also discussed the relations between population and employment and population and productivity.

### **Sunday, 2<sup>nd</sup> September, 2012**

First session Legitimate message on Maternal and Neonatal Health Care

The day began with a meeting with a Pioneer of A-Azhar Scholars namely Shiekh Syaed Zayed who is the member of Islamic Research Academy and member of Fatwa Committee.

حمدا لله وصلاة وسلاما على رسل الله .وبعد

Welcome you all in Egypt, the land of Allah ... welcome you all in Egypt the country of Al-Azhar Al-Ahar Alsharif.

Your Eminence Advocates, the heirs of the Prophets

Shiekh Zayed said as Islam takes care of maternal and child health during pre and post delivery, Islam cites child health care even during its fetal stage by requesting man to select a good spouse, as the Prophet Mohammad (PBUH) says "Win the religious woman, and you are the winner".

The talk about the role of advocates in reproductive health is very serious because it is thorny and very interesting. It is thorny for serious topics which may face, habits, tradition and customaries while it is interest because it represents the welfare of life and good health for the whole family.

The advocate must be characterized by the following attributes:

- Sincerity: and detachment from the passions, as the God says "Faithful to Him"
- Humility not arrogance "Submissive to the believers"
- Scientific integrity and respect for the jurisprudence tolerance and non-hardening, and flexibility in advisory opinion, as prophet (PBUH) says: Be facilitator, and not to be too hard
- Keep up with the time, and subject the recent, matters to Islamic jurisprudence
- conviction with fatwas, that comes out from the heart reaches the heart.

The profession of advocate is a message not a job, God says "one of the best words who called on the good work and said I am Muslim"

God says "invite to the way of the Lord with wisdom and good preaching, and argue with them the way that is best" why not as the Scientists are the heir of prophets.

In Haddith "One jurist is stronger on devil than one thousand of worship persons, the one who wants well from God, it would better to be jurist in Islamic religion.

The modern advocate is the one who gathers between legitimate and science, they would never be opposed and should imagine the issues from scientific methods in order to be able to give his advisory and always read as prophet (PBUH) "Tell my God provide me more science" and let the advocates' motto "Be with inkwell until cemetery" as Abu-Hanifa says. And above all a science, knowing.

### **Reproductive Health**

The health is bliss from the Lord God "Then you will be asked for that day bliss" and prophet Mohammad says "you will be asked at the day of Resurrection for the grace wellness" and prophet was repeating "My God I'm asking you forgiveness and safe", without health the Muslim would be able for worship but he would do it difficulty, how he can be fasting when he is ill?, how can he seeks and roams in Umra, and Hajj? How can he wake up during night?, so health is gift from God, no one can feel it well except the illness.

Reproduction is also a blessing, Zakareya says "Oh God, don't leave me individual and you are the inheritors., his prayers was answered "Oh Zakareya! We give you the good news of a sun: his name shall be Yahya

Righteous Prayer "Oh God, Grant us from our wives and our offspring the comfort of the eyes and make us Imam for righteous, and prophet (PBUH) "when the son of Adam dies, his work, a part of three, good son pray for him, the son is his father's eyes, and arms. And truth of God Almighty, "Oh God grant us", the son is a grant from God and his bliss, and "Wealth and children embellish life". The son is temptation "one of your wives and children is enemy", and when Ibrahim the son of our prophet died the prophet was crying and said "I am very sad for your departure Ibrahim", because the liver is burned when the son is lost. So patient should take any medicine as Prophet says "God created disease and medicine, do take the medicine", he was praying to Sa'ad and says "God do heal Sa'ad", the most gracious to God who cure you if you are sick"

Allah procures care with mother , we have enjoined on mankind to his parents in pain did his mother bear him, and in pain did she give him birth" , the carrying of the child to his weaning is thirty months, surat Alahqaf, so the

mother who is origin and the child is the branch. The paradise is under mothers' toes.

Prophet cited that the incubation period is right to mothers in case of divorced. If she married after the divorce, so the child constructed to mother's sister or mum.

Father carrying his son in the shadow (sperm), while the mother bear her child heavy meat and bone, so father gives child birth due to lust, but mother did it in pain, and father give birth in lust and desire, but mother gives her fetus in pain

From this point, the surat Alfatiha is the mother of Quran, out of respect to the heart, and Mecca is countries' mother .

