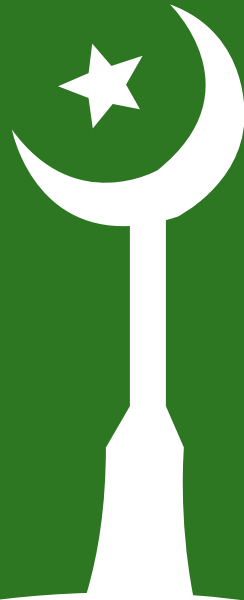


“And We reveal of the Qu’ran that which is a healing and a mercy for believers”.
Qu’ran 17:82



Faith for Life

Manual for Muslim Religious Leaders



Muslims Taking Lead In Maternal & Child Survival

Edit of Technical Content: Mr. Wainainah Kiganya
Edit of Scriptural Content: Dr. Abdulkadir Hashim
Design & Layout: Forward Vision Communications

First Edition Published in 2010

The use of the *Faith for Life Manual* for education or information purposes, including reproduction and translation, is encouraged. Acknowledgement and credit should be given to this publication.

The publisher would appreciate knowing about such uses, reproduction or translations.

Please inform the Inter-Religious Council of Kenya (IRCK)

Mararo Road, off Gitanga Road, Nairobi, Kenya,

P.O. Box 6352 City Square 00200

Nairobi, Kenya.

Email: info@interreligiouscouncil.or.ke

Tel: +254 20 386 1397

The publication is not to be used for commercial purposes.

Emblems are not to be reproduced.

TABLE OF CONTENTS

CHAPTER		PAGE
	FOREWORD	iii
	PREFACE	v
	ACRONYMS	vii
	ABOUT THIS MANUAL	viii
CHAPTER 1	HEALTH SEEKING BEHAVIOURS	
CHAPTER 2	MOTHER AND CHILD CARE	ix
	a. Care of Pregnant Women	2
	b. Newborn Care	7
CHAPTER 3	MOTHER AND CHILD NUTRITION	7
	a. Good Nutrition	14
	b. Exclusive Breastfeeding	18
CHAPTER 4	COMMON CHILDHOOD DISEASES	18
	a. Malaria	24
	b. Pneumonia	28
	c. Diarrhoea	28
CHAPTER 5	PREVENTION OF MOTHER-TO-CHILD TRANSMISSION	33
	a. HIV and AIDS	35
	b. Prevention of Mother-to-Child Transmission	39
CHAPTER 6	EARLY STIMULATION AND CHILD PROTECTION¹	39
CHAPTER 7	WATER AND CLEANLINESS	47
	a. Safe Drinking Water	50
	b. Cleanliness	57
CHAPTER 8	ROLE OF RELIGIOUS LEADERS	57
	a. Role of Religious Leaders in Child & Maternal Survival	60
	b. Who Should Use the <i>Faith for Life Handbook</i> ?	65
	ACKNOWLEDGMENTS	65
		68
		69

First Edition published in 2010 by the Inter-Religious Council of Kenya

Praise is to the Almighty Allah (the most exalted) and blessings to his beloved Prophet Muhammad (peace be upon Him). Islam is a complete way of life, which determines every aspect of the life of a believer. Islamic teachings cover all aspects of life and how to overcome challenges.

This Manual was compiled by Muslim theologians from the Supreme Council of Kenya Muslims and the National Muslim Leaders Forum. In the process of compiling materials for this handbook, a number of consultative forums were held in which Muslim religious leaders, including Imams and Madrasas teachers, were consulted.

The main objective of this handbook is to empower Muslim religious leaders and institutions with adequate knowledge on maternal and child survival so that they in turn disseminate the necessary information to the Muslim community at the grassroots level. Muslim religious leaders act as intermediaries and key catalysts in the process of behaviour and social change in the Muslim community. With guidance from this handbook, Muslim religious leaders are expected to take lead in providing the best opportunities to ensure survival and development of maternal and child healthcare.

It is noteworthy to mention that within the context of this handbook, the adoption of the term “survival” in the place of “health” is necessitated by the fact that the former covers broader issues that include health, nutrition, education, sanitation and hygiene, children protection and care of the mother.

The Almighty Allah (the most exalted) has described the Muslim Ummah as the best community ever produced for mankind. In this regard, Almighty Allah (the most exalted) says: *“You [true believers] are the best of peoples ever raised up for mankind”* (Quran 3:110).

This presupposes that Muslims can find the best solutions for the problems of humanity and define the best methods for its advancement. In the world we live in today, the child is most at risk of diseases, conflict, neglect and violence which lead to poor life and development of the child. The burden now is on us Muslim religious leaders to practice, preach, educate and guide Muslims. The Muslims in turn, are commanded to embrace these teachings that will assist them in meeting the many challenges faced by children and mothers in our communities.

We take this opportunity to express our profound gratitude to Muslim theologians, scholars, Imams and Madrasa teachers who have contributed towards the compilation, revision and edition of this handbook. We also forward our sincere appreciation and thanks to UNICEF, Inter-Religious Council of Kenya (IRCK) and the Ministry of Public Health and Sanitation who have supported this noble initiative that has resulted in the publication of this manual.

We pray that the Almighty Allah (the most exalted) enables us to be among those who listen to the good advice and follow the best of it.



Prof. Abdulgafur Elbussaidy
Chairman
Supreme Council of Kenyan Muslims

The *Faith for Life Manual* is a culmination of a long-standing partnership between the Inter-Religious Council of Kenya, the Ministry of Public Health and Sanitation and UNICEF. The partnership builds on the mandate, role and influence of leaders of the different faith communities to advocate for the rights of children in Kenya. Through this partnership, we have seen the important role that faith communities can play in contributing to reduction of maternal and child morbidity and mortality.

The Child Survival and Development Strategy, launched in June 2009, also clearly articulates the role of partnerships, including faith communities, in increasing uptake of child survival and development services available at health facilities, and mobilising communities to adopt behaviours and practices at the household level that will ensure mothers and their children survive and thrive.

The Faith for Life Initiative, jointly conceived and implemented by the Inter-Religious Council of Kenya, the Ministry of Public Health and Sanitation and UNICEF, seeks to ensure survival and development of children, with faith communities taking a leading role. The initiative is premised on the fact that proper upbringing and survival of children ensures a solid community of believers for tomorrow.

Thus, leaders of faith communities have a critical role to ensure that children get the best opportunities in life for them to survive, develop and grow to their full potential. Cognisant of the overwhelming effects child survival, the faith community is expected to lead social change process by creating an open communication and support atmosphere about key developmental initiatives, including exclusive breastfeeding, disease prevention, immunisation, handwashing, nutrition, prevention of mother-to-child transmission of HIV, sanitation and health seeking behaviours.

The *Faith for Life Manual* is a compilation of appropriate messages on child survival and development, linked to the Muslim faith, which will be used by the faith communities for behaviour and social change communication.

Carefully selected verses from the Holy Bible, related to infant and young child feeding, disease prevention, hygiene and sanitation, have been compiled and provide the

spiritual basis for promoting the high impact interventions outlined in the Child Survival and Development Strategy. Following each faith's religious teachings, there is a separate set of communication material that will be disseminated.

Leaders of faith communities will be able to use these theological reflections combined with technical information and actions to disseminate key messages during prayer and worship sessions.

This work is the result of a comprehensive consultation process at all levels. Leading and key leadership of Muslim faith, specialists from the Ministry of Public Health and Sanitation, partner organizations and UNICEF have participated and contributed in conceptualisation, endorsement and finalisation of this handbook. We would, therefore, like to extend our thanks to all of them.

It is our hope that this work will support everyone, whether in a Mosque or homesteads, practically and passionately to ensure every child born in Kenya gets the best start in life, survives and thrives.

Dr. Olivia Yambi
Representative
UNICEF, Kenya

ACRONYMS

ACT	Artemisinin-based Combination Therapies
AIDS	Acquired Immune Deficiency Syndrome
ANC	Ante-Natal Care
ARI	Acute Respiratory Infection
CSD	Child Survival and Development Strategy
CRC	Convention on the Rights of the Child
F4L	Faith for Life
HIV	Human Immunodeficiency Virus
HFS	Health Facility Survey
HSB	Health seeking behaviours
IMCI	Integrated Management of Child Illness
IMR	Infant Mortality Rate
IRCK	Inter-Religious Council of Kenya
IRS	Indoor Residual Spraying
KAIS	Kenya AIDS Indicator Survey
KDHS	Kenya Demographic and Health Survey
KFSSG	Kenya Food Security Steering Group
KWFN	Kenya Women of Faith Network
LBW	Low Birth Weight
MDG	Millennium Development Goals
MMR	Maternal Mortality Rate
MOM	Ministry of Medical Services
MOPH&S	Ministry of Public Health and Sanitation
NAMLEF	National Muslim Leaders Forum
ORS	Oral Rehydration Salts
p.b.u.h.	Peace be upon him
PMTCT	Prevention of Mother to Child Transmission
SUPKEM	Supreme Council of Kenyan Muslims
TB	Tuberculosis
UNICEF	United Nations Children's Fund

The *Faith for Life Manual* has essential information which religious leaders and faith communities need to know to intervene on maternal and child survival. It has scriptural references and support that emphasise interventions on:

- i. Health Seeking Behaviours.
- ii. Mother and Child Health Care.
- iii. Mother and Child Nutrition.
- iv. Common Childhood Diseases.
- v. HIV and AIDS, and PMTCT.
- vi. Early Stimulation, Child Protection and Care
- vii. Safe Drinking Water and Cleanliness.