The mother who is teaching and raise, as Shafei says "mother is school, if you have prepared, you have prepared good race. Her call for prayer never returned back, it is responded, and Isa the Jesus says "honoring the parents" So the reproductive health care with mothers is recommended, whenever she is wellbeing in reproduction during breastfeeding and rising for her children, and that the strong believer is better and beloved to God rather than the weak. Quran said about the prophets' mothers "we revealed to Moses mother to breastfeed him" The Messiah, son of Mary, but is Messenger was empty of apostles before him., and when Harron called his brother he called him by his mum.

### **Nutrition in Quran and Sunna**

The God says: "Eat and drink, not waste by excess" and also God says: "let them worship the Lord of this house, who fed them from hunger, and with security against fear. God swear with many kind of foods and drinks "the flesh of birds" and God says about honey "wherein is healing for people "God drinks them pure drinks "Eat of the good things what we have provided" and the prophet Muhammad says "Do heal by Quran and honey", and The Lord God asked Virgin Mary when she came to her labor to shake palm to eat tamrha, because tamrha has sugar that the pregnant may need during her pregnant and breastfeeding. As the brain absorb the sugar of tamrha that helps the pregnant for delivery without the need to injection of assistant. God says to Mary Do Eat and Drink, because water is the life.. and God says in quran "We made from water every living thing" Verily given you Kawthar" and Zamzam water, Gubril brought food and drinks from paradise to Virgin Mary , and when Zakareya got in her Mehrab, and asked her from where you took it, she answer all from God kicking whom he wills without reckoning. The prophet

Muhammad (PBUH) always says after eating "Praise be to Allah who fed us and given us to drink and made us Muslims"

The second session provided very informative and fruitful knowledge which has been highly appreciated and very needed by participants about the Neonatal Health Care. The session was presented by distinguished professor Dr. Mohammad Dawoud, the professor of pediatric at faculty of medicine, Alexandria University. The presenter discussed the neonatal and early child health, revealed some statistics about death of newborn showing that 4 millions death of babies in the first four weeks and 3 millions death in the first week 98% in the developing countries. The statistics revealed 49 per 1000 deaths in Africa. The presenter explained the reasons of death, congenital anomalies, prematurity, low in weight, absence of obstetric care and infection neonatal sepsis, and tetanus.

He recommended Public health interventions such as: Immunization, Improved nutrition, Water and sanitation, Treatment for diarrhea, respiratory infections, malaria and malnutrition, Maternal and neonatal care. Also he discussed the useful of breast feeding in compare with the artificial feeding, then he discussed the vaccination as method to protect mother and babies and the types of vaccination and obligatory and optional vaccines.

He discussed the infectious diseases like diarrheal, respiratory diseases, AIDS, measles and malaria.

The third session created the participants how to analyze the situation, through SWOT analysis. MR. A-Fattah was the presenter who define the SWOT as an important tool for auditing the overall strategic position of an action and its environment. He discussed the four factors of internal and external the organization (Strength, Weaknesses, Opportunities, and Threats). Participants were very interesting in learning this important tool for their work and when they should do? And how they identify their organizations' strengths, weaknesses, opportunities, and threats. Then they could sit together into groups states accordingly, and agreed to indentify the problems and issues of maternal health and neonatal health care in their communities.

An evening short meeting held with A-Fattah to arrange the visit to Cairo at **IICPSR**, affiliated to Al-Azhar University.

**Monday, 3<sup>rd</sup> September, 2012**

Participants were accompanied with A-Fattah and his assistants by the early morning to field visits in Cairo, the first visit was in International Islamic for studies and Research Center affiliated to Al-Azhar University, where they met by Dr. Gamal Abu-Elserour the director of the Center who welcome them in their second country Egyptm he introduced the **IICPSR**, and its history and the cooperation with Islamic World, also he discussed the IICPSR experiences for promoting Safe motherhood. Dr. Gamal presented the challenges that women face in 21<sup>st</sup> century, he also discuss the relationship between gender issues and reproductive health.

Then a presentation presented by Dr. Atef Donia on neonatal care and immunization and participants were very interactive with this topic excited to know more about the vaccination and the types they should be provided for their children. The third session was rounded up about the family planning and infertility treatment. There was a space time for discussion and answer to all questions given by participants.

At 3 pm it was the important meeting with H.E. Al-Mufti, Shiekh Mohammad Wessam. Dr. Wessam discussed all Fatwas issued in Islam Attitudes towards Family Planning based on Quranic verses, as Almighty God says: "The mothers shall give suck to their offspring for two whole years, if the father desires to complete the term" also when Almighty talk to human and said "And God has made for you mates (and Companions) of your own nature, And made for you, out of them. Sons and daughters and grandchildren, And provided for you sustenance of the best.

H.E. discussed Islam's Concern for the family from the axes of (the attitude towards the family, marriage and the composition of the family, and cites that procreation is the natural extension of family growth. His jurisprudence based on all verses of Quran and Hadith of prophet Muhammad PBUH. The participants were very interactive with discussions, and H.E. answered all their questions and inquiries.

The axes of birth control, abortion, and sterilization was discussed through by questions and answers based on jurisprudences and Fatwas, and that made participants fully convinced the proper mean of family planning as an approach to safe motherhood.

**Tuesday, 4<sup>th</sup>, September, 2012**

The day began as usual by the early morning and it was a historical meeting with H.E. Shiekh Al-Azhar who was determined prior appointment to meet with the delegations at His Office. H.E. Dr. Altayeb began with welcome remarks expressing his esteem happiness to receive Islamic Scholars for Muslim Countries, ensured that Al-Azhar is the Muslim House, and has readiness to provide them with all services. He ensured that Islam is tolerant religion, charity, and peace, and recommending the respectful of other religions. H.E. Dr. Altayeb reminded the delegation that Ulamas have a privileged standing in Muslim Society heir of prophets and the heralds of Islamic Dawa to people everywhere, enjoying what is just and forbidding what is wrong, enjoying good deeds, and shunning evil, seeking to achieve what is bountiful for mankind, helping one another to charity and piety, and shielding against sin and hostility. He told them also that they are as Ulamas or preachers (Dua'a) Religious Advocates can't convey the Da'wa (the religious advocacy) to the hearts and minds of people unless they are cognizant of the environment of those they are addressing, aware of their conditions and nature and of the daily affairs of their life, let alone their sufferings and misdeeds. H.E. talked to Ulamas as Religious Leaders that " You are responsible before God for the people, and they secretariat in the neck of yours all". He recommended them as Ulamas that they can make people aware of population issues and development difficulties as well as of the best methods whereby to solve population problems and develop their resources without infringing on the provisions of Islam.

H.E. Set the most important population issues that required the involvement of preachers in a kindly manner are as follows:

- To promote peace among people
- To build constructive cooperation.
- To enjoin goodness and shun evil.
- To be good neighborliness.
- To support protection of the family life..

H.E. answered all questions that given by participants and cited that Family Planning is permissible and even duty as a must in case of poverty, health care, and economic.

After one and half hour of meeting, he decided to depute experts and Ulamas from Al-Azhar Universities at the expenses of Al-Azhar to educate

communities there, and asked the president of Al-Azhar University and The ITRFP director to organize with dRPC in Nigeria how to achieve the scholarship and provide the suitable accommodation and transportation.

### **Wednesday, 5<sup>th</sup>, 2012**

The day began at 8:30 with Mr. A-Fattah and staff and discussed with participants in both states the issues or problems they could identify throughout the past days, as A-Fattah asked them to be more kind enough and care with the visit they would do soon after the meeting to Behaira MCH department to discuss the MCH strategic policy which set by the government as healthy umbrella for all families.

Participants were met by Undersecretary of Behaira MOH, and stayed for an hour to discuss the policy of maternal and neonatal health care given and provided to people, then they went to MCH Center which is located at rural area and were introduced to all services and methods that the clients deal with.

Second session was in the afternoon, with A-Fattah who took them in a participatory training for the practicum phase. This session was very interested with participants in learning the advocacy as curriculum to solve the communities problems and issues. The presenter showed that the advocacy issues should be adopted by advocates and directed to decision makers in support of a specific policy issue or problem. Mr. Fattah divided the participants into 2 groups and asked them to identify the characteristics of the advocates, then they discussed the outputs of each group with the whole group, then he presented the characteristics of advocates and their roles.

The presenter transferred to the advocacy process and explained needed assessment for all stages which means to afford data collection and monitoring and evaluation.