The Manual supports the Child Survival and Development Strategy (CSD 2009- 2015) by the Government of Kenya and it is aimed at complementing efforts by the Ministry of Public Health and Sanitation in implementing it.

It contains latest evidence and recommended actions at the community level aimed at reversing the alarming trends in maternal and child health. The engagement of faith communities is thus necessary to achieve the objective of reducing maternal and child deaths.

Each chapter, based on the particular intervention, outlines the situation of the particular intervention, the myths, misconceptions and wrong practices that have been associated with the intervention, the rationale behind the involvement and highlights of the intervention, the scriptural reference that recommends the correct practices to be adopted and, finally, key messages that need emphasis.

The Ministry of Public Health and Sanitation and UNICEF have supported the compilation process with technical inputs and material in line with the Government's Child Survival and Development (CSD) strategy. The faith communities embrace this strategic partnership.

IRCK welcomes input and comments on this Manual, which can be sent to:



INTER-RELIGIOUS COUNCIL of KENYA

P.O. Box 6352 City Square 00200, Nairobi , Kenya
Tel: +254 20 386 1397
Email: info@interreligiouscouncil.or.ke



Introduction

Health seeking behaviours (HSB) are the practices that promote the enjoyment of good health for the wellbeing of an individual. This realisation contributes to making good health valued as an asset for all. HSB are the lifestyles that promote hygiene, keeping physically and mentally fit and also avoiding situations that would foster the spread of disease among the community.

Current Situation in Kenya

In Kenya, people go for self medication or over the counter prescriptions. This means that they seek health facility-based care late, hence poor compliance to treatment. In other cases, they resort to alternative medical care, for instance herbalists and witchdoctors since they believe that herbal medicine works better than conventional drugs.

Cultural and religious beliefs also interfere with health seeking behaviours, for instance people who object to blood transfusion even when needed.

Rationale

The bulk of the disease burden can be reduced by simple household practices such as hand-washing with soap, boiling water and exclusive breastfeeding.

Myths, Misconceptions and Wrong Practices

These include food taboos, not seeking medical care because of religious and cultural beliefs, ignorance of quality healthcare services and belief in traditional healers and witchdoctors.

Correct Practices to be Promoted

- i. Promote a child's mental and social development by being responsive to their needs for care and by encouraging the child's development through talking, playing, and providing a stimulating environment.
- ii. Ensure sick children receive appropriate and timely treatment.
- iii. Take appropriate actions to prevent and manage child injuries and accidents.
- iv. Dispose human and animal wastes safely and wash hands with soap and water after visiting the toilet, before preparing meals or feeding children.
- v. Avoid eating meat from dead or sick animals.
- vi. Ensure that drinking water is safe.
- vii. Protect your child from indoor (household) air pollution.
- viii. Follow recommendations given by health workers on treatment, follow-up and referral.
- ix. Ensure that every pregnant woman receives the recommended antenatal visits and doses of tetanus vaccination, and is supported by family and community in seeking appropriate care, especially at delivery and during the postpartum and lactation period.
- x. Involve fathers in the care of the child and in the family's reproductive health.
- xi. Ensure that your child's teeth are checked at a dental clinic once a year from ages one to five years.

Supportive Scriptural References

Islam literary means submission to the will of Almighty Allah (the most exalted). This is clearly stated in a verse from Surat Al-Imraan as; *"The religion before Allah is Islam, (submission to his will)..."* (Quran 3:19).

Islam, at its core, makes no distinction between the spiritual and the temporal. It is at one and the same time a set of religious beliefs and dogmas as well as a pattern of behaviour designed to order the relations between man and man and between man and the state. The Holy Quran contains verses, which are both explicit and implicit in their instructions towards people's behaviour. Example of such verses includes;

"Let there arise out of you a group of people inviting to all that is good, enjoining what is right, and forbidding what is wrong: They are the ones who are the successful." (Quran: 3:104),

"We have indeed created man of the best (mould), then We reduced him to the lowest of the low, save those who believe and do righteous deeds, then they shall have a reward without end (Paradise)". (Quran; 95:4-6).

Verses of the Holy Quran and sayings of Prophet Muhammad (peace be upon Him) contain innumerable principles relating to the protection of health which protect everyone equally and safeguard their well-being. Health and welfare of an individual are closely related to the health and welfare of the

whole community, as a holy hHadith said: *“The believers are in their mutual friendship and mercy, like a unique body. When a part of it is suffering, all the organs are enduring insomnia and fever”*.

Prophet Muhammad (peace be upon Him) assigns top priority to good health by stating: *“Pray God for forgiveness and sound well-being. No blessing other than faith is better than well-being”*. In another Hadith, the Prophet (peace be upon Him) said: *“Wealth is appropriate to a God-fearing person, but good health is better for the God-fearing than wealth”*.

Muslims behaviours are governed by the tenets of Islam as outlined within the Quran and ahadith. Righteousness in Islam does not end with this. In Islam and in the words of the Quran righteousness is defined as ...

“It is not righteousness that you turn your faces towards East or West; but it is righteousness to believe in Allah and the last day, and the angels, and the book, and the messengers; To spend of your substance, out of love for him, for your kin, for orphans, for the needy, for the wayfarer, for those who ask, and for the ransom of slaves; To be steadfast in prayer, And give Zakat to fulfill the contracts which ye have made; And to be firm and patient, In pain (or suffering) and adversity, And through out all periods of panic, Such are the people of truth, the Almighty Allah fearing” (Quran 2:177).

With these strong sentiments Islam provides a clear guideline on how a practicing Muslim should be. Therefore Muslims are expected to regulate their behavior according to the teachings of the Quran first and then to the ahadith. This study elaborates further on these issues and tries to get more insight in the different ways in which Islam could act as the foundation for health promotion that is based on peoples' own perspective on life.

Many Muslims prefer religious remedies for diseases before visiting the hospitals. However it is recommended that ways to build bridges be initiated so as to enable individual preferences to be incorporated into a more responsive health care system. There should be cooperation between conventional and religious/traditional medicine practitioners.

Islam laid basic rules for dealing with an epidemic such as cholera, plague and smallpox. For instance, Prophet Muhammad (peace be upon Him) said *“Do not enter a land of which you hear there is an epidemic and if you are in that land do not try to leave it in escape”*. Islam encourages every means of protection from infectious diseases such as immunisation. When Prophet Muhammad (peace

be upon Him) was once asked whether such protective measures prevent God's fate, He said *“that it is a part of God's will”*

Health in Islam

Islam considers health to be one of the greatest blessings to have been given to human beings by Almighty Allah (the most exalted). Prophet Muhammad (peace be upon Him) said: *“No blessing other than faith is better than well-being”*. The health of the body is one of the favours Almighty Allah (the most exalted) bestows upon human beings, and He commands them to preserve after it. Allah says:

“... and eat and drink but waste not by extravagance, certainly He (Allah) likes not Al-Musrifun (those who waste by extravagance).” (Quran 7:31). In this regard, Prophet Muhammad (peace be upon Him) said *“The stomach is the worst vessel to fill”*.

This is a directive to people to take food and drink sufficient for the needs of their bodies but not to take more to harm one's good health. The Messenger of Allah (peace be upon Him) has said:

“No human being fills a container to worse effect than he fills his own stomach. It is sufficient for a human being to have a few bites to keep him fit (which means that it is sufficient to have only what one needs to maintain strength and well-being). If he must eat (or according to another version “If a human being cannot resist the temptation...”), then let him use one-third for food, one-third for drink and one-third for breathing”. (Hadith narrated by Imam Muslim).

However the individual should not always be the rational decision maker. He should as well rely on religious guidance and professional advice on whatever he/she does. Hence systematically reviewing available information and forming behaviour intentions from this guidance and advice.

Islamic Perspective on the Response to Illness

Prophet Muhammad (peace be upon him) used to teach the companions to pray to Almighty Allah (the most exalted) for health. In addition he used to remind them that health is utmost important to a believer saying that *“A strong believer is better in the eyes of Allah than the weak believer”*. Hence the need to keep strong, through medical interventions.

A panel of Muslim physicians, scientists, jurists, scholars, educationalists, thinkers, economists, sociologists, writers, journalists and representatives of the organizing bodies, participated in a consultative

conference and made declarations which culminated in what is known as the Amman Declaration.

The Declaration asserts that:

“ health is a blessing from Almighty Allah ...but forms only one element of life which can only be complete if the other major elements such as freedom, security, justice, education, work, self-sufficiency, food, water, clothing, housing, marriage and environmental health are met...that each individual possesses a certain potential for health, which they must develop in order to enjoy complete well being ...that lifestyle influence health and well being ... that Islamic lifestyles embrace numerous positive patterns promoting health and rejecting any behaviour which is contradictory to health” ... among other assertions.

Among the declarations of the conference are:

- Introducing health-promoting Islamic lifestyles, and advocating them through proper channels, as befits the circumstances of each society.
- Encouraging the comprehensive development of local communities and supporting them in attaining their basic needs through self-reliance.
- Reorienting health, educational, instructional and public information institutions, in such a manner that promote health and encourages healthy lifestyles.