The presenter defined with them the issue which is a problem that requires a policy action, then he divided them into 2 groups according to the states they belonging to, and asked them to identify the most urgent problems that people suffering in their communities in the MCH by using data they have, and the community profile, then they agree to select one or 2 problems they would adopt it as advocacy issue/s

### **Thursday, 6 of September, 2012**

The day began with a session of Advocacy process where A-Fattah reached with participants to select the most urgent issue in their societies (Katsina and Jigawa States), then he discussed with them the stage of the issue solving and identify the goal which is a general result they want to achieve, and within they identify the objectives which is the incremental steps towards achieving the goal. Participants were asked in their groups by Fattah to identify the target audience they are trying to influence to support their issue. They worked in groups awaiting for professor Inas Abu-Yousuf.

At 10 Am, Dr. Inas Abu-Yousuf arrived and soon after she took them the the universe of communication skills and socio-change, where they introduced to the approach of communication and were getting to know with her, she discussed the basic communication components, then she discussed the message and explained how mind think and we use it as decoder, and how we receive the message and get the feedback. Dr. Inas focused on the persuasion of message as we use all means to reach to the persuasion. She also explained the attitude and its function. In a participatory work with her, participants in two groups developed message to be delivered to the target audience they are going to reach to support their issues, and she stressed in the channels fo communication by which the message is delivered.

### **Friday, 7 September,**

It was the last day training of 10 day course, where the delegates started in their two groups to prepare the plan action, and soon after they discussed with A-Fattah the approach to do it and the monitor and evaluation tools they should use in all activities, they developed an action which they will do there in their societies as return back to Nigeria. (see Action Plan attached).

## **Participants' expectation**

**Regarding the topics they expected to know during the visits, they mentioned:**

- premarital counseling that leads to healthy wedlock.
- investigation of health of couple medically.
- breast feeding vis-a-vis , new methods which encourage the normal trend.
- female circumcision.
- antenatal clinical services.
- The Egyptian experiences in maternal and neonatal health.
- Islamic position on family planning.
- Birth control or planning.
- Islamic position about polygamy.
- policy of population in Egypt and face against population growth.
- women rights in family planning.
- The relationship between Family Planning and Child Spacing.
- leadership in Islam.
- How do the R.Ls do promotion in their communities in Egypt.
- The role of Al-Azhar in Education and IE&C.
- Immunization and type of vaccination.
- Islamic point of view about vaccine imported from abroad.
- Maternal Health Care during pregnancy and delivery.
- How to develop persuasive message.
- Developing an Action Plan.

**And regarding the experiences they expected to acquire:**

- Clear facts about the position RH/FP in Nigeria and its problems, economic and health and education wise
- Assisting us about how to develop solution to remedy
- The high number of births but at same time lower without faulting the religious injunctions.
- children rights in Islam.
- cases of maternal

The monitor of delegates feedback on each daily session was done with A-Fattah and his assistants by the end of the day during post conference, their feedback revealed the following:

*Regarding the useful knowledge they acquired they mentioned:*

- The problem solving
- Family Planning is necessity to women and children.
- Family Planning is allowed in Islam point of view.
- Islam recommended with care of women during pregnancy and delivery.
- All the practicum topics are very useful
- Islam is solidarity band consideration and forgiveness with all religions.
- The proper jurisprudence from Ulama and Shiekh Al-Azhar.
- The population and development and the relation between population growth and development.
- Premarital medical consultation is very necessary for good family.
- Islamic Sharia did not refuse Family Planning.
- Religious Leaders are responsible of communities and their problems.
- Reproductive health from medical view.
- The early marriage and its detriment to young girls.
- Advocacy as curriculum to solve the population problems.
- How to be a leader in maternal and neonatal issues.
- How to analyze the situation by using curriculum of situation analysis.
- Vaccination is a must for babies.
- The Egyptian Policy of MCH and their concern with communities and provide them with all means of safety.

*And about the information they felt that it will be useful, they mentioned the following:*

- The way within my community I can support to ensure the MCH and Neonatal Health Care by necessary advocacy and gather proper and correct data.
- Family Planning is necessary as means for child spacing and good health to mother and child, by using awareness and talk the talk through proclamation.
- Vaccination and immunization by raising awareness the community and youth in schools and university.
- All the issues are useful and can be easily submit through advocacy and network between governmental and NGOs.
- Leadership and styles by using the type of interactive leader.
- All verses and fatwa that giving the proper conception to MCH and Vaccination issues by using in proclamation and teaching of mosques.
- The balance between population growth rate and socio-economic development, by using the dissemination through the media.

- Support of government to MCH services by using persuasive message to policy and decision makers.
- MCH care during pregnancy, post and after delivery by using the awareness about the detriments of early marriage.
- Consultant visit to the medical centers for consultation and guidance to family planning, through articulated preaching, lectures and group discussions..
- Adopt the advocacy for the government to increase the efficiency of the health care delivery through preaching and advocacy visit.
- Child Spacing and breast feeding and full family health care, by consulting of the couple and advising government to people all over communities.
- The data on rate of birth and death are indeed very useful because whatever is based on factual data will be quite meaningful in postulating obviously prosthesis and for forecasting consequential event due to occur in the future. By the scientific approach and statistical analysis after collected data.
- Premarital counseling and planning skills through inviting memos to the ministry of health and the state government, through implementing the skills in our institutional action plan.
- Planning skills and risks of early marriage, by set an action plan and set the approach for raising awareness through institutions.

*And about the information they believe it would be difficult to implement in their work, they mentioned:*

- Family Planning because Nigerians have the faith to trust in God only.
- The legislation of preventing the early marriage, and using the condom, because the Nigerian Culture don't allow.
- Some mentioned, that there is no difficult because he comprehended and understood well the benefits and they are responsible of societies.
- Most of delegates believe that all MCH and Neonatal can be adopted as advocacy as they became convinced with the proper position of Islam and medical.

*And about the most experiences for these visits, they mentioned:*

- All medical topics which covered during session were very useful for us as R.L.s
- The Islamic point of view with Al-Azhar very enlightening.

## **Final Evaluation:**

The workshop and study tour evaluation form was distributed to participants the last day to be filled out and returned. The following are summary results:

### **a- program components:**

- 12 participants were completely satisfied about the course content, while 2 participants were satisfied..
- six seven of participants were completely satisfied about the suitability of the course to their work, while seven of them were satisfied and one was undecided.
- ten participants were completely satisfied about the experiences of experts who participated in the study tour, while four of them were satisfied.
- seven participants were completely satisfied about the participation and motivation with experts and professors while six of them satisfied and one undecided
- seven four of participants were completely satisfied about the duration of the course, while seven were satisfied.
- ten participants were completely satisfied about their abilities to apply skills while four were satisfied.
- All participants were completely satisfied about the scientific level of the course.
- ten participants were completely satisfied about the availability of outline and four were satisfied.
- ten were completely satisfied about the equipment and resources at ITRFP and four were satisfied.
- 12 participants were completely satisfied about the study tour objectives and 2 of them were satisfied.
- thirteen of them were completely satisfied about the support of the objectives to results, and one participant was satisfied..
- All participants were completely satisfied about the achievable of objectives.
- twelve of them were completely satisfied about the training arrangements and logistics and two were satisfied.
- All participants were completely satisfied about ITRFP support.
- 15 participants were completely satisfied about the accommodations.
- 15 participants were completely satisfied about the transportation.

### **b- Regarding knowledge, skills, and attitudes they needed to achieve expected results, they mentioned:**

- Ten of participants feel that the training gave them what they need completely, while four of them feel it nearly about the expected results.
- All of them sure that knowledge, skills they acquired will be applied.

**And regarding their evaluation of the study tour:**

- Eleven of participants evaluated the study tour as generally Excellent, while 3 of them evaluated it as very good.
- All of them evaluated dealing with ITRFP Excellent
- 13 of them recommended that others participate in this program, as excellent, while 1 recommended as very good..

and when they asked if they were not completely satisfied, all of them were completely satisfied and ensured they will do their best by the useful information and skills they acquired, they mentioned all that the course is very rich with knowledge and skills, the participants were just not satisfied with the duration of the program and all mentioned it would need 2 weeks at least.

*and the most valuable aspects of the course, they mentioned:*

- skills of how to pass knowledge people.
- planning and communication skills
- the topics of leadership and issues covered under communication with Dr. Inas.
- physiology and communication
- population and development, family planning and child spacing
- premarital counseling
- all aspects are valuable.
- visit to Grand Emam Shiekh Al-Azhar and Almufti
- effect of population growth
- practical aspect.