Key Messages

- i. Always consult a qualified healthcare giver whenever you are ill, in addition to prayer.
- ii. Observe the child for any unusual signs and symptoms that could lead to illnesses and seek help from a health worker.
- iii. Ensure regular visits to health facilities for professional care and health advice.



a. Care of Pregnant Women

Introduction

Every pregnant woman always desires an uncomplicated pregnancy and, ultimately, a healthy baby. Every year, however, about 6,000 women and adolescent girls die in Kenya from pregnancy and childbirth related complications (KDHS 2008/2009).

Every year, some 10 million women and adolescent girls experience complications during pregnancy, many of which leave them and/or their children with infections and severe disabilities. Maternal deaths occur due to bleeding during or after delivery, obstructed labour, high blood pressure, and severe infections like malaria, HIV, severe anaemia or other pre-existing conditions. Malaria in pregnancy can lead to miscarriage, stillbirth or low birth weight, anaemia or severe illnesses.

More than 15 years since the launch of the Safe Motherhood Initiative (SMI), maternal and neo-natal mortality levels in Africa have sadly continued to rise instead of declining. While a few countries have experienced sustained reductions in maternal mortality, little or no progress has been achieved in countries with the highest levels of mortality, like Ethiopia and Nigeria, where the maternal mortality rate is over 1,000/100,000 live births. Of all maternal deaths occurring globally, 99 per cent of them are in developing countries, with the sub-Saharan Africa having the highest maternal mortality rate (MMR) of 900 maternal deaths per 100,000 live births.

Current Situation in Kenya

Maternal mortality levels in Kenya have remained unacceptably high at 410 deaths per 100,000 live births, with some regions reporting MMRs of over 1,000/100,000 live births. Neonatal mortality rate is estimated at 31 deaths per 1,000 live births (KDHS 2008/9). Most of these deaths are preventable.

Deliveries by skilled attendants increased from 40 to 43 per cent (KDHS 2008/9). This means that over 50 per cent of deliveries among Kenyan women are attended by unskilled persons, hence both mother and newborns are in danger should any complication arise during delivery or the post-natal period.

- i. Majority of women of reproductive age do not

have any pre-pregnancy care, hence some women enter pregnancy with complications.

- ii. Most pregnant women attend antenatal clinics late and majority do not make all the four recommended visits for optimal care.
- iii. More than half of the women in Kenya deliver at home without a skilled birth attendant, putting them and their newborns at the risk of poorer birth outcomes.
- iv. Only 10 per cent of women in Kenya seek or utilise post-natal services as a critical point of care for mothers and babies.
- v. In places where access to care is limited, majority of mothers and their newborns die immediately after birth.

Rationale

Many women, including adolescent girls, have difficulty accessing quality health care due to poverty, distance, poor road networks, inadequate reproductive health information - especially among the rural and urban poor and women in semi-arid regions, pastoral and nomadic populations – inadequate services or cultural and religious practices.

Governments and local authorities, with support from non-governmental and community-based organisations, have a responsibility to address these issues to ensure women and their newborns receive the required quality health care.

Most pregnant women have pre-existing uncontrolled conditions, which may cause them complications in pregnancy. Majority of pregnant women attend ANC late and more than half of the pregnant women in Kenya are delivered by unskilled attendants. Majority do not seek post-natal care.

The major causes of maternal deaths include bleeding, infection after delivery, obstructed labour, complications caused by abortion and severe anaemia. The deaths can be prevented by early detection and treatment, with timely transportation to and care at a hospital with the necessary facilities.

Myths, Misconceptions and Wrong Practices

- i. Some communities believe that a woman should not say she is pregnant until it is physically

visible for fear that the spirits will take away the pregnancy.

- ii. Some women believe that there are forced HIV tests at ANCs.
- iii. Some communities insist on certain ceremonies being performed on the placenta, hence they prefer delivery at home.
- iv. Some expectant women shun health facilities over claims that health workers physically beat or verbally abuse them during labour.

Correct Practices to be Promoted

A lack of recognition of danger signs during pregnancy and failure to take appropriate action, inadequate or lack of birth planning and preparedness, and the delays in seeking appropriate skilled care at a health facility are some of the contributory factors.

The risks of childbearing for the mother and her baby can be greatly reduced if:

- i. A woman is healthy and well nourished before becoming pregnant;
- ii. She has regular maternity care by a trained health worker at least four times during every pregnancy;
- iii. The birth is assisted by a skilled birth attendant, such as a doctor, nurse or midwife;
- iv. She and her baby have access to specialised care if there are complications; and
- v. She and her baby are checked regularly during the 24 hours after childbirth, in the first week, and again six weeks after giving birth.
- vi. Any pregnant mother can develop life-threatening complications. These can neither be predicted nor prevented. The families need to identify danger signs early and immediately transport the pregnant women to a hospital with facilities for services such as caesarian section and blood transfusion. These danger signs during pregnancy, delivery or after delivery include.
- vii. bleeding, severe headache, convulsions, breathlessness at rest, good labour pains without the baby moving and fever with chills and rigors.
- viii. Spacing children for at least two to three years apart improves the survival of both mother and child. All pregnant women should make at least four ANC visits, with the first visit within the first three months.
- ix. Every woman should visit a clinic for antenatal care as soon as she knows that she is pregnant.
- x. All pregnant women should have an individual birth plan (where to deliver, how to get there, who to assist you, family to put money aside, etc).
- xi. All mothers, including those who have delivered

at home, should attend post-natal clinics for care within two days of delivery.

- xii. All women of childbearing age, including adolescent girls, need to be protected against tetanus for their own benefit and for their future babies. Over time, five doses of the tetanus vaccine are recommended for lifelong protection. A booster should be given during pregnancy if the woman has not yet received five doses.
- xiii. Girls who are educated, healthy and well-nourished are more likely to have a healthy pregnancy and healthy children. It is estimated that two maternal deaths can be prevented by every additional year of school attendance per 1,000 women.
- xiv. All pregnant women should brush their teeth after breakfast and after supper.
- xv. All pregnant women should visit a dental clinic at least twice for checkup.

Supportive Scriptural References

The mother must not use any medication harmful to the foetus. Prophet Muhammad (peace be upon Him) said *“There should be neither harming nor reciprocating harm”*. (Hadith narrated by Imam Ibn Majah and Imam al-Daraqutni and others). Additionally, a pregnant woman should not smoke, take alcohol or narcotics, which are forbidden in Islam. Almighty Allah (the most exalted) says: *“Do not throw yourselves into destruction”* (Quran 2:195)

Key Messages

- i. Every woman should attend ante-natal clinics as soon as she knows that she is pregnant.
- ii. For the health of both mothers and children, a woman should wait until her last child is at least two years old before becoming pregnant again.
- iii. All mothers, including those who deliver at home, should attend post-natal clinics for care within two days of delivery.

b. New Born Care

Introduction

Kenya has one of the highest numbers of newborn deaths in Africa, with a neonatal mortality rate of 33 per 1,000 live births and approximately 43,600 deaths occurring every year. One in every 14 babies born in Kenya will die before their first birthday and about one in nine before their fifth birthday. The main causes of neonatal deaths are: severe infections, difficulty in breathing, pre-term birth, congenital anomalies, neonatal tetanus (two per cent) and diarrhoea. The rate of low birth weight babies in Kenya is 10 per cent.

Neonatal care, which is closely linked to maternal care, will need more attention if Kenya is to make any progress in meeting the Millennium Development Goals target in under-five mortality (33/1,000) and infant mortality (26/1,000) by 2015.

Newborns need round-the-clock care and love. They should be fed, and kept clean, warm and fed nutritiously. Mothers and fathers or other primary caregivers contribute to building the foundation of the babies' future health, happiness, growth, learning and development.

Every child should complete the recommended series of immunisations as they are important for the early protection against diseases that can cause poor growth, disability or death.

Current Situation in Kenya

The 2008/09 Kenya Demographic Health Survey has shown that the infant mortality rate (IMR) improved to 52 from 77 per 1,000 live births in 2003. The under-five mortality rate improved to 74 from 115 per 1,000 live births. The neonatal mortality rate, however, only reduced marginally from 33 to 31 per 1,000 live births, contributing to 42 per cent of the under-five mortality compared to 29 per cent in 2003.

The factors contributing to the deterioration of child health indicators are: malnutrition, a high incidence of diseases, inappropriate household caring practices, poor environmental and living conditions and the HIV and AIDS pandemic.

Over 80 per cent of under-five deaths in Kenya are from preventable causes: neonatal conditions, pneumonia, diarrhoea, malaria, HIV and AIDS, and malnutrition.

Rationale

Newborns are vulnerable and most of them die in the first day and week of life when care is low. This is because

most women deliver at home without skilled care for themselves and their newborns. Yet, simple measures like early initiation and exclusive breastfeeding, warmth, hygienic practices like handwashing and cord care can contribute to survival.

Over 80 per cent of under five deaths in Kenya are from preventable causes: neonatal conditions, pneumonia, diarrhoea, malaria, HIV and AIDS, and malnutrition. Children in malaria endemic areas are twice likely to suffer from severe anaemia as those in epidemic areas.

Other factors contributing to the deterioration of child health indicators are: malnutrition, a high incidence of diseases, inappropriate household caring practices, poor environmental and living conditions and the HIV and AIDS pandemic.