*about the suggestions and recommendations to improve the course, they mentioned:*

- this course should be repeated because these we should have fully equipped to face the challenges of our society.
- to extend the period of the program.
- more reference and materials
- the program should be extended to 2 or 3 weeks.
- ten days is too small, it needs to be increased to at least one month
- keep up the good work.
- kindly excellent
- if possible increase the duration to 2 weeks

- next year the program should be one month.
- to repeat another refresh course next year
- Embrace quality translation and make it possible for participants to understand in their indigenous language
- to repeat it next year.
- to be repeated at least twice a year

**ITRFP, organizer Mr. A-Fattah and his assistants monitored the delegates to determine the change in knowledge gained and the change in attitude between the beginning and end of the study tour and workshop, and the most valuable aspect of change were revealed as follows:**

- Challenges they are confront age in Nigeria.
- Effect of population growth on development.
- The role of Religious Leaders in Community.
- Family Planning is a method to economical planning and safe motherhood.
- Fatwa cited by H.E. Shiekh Al-Azhar that Family Planning is permissible for economic and social reasons, and sometimes is a must to keep the family life.
- Islam encourage and confess the qualitative society, not the quantitative society.
- Premarital consultation is necessary to avoid epidemic and STDs.
- Proper conception of family planning.
- Importance of family planning to keep the health and beauty of the woman and her children.
- Detriments of early marriage.
- The relation between Family Planning and Development.
- Family Planning is an approach to Child Spacing, as Qura'an and Hadith cited.
- Family Planning is good benefit to safe-motherhood.
- How to emerge society issues in advocacy (Dawa'a)

ITRFP Organizer Comment:

- Cooperation of Participants from the moment of their arrival and they were sincere in performing their target.
- All of them sought to represent their country in an honorable both women and men.
- 

## **ADVOCACY PLAN FOR PRE-MARITAL COUNSULING AND MEDICAL INVESTIGATION IN KATSINA STATE FROM 2012 TO 2014**

### **1.INTRODUCTION:**

Katsina State has a land mass of 23,930 sqkm out of Nigeria's 923,768 sqkm (2.59%).It is located in the Northern part of Nigeria. It shares border with Niger Republic in the north, Zamfara and Sokoto States in the west, Kaduna and Kano in the south and south east respectively, and with Jigawa State in east. It has 34 Local Government Areas out of Nigeria's 774 Local Government Areas(4.39%).Katsina state has a population of 5,792,578 out of Nigeria's 140,003,542(4.14%),which breaks down males 51.42% and females 48.58%.

The medical facilities are 1520 break down are as follows:-

- 1-Federal Medical Centre -1 \*General Hospital- 22
- 2-Comprehensive Health Centres -22 Primary Health Centres- 154
- 3-Maternal and Child Health Centres/Clinics -100 Primary Health Clinics- 578
- 4-Dispensaries-460 Health Posts 102.
- 5-School Clinics 12 State Tertiary Institutions' Clinics -7.
- 6-Federal Agencies Clinics-13.

7-Private Hospital/Clinics 50

Medical professionals as at 2008: Doctors-191, Midwives-480 Nurses -951,

JCHEWS-828, CHEWS-1714, CHO-176.

## **2.(A)GOALS:**

a)-To eradicate heredity and communicable diseases.

b)-To enlighten the people on the importance of pre-marital counseling and medical

investigations.

## **2.(B)OBJECTIVES**

To enlighten to be couples to understand and accept the practice of pre-marital

Counseling.

## **3.TARGET AUDIENCE:**

a).Community leaders.

b).Religious Leaders.

c)Women Groups.

d).Youth and Social Associations.

e).Students Associations.

## **4.BUIDING SUPPRT:**

a).Obtain possible data/information on number of would -be couples who are presenting themselves for counseling and medical tests before marriage, (can determine rate of compliance).

b).The Health /social workers perception as the degree of awareness of this issue.

c).Religious position on the issue quotations from Qur'an, Hadeeth and what eminent Islamic scholars have said.

### **5.MESSAGE DEVOLPMENT:**

A).Put up a comprehensive letter to inform the public on the need for pre-marital counseling and medical tests.

b)Use data collected from Health services and its etc, which indicates non-compliance with the practice portray the ugly picture of the situation and its impact on the poor health of the family.

c) quote verses from Qur'an, Hadeeth which strongly support conforming to the practice and points the advantages there in.

d).Argue that failure to comply with the messages of these religious injunctions is an indication of the ignorance we are thriving.

e).This trend must be reversed and all and sundry has a role to play in this crusade.