Correct Practices to be Promoted

A newborn should always be:

- i. Kept close to and frequently held and cuddled by the mother, father or other primary caregiver.
- ii. Exclusively breastfed from birth through the first six months on demand and at least eight times in a 24-hour period, contributing to bonding between the infant and the mother and giving the baby immunity against infections.
- iii. Loved and given affection, attention, encouragement and stimulation from her or his family members, helping the baby to grow and learn rapidly.
- iv. Kept warm, clean, comfortable and safe, and changed regularly and burped after feeding. Cared for in a clean environment that helps to prevent infections.
- v. Provided with quality health care, including regular check-ups with timely immunisations and weighing to monitor growth.

Supportive Scriptural References

Children have rights in Islam over their parents and the entire community which is well established in teachings of the Qu'ran and Hadith of Prophet Muhammad (peace be upon Him). Children have rights to: protection, basic needs, good name, education, proper upbringing etc. as mentioned in the following verses of the Holy Quran:

"And Kill not your children for fear of poverty. We shall provide for them as well as for you. Surely, the killing of them is a great sin." (Qu'ran 17:31)

"And come not near to the orphan's property except to

improve it, until he/she attains the age of full strength". (Qu'ran 17:34)

The Prophet (peace be upon Him) said "knowledge is a must for every Muslim boy and girl". (Hadith narrated by Imam al-Bukhari)

In another Hadith Prophet Muhammad (peace be upon Him) says, "The best of you is one who gives a good education to his children." (Hadith narrated by Imam al-Bukhari)

The Prophet (peace be upon Him) once said, "He who provides good upbringing to three daughters shall go to paradise." (Hadith narrated by Imam al-Bukhari)

Taking good care of the child is among the most commendable deeds in Islam. Kinship or blood ties are the strongest natural ties. It is because of the strength and importance of these ties that the Quran and Hadith mentioned:

"O mankind! Be dutiful to your Lord, Who created you from a single person (Adam), and from him (Adam) He created his wife [Hawwa (Eve)], and from them both He created many men and women and fear Allah through Whom you demand your mutual (rights), and (do not cut the relations of) the wombs (kinship). Surely, Allah is Ever an All-Watcher over you." (Quran 4:1)

Prophet Muhammad (peace be upon Him) said "Whoever believes in Allah and the last day let him maintain the bonds of kinship". (Hadith narrated by Imam al-Bukhari)

Islam emphasizes childcare right from conception. It urges the pregnant woman to safeguard her foetus and do all she can to prevent any harm, including termination of pregnancy. Prophet Muhammad (peace be upon Him) said:

"There should be neither harming nor reciprocating harm". (Hadith narrated by Imam Ibn Majah and Imam al-Daraqutni and others).

To prevent the foetus from any harm, the mother is exempted from fasting in the month of Ramadan. A pregnant woman can break the fast as long as she later compensates for the number of days she did not fast. Muslim scholars have extended the exemption of fasting for pregnant women based on the following verse of the Holy Quran:

"The month of Ramadan in which was revealed the Qur'an, a guidance for mankind and clear proofs for the guidance and the criterion. So whoever of you sights (the crescent on the first night of) the month (of Ramadan), he

must observe Saum (fasts) that month, and whoever is ill or on a journey, the same number [of days which one did not observe Saum (fasts) must be made up] from other days. Allah intends for you ease, and He does not want to make things difficult for you." (Quran 2:185).

Pregnant women should not expose the foetus to any harm such as radiation or chemicals that may damage some of its cells or tissues or cause physical deformities.

"Do not throw yourselves into destruction" (Quran 2:195)

Key Messages

- i. Every newborn should begin breastfeeding within one hour after birth and continue with exclusive breastfeeding for six months.
- ii. Every newborn should be checked by a health worker 24 hours after birth, during the first week and again six weeks after birth.
- iii. Every mother should know the danger signs for illness in a newborn, for example refusal to feed, infection of the cord, fast breathing, lethargy (not active) and fever.



a. Good Nutrition

Introduction

More than one third of all child deaths every year around the world are attributed to malnutrition, specifically undernourishment, which weakens the body's resistance to illness.

If a woman is malnourished during pregnancy or if her child is malnourished during the first two years of life, the child's physical and mental growth and development will be slowed all through his or her life.

Malnutrition develops when the body does not get the proper amount of energy (calories), proteins, carbohydrates, fats, vitamins, minerals and other nutrients required to keep the organs and tissues healthy and functioning well. A child or adult can be malnourished by being undernourished or overnourished.

Current Situation in Kenya

In most parts of the world, malnutrition occurs when people are undernourished. The primary reasons for undernourishment, especially of children and women, are poverty, lack of food, repeated illnesses, inappropriate feeding practices, lack of care and poor hygiene. Undernourishment raises the risk of malnutrition, weakening the body's resistance to illness. If a woman is malnourished during pregnancy or if her child is malnourished during the first two years of life, the child's physical and mental growth and development may be slowed. This cannot be made up when the child is older; it will affect the child for the rest of his or her life.

Malnutrition is an underlying cause in up to 55 per cent of all childhood deaths, stunting is 35 per cent and underweight 16 per cent (KDHS 2008).

Rationale

If a child is malnourished during the first two years of life, their physical and mental growth and development are slowed. This cannot be corrected when the child is older – it will affect the child for the rest of his or her life. Malnutrition develops when the body does not get the proper amount of energy (calories), proteins,

carbohydrates, fats, vitamins, minerals and other nutrients required to keep the organs and tissues healthy and functioning well. A child or adult can be malnourished by being undernourished or overnourished.

Correct Practices to be Promoted

- i. Exclusive breastfeeding is all an infant needs in the first six months of life. From six months to two years, introduce complimentary feeding in addition to breast milk.
- ii. Pregnant and breastfeeding mothers should eat adequate and balanced diet.
- iii. All post-natal mothers should be given vitamin A capsules immediately or within one month of delivery.
- iv. All children from the age of six months to five years should be given vitamin A capsules at a health facility every six months.
- v. Deworming should be done every six months on all children aged one to five years.
- vi. From birth to the age of two years, children should be weighed regularly to assess growth.
- vii. From the age of six to eight months, a child needs to eat two to three times per day and three to four times per day starting at nine months – in addition to breastfeeding.
- viii. After six months, give additional foods at least four times a day, plus breastfeeding.
- ix. Children need vitamin A to help resist illnesses, protect their eyesight and reduce the risk of death.
- x. Children need iron-rich foods to protect their physical and mental abilities and to prevent anaemia.
- xi. Iodine in a pregnant woman's and young child's diet is especially critical for the development of the child's brain.
- xii. A sick child should take additional fluids, regular meals and breastfeed.
- xiii. Children with symptoms of illness should be taken to a trained health worker or health facility for assessment and treatment.
- xiv. Avoid sugary foods e.g. sweets and biscuits.

Supportive Scriptural References

Islam makes it the duty of the child's father to feed and clothe the nursing mother in a proper manner even when

the woman has been divorced during the suckling period. Almighty Allah (the most exalted) says in the Holy Quran:

“Lodge them (the divorced women) where you dwell, according to your means, and do not harm them so as to straiten them (that they be obliged to leave your house). And if they are pregnant, then spend on them till they lay down their burden. Then if they give suckle the children for you, give them their due payment, and let each of you accept the advice of the other in a just way. But if you make difficulties for one another, then some other woman may suckle for him (the father of the child)” (Quran 65:6).

Beyond this general principle, there are certain foods and drinks specified by Almighty Allah (the most exalted) as forbidden. Among these are:

1. Meat of the dead animals and birds.
2. Flesh of swine (pork).
3. Flesh of animals slaughtered with the invocation of any name other than that of Almighty Allah
4. All kinds of intoxicants [alcoholic drinks and khat/miraa]

A highly important factor of health promotion is proper nutrition. Choosing wholesome food and avoiding what is unwholesome are essential to health. Almighty Allah (the most exalted)

mentioned in the Quran:

“Eat of the good things which We have provided for you”. (Quran 2:172)

“O mankind! Eat of that which is lawful and good on the earth”. (Quran 2:168)

Almighty Allah (the most exalted) described the role of Prophet Muhammad (peace be upon Him) as prohibiting his people from all that is foul as mentioned in the Holy Quran:

“... He commands them for Al-Ma’ruf (the good deeds that Islam has ordained); and forbids them from Al-Munkar (all kinds, and all that Islam has forbidden); he allows them as lawful At-Taiyibat [(i.e. all good and lawful) as regards things, deeds, beliefs, persons, foods, etc.], and prohibits them as unlawful Al-Khaba’ith (i.e. all evil and unlawful things). (Quran 7:157)

To abstain from eating without a valid reason is contrary to health protection. Hence, Islam does not approve it. Almighty Allah (the most exalted) says:

“Do not forbid yourselves the wholesome things Almighty Allah has made lawful for you”. (Quran 5:87)

Healthy nutrition means having a balanced diet, in order to maintain the balance that Almighty Allah (the most

exalted) has established in all matters, and to which reference is made in the Quran:

“And He enforced the balance. That you exceed not the bounds; but observe the balance strictly and fall not short thereof”. (Quran 55:7-9)

Healthy nutrition means a diet balanced in quantity. Eating too much is contrary to Islamic teachings. In the Quran we read:

“O Children of Adam! Take your adornment (by wearing your clean clothes), while praying and going round (the Tawaf of) the Ka’bah, and eat and drink but waste not by extravagance, certainly He (Allah) likes not Al-Musrifun (those who waste by extravagance)”. (Quran 7:31)

Almighty Allah (the most exalted) says *“Eat and drink of the sustenance Allah has provided and do not corrupt the earth with evil.”* (Quran 2:60)

It is narrated by companion Jabir that Prophet Muhammad (peace be upon Him) said:

“No human being fills a container to worse effect than he fills his own stomach. It is sufficient for a human being to have a few bites to keep him fit (which means that it is sufficient to have only what one needs to maintain strength and well-being). If he must eat (or according to another version “If a human being cannot resist the temptation...”), then let him use one-third for food, one-third for drink and one-third for breathing”. (Hadith narrated by Imam Muslim).

In another Hadith, it is narrated by companion Abu Huraira that Prophet Muhammad (peace be upon Him) said: *“The food of one person will be sufficient for two, and the food of two people will be sufficient for four, and the food of four will be sufficient for eight”* (Hadith narrated by Imam Malik in his book al-Muwatta, chapter 49 Hadith No.20).

Healthy nutrition also means a diet balanced in its contents. This means that it must have a mixture of the different types of food which Almighty Allah (the most exalted) has graciously provided for His creation, so that it satisfies all the body needs in terms of proteins, fat, carbohydrates, salts and vitamins. Most of these are mentioned in the Quran:

“He created cattle which give you warmth, benefits and food to eat.” (Quran 16:5)

“It is He who subdued the seas, from which you eat fresh fish.” (Quran 16:14)

Referring to vegetarian food Almighty Allah (the most exalted) says:

"It is He who sends down water from the sky with which He brings up corn, olives, dates and grapes and other fruit". (Quran 16:11)

Milk and honey are also mentioned in the Holy Quran:

"In cattle too you have a worthy lesson. We give you to drink of that which is in their bellies, between the chyle and the blood: pure milk, a pleasant beverage for those who drink it." (Quran 16:66)

"From within their (i.e. the bees) bellies comes forth a fluid of many hues, that provides people with a cure (of illnesses)" (Quran 16:69)

Almighty Allah (the most exalted) says in the Holy Quran:

"We have made the camels as part of Almighty Allah's rites. They are of much benefit to you." (Quran 22:36)

"Eat of these fruit when they ripen" (Quran 6:141)

"And from it (the earth) we produced grain for their sustenance." (Quran 36:33)

Islam prefers whole meal food. An example is the Prophet's (peace be upon Him) preference for whole meal bread, as reported in a hadith which mentions that Umm Ayman once refined some flour to bake bread for the Prophet (peace be upon Him).

He asked her what she was doing, and she replied:

"This is a type of food which we used to make back home and I thought of baking it for you". He said: "Put it (the bran) back in then make the dough"

Another health rule stresses the need to ensure the cleanliness of food and drink. Islam urges that food should be covered so that nothing falls in it. Prophet Muhammad (peace be upon him) said:

"Cover your water container" and in another version: *"Cover your food and drink".*

Key Messages

- i. Breast milk is the only food and drink an infant needs in the first six months of life. After six months, a baby needs a variety of other foods in addition to breast milk to ensure healthy growth and development.
- ii. Pregnant and breastfeeding mothers should eat adequate and balanced diet. For healthy growth, give your child a variety of nutritious and fresh food every day.
- iii. From the age of six to eight months – in addition to breastfeeding – a child needs to eat two to three times per day and three to four times per day starting at nine months.

b. Exclusive Breastfeeding

Introduction

Babies who are breastfed are generally healthier and achieve optimal growth and development compared to those who are fed formula milk. If the vast majority of babies were exclusively breastfed in their first six months of life – meaning only breast milk and no other liquids or solids, not even water – it is estimated that the lives of at least 1.2 million children would be saved every year. If children continue to be breastfed for up to two years or more, the health and development of millions of children would be greatly improved.

Breastfeeding is the natural and recommended way of feeding all infants, even when artificial feeding is affordable, clean water is available, and good hygienic conditions for preparing and feeding infant formula exist.

Almost every mother can breastfeed successfully. All mothers, particularly those who might lack the confidence to breastfeed, need the encouragement and practical support of the baby's father and their families, friends and relatives. Health and community workers, women's organisations and employers can also provide support.

Current Situation in Kenya

The exclusive breastfeeding rate is at 13 per cent nationally (KDHS 2008). Only 32 per cent of babies are exclusively breastfed for six months. Therefore, the majority of infants are being exposed to an increased risk of disease daily and have lowered immunity because they are given foods and drinks other than breast milk before six months.

Kenya has over the past 20 years lost the gains that had been made to promote, protect and support breastfeeding, with a dramatic decline in facilities that were baby-friendly and existing confusion regarding the best source of infant feeding options for babies born to women who are HIV infected. Kenya is also one of the few countries that have not ratified the 1983 code for marketing of breast milk substitutes.

Rationale

Breastfeeding is the natural and recommended way of feeding all infants, even when artificial feeding is affordable, clean water is available, and good hygienic conditions for preparing and feeding infant formula exist.

Correct Practices to be Promoted

- i. Initiate breastfeeding of the baby immediately after birth. Do not give water, herbs or animal fats.

- ii. Breastfeed exclusively for the first six months.
- iii. Breastfeed the baby on demand.
- iv. After six months, give your baby additional nutritious food four times a day.
- v. Continue breastfeeding for up to two years and beyond.
- vi. Enhance growth monitoring and promotion at all levels of service delivery.
- vii. Newborn babies should be given to the mother to hold immediately after delivery.
- viii. Every mother can breastfeed successfully. Breastfeeding frequently causes production of more milk.
- ix. The risk of mother-to-child transmission of HIV is greater if the infant is given other foods, fluids and milk substitutes within the first six months, hence exclusive breastfeeding is encouraged.
- x. A mother who is regularly separated from her baby as a result of work and other responsibilities can express her breast milk so that another caregiver can safely feed the baby using clean containers. When expressing breast milk, the following should be observed:
 - All utensils used to feed your baby must always be cleaned with clean water and soap.
 - Wash your hands with soap and clean water before expressing breast milk.
 - Expressed breast milk can be stored for up to eight hours in a cool place.
 - Either the mother or someone else can feed the baby using a clean open cup. Even a newborn baby learns quickly how to drink from a cup.
 - Additional information on expressing breast milk can be obtained from a health worker.

Supportive Scriptural References

Breastfeeding is a fundamental right of every child in Islam. The exceedingly beneficial feature to the baby of breastfeeding for two years, was revealed by Almighty Allah (the most exalted) fourteen centuries ago in the Holy Quran:

“Mothers should nurse their children for two full years—those who wish to complete the full term of nursing...”
(Quran, 2:233)

It is Almighty Allah (the most exalted) Who knows the needs of and displays mercy to every living thing, who creates mother's milk for the baby in the mother's body.

Arradhaa'a (breastfeeding) occupies a whole chapter in the Islamic jurisprudence where the Muslim Jurist scholars determine a number of issues pertaining to breastfeeding .e.g. the child's right to breastfeeding, the

length of breastfeeding, the responsibility of the husbands to maintain the mother during the gestation period even if he had divorced her.

In the absence of the mother, Islamic law allows foster mothers with integrity to breastfeed the baby.

The Holy Quran makes it obligatory on the father to sustain the breast feeder of his child, because the nutrients reach the child through her by way of breast-feeding.

“We have enjoined on man to be dutiful and kind to his parents. His mother bears him with hardship, and bearing of him, and the weaning of him is thirty months”. (Quran: 46:15).

“And We have enjoined on man (to be dutiful and good) to his parents. His mother bore him in weakness and hardship, and his weaning is in two years – give thanks to me and to your parents”. (Quran 31:14).

“And we inspired the mother of Musa (Moses) saying, “suckle him” (Quran 28:7).

Further, in the Hadith, the Prophet (peace be upon Him) insisted that mothers should whenever possible breastfeed their children, warning that those mothers who can breastfeed their babies and yet do not do so will be called to account.

Imam Malik narrated that Yakub Ibn Zayd Ibn Talha mentioned that a woman came to the Messenger of (peace be upon Him) and informed him that she had committed adultery and was pregnant. The Messenger of Allah (peace be upon Him) said to her “Go away until you have suckled and weaned the baby.” When she had weaned the baby, she came to him. He said, “Go and entrust the baby to someone.” She entrusted the baby to someone and then came to him. He gave orders that she was to be punished.

Key Messages

- i. All mothers should start breastfeeding immediately after birth.
- ii. Continue breastfeeding exclusively (give breast milk only) for the first six months.
- iii. After six months of exclusive breastfeeding, continue breastfeeding as you give your baby other nutritious foods for the next two years and beyond.



a. Malaria

Introduction

Malaria is a parasitic disease, which is usually characterised by shivering, chills alternating with fever, headache and nausea and sometimes vomiting. After an interval free of fever, the cycle recurs either daily or every third day depending on the species of the malaria parasite. Malaria is transmitted through the bites of some mosquitoes. Sleeping under an insecticide-treated net is the best way to prevent bites.

All members of the community should be protected against mosquito bites, particularly young children and pregnant women. Protection is needed after sunset and before sunrise, when malaria mosquitoes bite.