### **6.CHANNELS OF COMMUNICATION**

We will use the following channels of communications namely:-

i-Mosque.

ii-Schools.

iii-Mass media-print and electronic (jungles)

iv- Use of banners /pamphlets.

### **7.FUND RAISING:**

a)All the activities mentioned in paragraphs 3-6 above require funds to carry them out, therefore a budget will be made to cost the programme, the items to be coasted will include stationeries, transport, public relation stipends, and some allowances for those to partake.

b).Appropriate contact will made to source donations from willing donors when the need arises eg dRPC and others.

## **8.IMPLEMENTATION:**

- a). An implement period of 2 years from 2012to 2014 been proposed, once the necessary logistics are made are made available.
- b) The whole plan will be reviewed after every 4 months.
- c) Monitoring and evaluation will be made by visits to hospitals/clinics/social welfare offices to find out the views of the professionals on wheter we areset on the path of making positive achievements.
- d).Necessary data and opinion position of the public monitored to compare this position with the initial situation.

# **Jigawa State**

## **ADVOCACY PLAN**

### **INTRODUCTION**

Jigawa State is one of [thirty-six states](#) that constitute Federal Republic of Nigeria. It is situated in the north-western part of the country between latitudes 11.00°N to 13.00°N and longitudes 8.00°E to 10.15°E. [Kano State](#) and [Katsina State](#) border Jigawa to the west, [Bauchi State](#) to the east and [Yobe State](#) to the northeast. To the north, Jigawa shares an international border with [Zinder Region](#) in The Republic of [Niger](#), which is a unique opportunity for cross-border trading activities. Government readily took advantage of this by initiating and establishing a .Free-Trade Zone at the Border town of [Maigatari](#) of country of Niger

The socio-cultural situation in Jigawa State could be described as homogeneous: it is mostly populated by [Hausa/Fulani](#), who can be found in all parts of the State. [\[1\] Kanuri](#) are largely found in Hadejia Emirate, with some traces of [Badawa](#) mainly in its Northeastern parts. Even though each of the three dominant tribes have continued to maintain its ethnic identity, Islam and a long history of inter-marriages have continued to bind them together.

About 3.6 million people inhabit Jigawa State. Life expectancy as at 2001 was about 52 years with a total fertility rate of about 6.2 children per woman of childbearing age (a little above the national average). Although population of the State is predominantly rural (90%), the distribution in terms of sex is almost equal between male (50.8%) and female (49.2%).

### **ISSUES**

Following a study tour on leadership: based maternal and neonatal health in Islamic settings in Alexandria and Cairo in Egypt with delegation from Katsina and Jigawa State, a lot of issues were discussed with eminent scholars among which we deemed most relevant to our society include

- a. the need to strengthen pre-marital counseling and consultations
- b. sensitization of the general public on the issue of vaccination more especially poliomyelitis

### **TARGETS**

The Governor

House of Assembly

Min. of health

Min. of women affairs

Religious Organizations

Media houses

## **:REASONS**

:The reasons for the choice of the above two issues are

a. pre-marital consultations and counseling if accepted, cases of sick-cell amenia, HIV aids and all other inherited and sexually transmitted diseases .etc could be successfully eradicated

b. however, if a fully religious based campaigns on the issue of vaccination could be strengthen, our people will no doubt accept it and polio will soon become history

## **:OBJECTIVE**

it is agreed that through this advocacy, Government would consider accepting the program with the view of introducing an "indirect rule" on Ulamas. That is government should withdraw from any campaign or .forceful crusade on those that fail to accept the vaccination

Even the pre-marital counseling should at a beginning be publicized by the Ulamas through their Tafsir, Preaching etc. so as not to create any distrust .in the general population

## **:PROCESS**

As emphasized in the objective of this program, government should allowed religious organizations and other NGOs to take control of the entire program as what is obtained in Egypt. Though government must .make the atmosphere very conducive for the sensitization to thrive

On all the two issues, government should withdraw its might because sincerely, in our society the concept of trust between the community and .the leaders is not on the surface to be scientifically proved

Hence, religious Associations like MSS, FOMWAN, NACOMYO, UMMAH, .MSO, JNI, FI etc have a huge responsibility