Current Situation in Kenya

Malaria is the leading cause of morbidity and mortality in Kenya. Approximately 1.5 million women become pregnant each year in Kenya and the majority live in areas of moderate to intense transmission of malaria. Malaria infections pose a risk to the unborn child, leading to abortion, stillbirths, congenital infections, low birth weight, prematurity, intra-uterine growth retardation, and in the mother it leads to malaria illness and mortality.

Pregnancy related maternal mortality is estimated at 488/100,000 (KDHS 2008). Severe anaemia manifests in approximately 6,000 women during first pregnancy. Haemorrhage-complicating malaria related anaemia during pregnancy contributes significantly to maternal mortality. Other effects of malaria are severe anaemia, low birth weight and increased infant mortality.

Rationale

Malaria is very dangerous to pregnant women and children. In malaria-prone areas, they should take anti-malarial tablets recommended by a trained health worker and by sleeping under an insecticide-treated mosquito net. A child with a fever should be examined immediately by a trained health worker and receive appropriate anti-malarial treatment as soon as possible if diagnosed with malaria. Artemisinin-based combination therapies (ACTs) are recommended by the World Health Organisation

(WHO) for treatment of plasmodium falciparum malaria. It is the most serious type of malaria and causes nearly all malaria deaths.

Myths, Misconceptions and Current Wrong Practices

- i. People assume they have malaria when there is a sudden rise in body temperature or when the body feels weak.
- ii. Many people rely on over-the-counter treatment without prescriptions from clinicians.
- iii. People seek health care late after trying other forms of treatment.
- iv. Belief that nets sing at night or cause suffocation.
- v. Mosquitoes are still capable of penetrating through the nets.
- vi. Mosquitoes don't cause malaria.
- vii. Malaria is caused by eating mangoes or maize stalks.
- viii. Insecticide-treated mosquito nets are reserved for the father.
- ix. Insecticide-treated mosquito nets are used for fishing and other commercial purposes.

Correct Practices to be Promoted

- i. Ensure that all pregnant women and children under five years old sleep under treated nets.
- ii. Ensure that all pregnant women in malaria endemic areas receive two doses of S.P
- iii. In case of fever, take your child to the nearest health facility immediately.
- iv. All members of the family should always sleep under treated nets.
- v. Use wire mesh in buildings.
- vi. Apply larvicides.
- vii. Support indoor residual spraying (IRS) by qualified health officers.

Supportive Scriptural References

Almighty Allah (the most exalted) says *“And we reveal of the Qu’ran that which is a healthy and mercy for believers.”* (Qu’ran 17:82).

Prophet Muhammad (peace be upon Him) said *“There is no disease that Allah created, except that He also has created its treatment”* (Hadith narrated by Imam al-Bukhari)

Many verses of the Quran and prophetic traditions contain spiritual and material methods for treating many psychological and physical diseases.

The Prophet (peace be upon Him) said: *“What ever a disease that may be, Allah has created a medication for it”*. (Hadith narrated by Imam al-Bukhari)

Key Messages

- i. Administer ACT as the correct treatment for malaria after proper diagnosis through a laboratory test at a health facility. ACT is free in government health facilities.
- ii. Everybody should sleep under an insecticide-treated net.
- iii. Support indoor residual spraying by a qualified health officer in malaria prone areas.

b. Pneumonia

Introduction

Pneumonia kills more children than any other illness in the world. It is a major problem in communities with a high rate of under-five mortality, and places a huge burden on families and the health system. Pneumonia is the largest single killer of children around the world, responsible for the deaths of more than two million children under the age of five every year, accounting for almost one in five under-five deaths worldwide. In addition, up to one million more infants perish from severe infections, including pneumonia, during the neonatal period. Pneumonia control is, therefore, a priority and is essential in achieving MDG4.

Current Situation in Kenya

Acute respiratory infection (ARI) is the second highest contributor to the burden of diseases, with a high prevalence in children aged six to 11 months old (2003 KDHS). The prevalence of ARI is slightly higher (65.5 per cent) in urban areas compared to 54 per cent in rural areas.

Provincial variations exist, with Nairobi Province having the highest level (90 per cent) and Central the lowest at 45 per cent (KDHS 2008.)

However, only about one in four caregivers knows the two key symptoms of pneumonia – fast breathing and difficult breathing – which indicate that a child should be treated immediately. More than half of under-fives with suspected pneumonia in the developing world are taken to the appropriate health providers, but this proportion has increased marginally since 2000.

Low birth weight, malnourished and non-breastfed children and those living in overcrowded conditions are at a higher risk of getting pneumonia. These children are also at a higher risk of death from pneumonia. The leading immediate causes of under-five deaths in Kenya are largely preventable.

Rationale

Pneumonia remains among the leading killers of children globally, and in most countries, including Kenya. A National IMCI Health Facility Survey (HFS), conducted in November 2006 by the Ministry of Public Health and Sanitation, revealed that pneumonia accounts for 20 per cent of all deaths among children under five years in Kenya. It is also estimated that for each pneumonia child death, another two to three child deaths are associated with pneumonia. Case fatality rates may be up to 20 per cent for pneumonia, and as high as 50 per cent for meningitis.

Other risk factors include HIV infection, sickle cell disease, chronic renal disease, and for infants, lack of breastfeeding, incomplete immunisation for measles, haemophilous influenza type B (Hib) and pertussis, and smoke exposure. Kenya has introduced a pneumonia vaccination for children under one year.

Correct Practices to be Promoted

- i. Preventing children from developing pneumonia in the first place is essential for reducing child deaths.
- ii. Promotion of adequate nutrition, including breastfeeding, vitamin A supplementation and zinc intake.
- iii. Ensure the house is well ventilated.
- iv. Going for and completing immunisations, including haemophilus Influenza type B (Hib).
- v. Giving cotrimoxazole to children who are HIV positive.
- vi. Promote handwashing, exclusive breastfeeding

- and appropriate complimentary feeding.
- vii. Ensure your child takes Vitamin A capsules every six months from the age of six months to five years. Vitamin A Capsules are provided free at your nearest health facility.
- viii. Zinc supplementation.

Supportive Scriptural References

Prophet Muhammad (peace be upon Him) said: *“There is no disease that Allah has created that He also has created its treatment.”* (Hadith narrated by Imam al-Bukhari).

Drinking contaminated fluids causes many diseases, so it is highly advisable to have clean drinks. This is stressed in various Hadiths. Many infectious diseases can be transmitted by breathing or blowing droplets into the water we drink or the food we eat. Accordingly it is highly recommended not to breath or blow in what we drink and to cover our face with a cloth or hands while sneezing and yawning. Islam directed its followers to practice these preventive measures from the sayings of Prophet Muhammad (peace be upon Him).

The companion Abdullah bin Abbas said: *“The Messenger of Allah (peace be upon Him) advised not to breath or blow in the pot”.* (Narrated by Imam Abu-Dawud). A companion of Prophet Muhammad (peace be upon Him) said: what about the little dirt I see in the pot?. The Prophet (peace be upon Him) said: *“Discard it”.* The man said but I don’t get enough drink in one breath? The Prophet (peace be upon Him) said: *“then take the pot away from your mouth”.* (so that he breathes outside it then have another drink and so on). (narrated by Imam Tirmidhi).

Key Messages

- i. Ensure that your child completes all recommended immunisations.
- ii. Whenever your child has a cough or difficult breathing, they should be taken to a health provider for treatment.
- iii. Ensure your house is properly ventilated and that there is free circulation of clean air.

c. Diarrhoea

Introduction

Diarrhoea is the third leading cause of death in young children, after malaria and pneumonia. About four billion cases of diarrhoea are estimated to occur every year among children under five. It kills more than 1.5 million children under five years of age every year, representing 17 per cent of all deaths in children under five. Children are more likely than adults to die from diarrhoea because they become dehydrated and malnourished more quickly.

Diarrhoea is caused by germs that are swallowed, especially germs from faeces. This often happens in places where there is unsafe disposal, poor hygiene practices, lack of clean drinking water, or when infants are not breastfed.

Current Situation in Kenya

The prevalence of diarrhoea is 16 per cent and contributes to almost 20 per cent of the under-five mortality in Kenya. The main causes are poor hygienic practices, especially failing to wash hands with soap, inadequate water supply, inadequate safe drinking water and poor faecal and waste disposal. Children weakened by frequent diarrhoea episodes are more likely to be undernourished and suffer from opportunistic infections. Weakness and undernutrition caused by frequent diarrhoea episodes and mineral deficiencies caused by worm infestation negatively affect the ability of the child to learn and retain information in school.

Diarrhoea is the third most common cause of mortality and morbidity, with a case fatality of up to 21 per cent. It accounts for one in five of all hospital admissions. It is among the most common causes of death, contributing to six per cent of all hospital deaths. Only 39 per cent of children who have diarrhoea receive the recommended oral rehydration salts (ORS). Prevention and treatment of dehydration with ORS and fluids commonly available at home, breastfeeding, continued feeding, selective use of antibiotics and providing treatment with zinc supplementation for 10 to 14 days are critical therapies to reduce mortality and morbidity due to diarrhoeal diseases.

Rationale

Diarrhoea kills children by draining liquid from the body. As soon as diarrhoea starts, it is essential to give the child extra fluids along with regular foods and fluids. A child’s life is in danger if she or he experiences several watery stools within an hour or if there is blood in the stool. Immediate help from a trained health worker is needed.

Correct Practices to be Promoted

As soon as diarrhoea starts, it is essential that the child be given extra fluids as well as regular foods and fluids

- i. Give ORS to children who have diarrhoea. Oral rehydration salts are available at most chemists, local shops and at the nearest health facilities
- ii. Continue feeding children who have diarrhoea regularly and give an extra meal everyday for at least two weeks.
- iii. Give additional fluids available at home e.g. soups, clean water, to all children who have diarrhoea.
- iv. Exclusive breastfeeding for the first six months of life and continued breastfeeding after six months can reduce the risks associated with diarrhoea.
- v. Take children to a health facility immediately they:
 - a. Have blood in their stool.
 - b. Are unable to drink or breastfeed.
 - c. Vomit or develop fever.
- vi. Parents and caregivers should ensure their children suffering from diarrhoea receive zinc tablets from the nearest health facility.
- vii. Exclusive breastfeeding for the first six months of life and continued breastfeeding after six months can reduce the risks associated with diarrhoea. Immunisation against rotavirus (where recommended and available) reduces deaths from diarrhoea caused by this virus. Vitamin A and zinc supplementation can reduce the risk of diarrhoea.
- viii. A child with diarrhoea needs to continue eating regularly. While recovering, she or he needs to be offered more food than usual to replenish the energy and nourishment lost due to the illness.
- ix. A child with diarrhoea should receive ORS solution and a daily zinc supplement for 10 to 14 days. Diarrhoea medicines are generally ineffective and can be harmful.
- x. To prevent diarrhoea, all faeces, including those of infants and young children, should be disposed of in a latrine or toilet or buried.
- xi. Good hygiene practices and use of safe drinking water protect against diarrhoea. Hands should be thoroughly washed with soap and water or a substitute, such as ash and water, after defecating and after contact with faeces, and before touching or preparing food or feeding children.

Supportive Scriptural References

In an authentic hadith, Prophet Muhammad (peace be upon Him) said: *“Yes, servants of God! Seek medical treatment”*. He raised the hopes of patients, making clear

that all diseases may be cured. In an authentic hadith, he says: *“God has not created a disease without creating a cure for it”*. Although disease occurs by God’s will, every Muslim is commanded to try to protect himself against it utilizing methods of prevention which also work by God’s will. In that, as always, they should place their trust in God.

Prophet Muhammad (peace be upon Him) prohibited urination and defecation anywhere near or in a water source such as wells, rivers and shores. Therefore, urinating and defecating are forbidden in any of them. Prophet Muhammad (peace be upon Him) said *“Avoid three evils; defecation in water sources, shades and in the road”*. It is highly advisable not to urinate, or defecate in shady places (e.g. near or under trees or near dwellings). Abu-Huraira reported: The Messenger of Allah (the most exalted) said: *“Be on your guard against two things which provoke cursing”*. They (the hearers) said: Messenger of Allah what are those two things which provoke cursing? He said: *“Easing on the thoroughfares (where people walk) or under the shades (where they take shelter and rest).”* (Hadith narrated by Imam Muslim). In another Hadith, Abu-Huraira reported that he heard the Messenger of Allah (peace be upon Him) saying:

“No one of you is to urinate in the constant water which does not flow then showers in it”. (Narrated by Imam Muslim).

Key Messages

- i. Give ORS to children who have diarrhoea. ORS is available at the chemist, local shops and at the nearest health facilities.
- ii. Give additional fluids available at home e.g. soups and clean water, to all children who have diarrhoea.
- iii. Good hygiene practices and use of safe drinking water protects against diarrhoea. Hands should be thoroughly washed with soap and water or a substitute, such as ash and water, after visiting the toilet and after contact with faeces, and before touching or preparing food or feeding children.



a. HIV and AIDS

Introduction

HIV is the virus that causes AIDS. HIV touches the lives of children and families in every country in the world. Over two million children under 15 years are living with HIV. Millions more are affected by HIV (living in families with infected members). An estimated 17.5 million children have lost one or both parents to AIDS; more than 14 million of these children live in sub-Saharan Africa (KAIS 2007).

HIV is transmitted through:

- i. Unprotected sex with an HIV-infected person;
- ii. HIV-infected woman to her baby during pregnancy, childbirth or breastfeeding;
- iii. Blood from HIV-contaminated syringes, needles or other sharp instruments and from transfusion with HIV-contaminated blood. HIV is not transmitted through casual contact or by other means.

Current Situation in Kenya

The 2007 KAIS indicates that 7.4 per cent of Kenyans aged between 15 and 64 years are infected with HIV. This means that about 1.4 million adults are living with HIV. More women are infected with HIV (8.7 per cent) compared to men (5.6 per cent). The number of people infected with HIV in Kenya is currently 2.2 million. Recent national surveillance data showed a prevalence of 6.1 per cent among adults, which indicated a decline from the previous figure of 13.5 per cent.

In the general population, women are slightly more likely to be infected than men, with teenage girls being at high risk of HIV infection. Pregnant women form five per cent of the total population (KDHS, 2002). This translates to 1.2 million.

Families and communities, especially women and girls, are the first lines of protection and care for children living with or affected by HIV. Families should receive the support they need to provide their children with a nurturing and protective environment. Keeping HIV-positive mothers and fathers alive and healthy is vital for children's growth, development and stability.

Without the security of the family, children run a greater risk of being exploited and discriminated against.

Adolescents and young people aged between 15 and 24 years old accounted for about 45 per cent of all new HIV infections among people aged 15 and older in 2007. HIV is more common among adolescent girls and young women than adolescent boys and young men. Life skills education is critical for children, adolescents and young people so that they acquire the knowledge and skills to make healthy life choices.

Rationale

Children are among the most vulnerable to HIV. But they typically receive the fewest services. The condition can progress rapidly in young children. Antiretroviral drugs are used to treat HIV because they restore the immune system and delay progression to AIDS. However, most children infected with HIV do not begin taking these drugs until they are five to nine years old. If infected infants and children are diagnosed early, receive effective treatment and take antiretroviral drugs as prescribed, they have a better chance to grow, learn, develop and have dreams for the future. Although HIV is still incurable, it is a manageable condition.

Myths, Misconceptions and Wrong Practices

HIV and AIDS are transmitted by:

- Casual contact e.g. shaking hands, or hugging;
- Use of public telephones, drinking containers, swimming or sharing a drink;
- Mosquito bites; and
- Donating blood.

Correct Practices to be Promoted

- i. Everybody should take a HIV test to establish their status.
- ii. If tested positive, initiate early care.
- iii. If negative, stay negative.
- iv. All pregnant women and their partners should be tested for HIV.
- v. All children born to HIV positive mothers should be tested at six weeks.
- vi. All HIV positive mothers should exclusively breastfeed for six months, then stop gradually except for those who meet the AFASS criteria (those who can Afford, Feasible, Acceptable, Sustainable and Safe replacement feeds).
- vii. All pregnant women who suspect that they, their partners or family members are infected with HIV,

have been exposed to HIV or live in a setting with a generalised HIV epidemic should take a HIV test and undergo counselling.

- viii. Parents or other caregivers should talk with their daughters and sons about relationships, sex, their vulnerability to HIV infection, sexual harassment, violence and peer pressure.
- ix. Parents, teachers, peer leaders and other role models should provide adolescents with a safe environment and a range of life skills that can help them make healthy choices and practice healthy behaviour.
- x. Children and adolescents should actively participate in making and implementing decisions on HIV prevention, care and support that affect them, their families and their communities.
- xi. All people living with HIV should know their rights.

Supportive Scriptural References

Prophet Muhammad (Peace be upon Him) said *"If fahishah (fornication) and all kinds of sinful sexual intercourse become rampant and openly, practised without inhibition in any group or nation, Allah will punish them with new epidemics (ta'un) and new diseases which were not known to their forefathers and earlier generations."* Hadith quoted and authenticated by Ibn Majah.

The teachings of Islam gives a complete guidance on the HIV/AIDS preventative measures such as:

- Encouraging Muslim youth to get married
- Abstaining from illicit sex, homosexuality and vaginal sex during menstruation
- Faithfulness to one's spouse
- Encouraging early marriage
- Forbidding use of intoxicants and free mixing of persons of opposite sex
- The Islamic tradition of male circumcision

Almighty Allah (the most exalted) says in the Holy Qu'ran in the following chapters in relation to HIV and AIDS:

"And come not near to the unlawful sexual intercourse. Verily, it is a Fahishah [i.e. anything that transgresses its limits (a great sin)], and an evil way (that leads one to Hell unless Allah forgives him)". (Qu'ran 17:32)

"And those who guard their chastity (i.e. private parts, from illegal sexual acts). Except from their wives or (the captives and slaves) that their right hands possess, for then, they are free from blame. But whoever seeks beyond that, then those are the transgressors" (Quran 23:5-7)

"And marry those among you who are single and the salihun (pious, fit and capable ones) of your (male) slaves

and maid-servants (female slaves). If they are poor Allah is All-sufficient for His creatures needs, All knowing (about the state of the people)." (Qu'ran 24:32)

"The fornicators flog each of them with a hundred strip. Let not pity withhold you in their case, in a punishment prescribed by Allah, if you believe in Allah and the last day. And let a party of the believers witness their punishment". (Quran 24:2).