Poem presented by Nasiru Adam

6/9/2012 المصرية 19/10/1433

بسم الله الرحمن الرحيم  
وصلى الله على النبي الكريم

|    |                                 |   |                           |
|----|---------------------------------|---|---------------------------|
| 1  | الحمد لله العلى المنان          | # | هو قادر للسفر كل مكان     |
| 2  | ثم الصلاة على النبي محمد        | # | ولأله وصحابه الغفران      |
| 3  | بعثه وثيقه جاء من نيجيريا       | # | لزيارة ودراسة العلمان     |
| 4  | علم لصحة للنساء وهكذا           | # | علم لصحة كافة الصبيان     |
| 5  | أن الوفود غادرت نايجيريا        | # | نزلت الى مصر مع الفرحان   |
| 6  | عبد العزيز دكتور وكان رئيسنا    | # | فى السفر والتنفيذ كل زمان |
| 7  | وكذاك نائبه إمام ماهر           | # | هو حج يوسف صاحب السلطان   |
| 8  | سكتيريا أهلا أمين أميننا        | # | وهو الإمام وعارف بلسان    |
| 9  | عبد لرحمان وكان إمامنا          | # | فى السفر هاهو حافظ القرآن |
| 10 | ولنا شيوخ صادقون حقيقة          | # | أباؤنا علماؤنا بيقين      |
| 11 | إسحاق نوح شيخنا فى كتسنا        | # | والشيخ يوشع من جفاو مكان  |
| 12 | وإمام عيسى كان من ضمن<br>الشيوخ | # | أبؤنا علماؤنا فى الدين    |
| 13 | وإمام أول جاء من دورا كذا       | # | محمود من دوسى إمام الدين  |
| 14 | ولنا نساء أمهات المؤمنين        | # | ومعلمات الدين ذاك القرن   |
| 15 | فيينا وبننت وعائشة فى كاتسنا    | # | وجفا وفاطمتان قد أتيان    |
| 16 | ولقد نزلنا لمصر يوم الأربعاء    | # | أحمد يرحبنا بلا بهتان     |
| 17 | هو مرشد فيينا إلى أسفارنا       | # | حتى بلغنا غاية البلدان    |

|    |                               |   |                           |
|----|-------------------------------|---|---------------------------|
| 18 | إسكندريه قد تكون مدينة        | # | لبحوث ذاك العلم والعرفان  |
| 19 | ولقد لقينا بالمدير مضيفنا     | # | أستاذنا وحبينا وأمين      |
| 20 | عبد الفتاح جنرال مديرا عادلا  | # | ومدرسا فينا بلا كسلان     |
| 21 | وقد استفدنا منه بالكلية       | # | علماً وتنفيذاً إلى بلدان  |
| 22 | ومساعدته لجنر وكانت صابره     | # | نجوى حميلة بالقرى الضيفان |
| 23 | هى صابره هى قائمه هى<br>ماهره | # | هى خادمه لضيوفها الوردان  |
| 24 | فيينا صحافى أتى من ضمننا      | # | هو بللوسلى من الأقران     |

|    |                                  |   |                            |
|----|----------------------------------|---|----------------------------|
| 25 | كيرلس كذلك مانويل متصورا         | # | فى كل أوقات وكل زمان       |
| 26 | زرنا الأماكن فاخره متعجبه        | # | مستشفيان داخل البلدان      |
| 27 | ومحاضرون يدرسون علومهم           | # | فيينا بلا حقد ولا خذلان    |
| 28 | وقد استفدنا من دكاتير على        | # | علم لصحة أم و الطفلة       |
| 29 | وكذاك زرنا الجامعه فى<br>القاهره | # | أزهر وكانت واردا فى الدين  |
| 30 | وهى القديمة ثابتة بين الورى      | # | فى كل علم سيما القرآن      |
| 31 | مفتى لها زرنه يوما كاملا         | # | قد استفدنا منه بالعلمان    |
| 32 | وكذاك شيخ الجامعه زرنا له        | # | ويشيرنا بمشاوره فى الدين   |
| 33 | ختماً بحمد الله ياساداتنا        | # | تلميذكم وخدمكم إخوان       |
| 34 | هو ناصر بن آدم الفتوى            | # | كشناوى مرغوباً إلى الغفران |

تمت بحمد الله وحسن عونه والصلاة والسلام على أشرف  
المرسلين سيدنا محمد وعلى أهله وأصحابه أجمعين

6/9/2012 المصرية 19/10/1433

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