"And (remember) Lout (Lot), when he said to his people: "Do you commit the worst sin such as none preceding you has committed in the 'Alamin (mankind and jinns)? Verily, you practise your lusts on men instead of women. Nay, but you are a people transgressing beyond bounds (by committing great sins)." (Quran 7:80-81).

"They ask you concerning menstruation. Say: that is an Adha (a harmful thing for a husband to have a sexual intercourse with his wife while she is having her menses), therefore keep away from women during menses and go not unto them till they have purified (from menses and have taken a bath)". (Quran 2:222)

Sayings of Prophet Muhammad (peace be upon Him) on HIV and AIDS.

Companion Abdallah Ibn Mas'ud said: *"I asked the Messenger of Allah (peace be upon Him), which sin is the worst in the sight of Allah?" He said, 'To make any rival to Allah, when He has created you'. I asked, 'Then what?' He said, 'To commit zinaa (adultery) with the wife of your neighbour'"* (Hadith narrated by Imam al-Bukhari and Imam Muslim)

Prophet Muhammad (peace be upon Him) explained: *"if one of you were to be stabbed in the head with a piece of iron, it would be better for him than if were to touch a woman whom it is not permissible for him to touch"* (Hadith narrated by Imam al-Tabaraani).

Prophet Muhammad (peace be upon Him) said *"Whenever a man is alone with a woman, the devil makes a third."* (Hadith narrated by Imam al-Tirmidhi).

Marriage is considered to be a religious duty in Islam. It is seen to be an effective means to protect individuals, especially young people, from indulging in illicit sexual activity that could lead to infection with the HIV/AIDS virus. Companion Abdallah Ibn Mas'ud said that "we were with the Prophet while we were young, had no wealth whatever, so Allah's Apostle said: *"Oh young people! Whoever among you can marry, should marry because it helps him lower his gaze and guard his*

modesty (i.e. his private parts from committing illegal sexual intercourse etc), and whoever is not able to marry, should fast, as fasting diminishes his sexual power". Prophet Muhammad (peace be upon Him) said: "A good wife is a gift from God and fulfils half of a man's religious obligations. Let him see to the other half himself." In another Hadith, Prophet Muhammad (peace be upon Him) said "When a man comes to you seeking marriage, and you are happy with his religious and moral integrity and honesty, give him your daughter; otherwise immorality and corruption would spread among you all." In this regard, the holy Quran mentions: "And let those who find not the financial means for marriage keep themselves chaste, until Allah enriches them of His Bounty". (Quran 24:33).

Visiting sick people (including those infected by HIV/AIDS virus) and praying for them and raising their morale and hopes for improvement is one of the deeds very highly recommended by Islam. Prophet Muhammad (peace be upon Him) narrated in a Hadith al-Qudsi that Almighty Allah (the most exalted)

Said: "Allah, the Lord of Honour and Glory, will say in the Day of Judgement: O Son of Adam! I was sick and you did not visit me! The man will submit and say: my Lord! How is it that I visit You and You are the Sustainer of the universe? And God will reply, "Didn't you know that My servant so and so was sick and you did not bother to visit him? Didn't you realize that if you had visited him you would have found Me with him?" Hadith qudsi narrated by the Prophet (pbuh), quoted by Abu Hurayrah, and authenticated by al-Bukhari,

Key Messages

- i. Everybody is encouraged to take a HIV test to establish their status as the first step of prevention.
- ii. People living with HIV should visit the nearest health facility for access to appropriate services and support.
- iii. Every one should show love and compassion to children and adults living with or affected by HIV.

b. Prevention of Mother-to-Child Transmission

Introduction

Prevention of mother-to-child transmission services are delivered through antenatal care services and are available in 60 per cent of health facilities. In many countries, pregnancy is the only time when women seek health services. This provides them an important opportunity to receive an HIV test and counseling whether in high or low-level epidemic areas.

If a woman is found to be HIV positive, she should have access to counselling, referrals, HIV care and treatment, and other healthcare services. Healthcare and support services for the mother will help reduce the risk of HIV transmission to the baby. A pregnant woman infected with HIV can take anti-retroviral drugs to help improve her own health and reduce the chances of her child becoming infected.

The risk of transmitting HIV to infants may be reduced to less than two per cent if pregnant women receive comprehensive counselling, health care and antiretroviral treatment during pregnancy and through the first six months after childbirth. This is often part of the comprehensive prevention of the mother-to-child transmission (PMTCT) programme.

An HIV-positive mother of a newborn should get information and skills to select the best feeding option for her baby. She should receive nutrition and healthcare counselling for the newborn and herself and be supported in having her child tested and treated for exposure to HIV. She should be informed that babies born to HIV-positive women who have not taken anti-retrovirals during pregnancy have a one in three chances of being born with HIV. Without intervention, half of the babies infected with HIV die before they are two years.

Current Situation in Kenya

Initially, the uptake of PMTCT services was low, but since the opt-out strategy was adopted, 86 per cent of women now accept testing. However, the followup of mothers found to be HIV positive is still low, partly due to the late attendance of ANC and the low numbers of women who deliver under skilled attendance.

Most mothers in Kenya begin their ANC visits in the third trimester. The late antenatal clinic attendance limits the benefits that can be gained from the various interventions provided within the focused antenatal care package of iron and foliate supplementation, intermittent presumptive

treatment for malaria and provision of insecticide-treated nets. It also includes early recognition, management of maternal danger signs and management of conditions, such as preclampsia, anaemia, antepartum haemorrhage, screening for TB, syphilis and HIV counselling and testing to prevent mother-to-child transmission. All this would significantly impact on not only maternal, but also newborn and child survival.

In the general population, women are slightly more likely to be infected than men, with teenage girls being at high risk of HIV infection.

Rationale

The risk of transmitting HIV to infants may be reduced to less than two per cent if pregnant women receive comprehensive counselling, health care and antiretroviral treatment during pregnancy and through the first six months after childbirth. This is often part of the comprehensive PMTCT programme.

Supportive Scriptural References

Mothers should be educated on the Islamic ways of prevention from HIV. Getting to know ones status by going for testing to get treatment if found positive. Parents infected with HIV should avoid transmitting it to the innocent child. The Shariah was revealed to people by Almighty Allah (the most exalted) to protect: religion (*din*), life (*nafs*), intellect (*aql*), progeny (*nasl*) and wealth (maal) of the people.

“And do not kill yourselves nor kill one another, surely Allah is most merciful to you” (Qu’ran 4:29).

“And spend in the cause of Allah and do not throw yourselves into destruction and do good. Truly, Allah loves Almuhsinun. (good doers)”. (Qu’ran 2:195).

Prophet Muhammad (peace be upon Him) said: *“There should be neither harming nor reciprocating harm”*. (Hadith narrated by Imam Ibn Majah).

Key Messages

- i. All pregnant women should attend at least four antenatal clinics, and ensure they get tested for HIV.
- ii. All women should ensure they deliver in a health facility, if HIV positive, they should receive services to prevent the child from getting the HIV virus.
- iii. HIV positive mothers should exclusively breast feed for six months, and ensure the baby is on HIV drugs during this period and afterwards.



Introduction

Parents are their children's primary and most important educators and caregivers and therefore play a significant role in providing care and safeguarding the rights of young children. Early stimulation and care sets the stage for how children will learn and interact with others throughout life and is required for brain development. Newborn babies can see, hear, taste, smell and feel and early stimulation builds on these basic facts.

Early stimulation occurs when adults (parents or other caregivers) provide materials, experiences, language and love to a child. The way parents interact with their young children and the experiences they provide them have a big impact on their youngster's emotional development, learning skills, and how they function later in life. Touching, holding, rocking, talking, listening and reading, or just playing with a child dramatically influences the youngster's brain development.

A child needs to feel safe, know that they are special and feel confident about what to expect from their environment. A child also needs discipline, a balanced experience of freedom and limits, and be exposed to a diverse environment filled with books, music and appropriate toys.

Parents can best meet these needs by providing a healthy, loving, safe, and emotionally balanced home environment. Children raised by caring, attentive parents in predictable environments are better learners than those who experience less attention in less secure settings.

Current Situation in Kenya

In Kenya, very few children have birth certification, meaning they are not legally registered, especially in rural areas. Children are involved in labour in houses and farms. Other problems afflicting children include:

- i. Most children are not protected from violence – including defilement, sexual abuse and physical injuries.

- ii. Some children are not taken to health facilities for treatment of diseases and preventive measures e.g. immunisation.
- iii. Late enrollment of children in school has a negative impact.
- iv. Preference of male child for schooling in some communities leads to discrimination of girls.
- v. Introduction to early schooling before the recommended age e.g at two years.

Rationale

The family has a primary role in raising children that cannot be replaced. The parent's love for their children draws from them what is best. The fullest expression of the parents' love for the children is the task of educating them. The love of parents to their children is the source of all educational activity.

Fatherhood and motherhood represent a responsibility, which is both spiritual and physical. Parents should develop a profound esteem for the dignity of the child and a great respect for their rights. The smaller the child is, the more it is in need of everything, when it is sick, suffering or handicapped.

Correct Practices to be Promoted

- i. Every child should be legally registered and have a birth certificate.
- ii. Every child has a right to healthcare, good nutrition and education.
- iii. Every child has a right to be protected from harm, abuse and discrimination.
- iv. Every child deserves compassion and parental love.
- v. Providing parental love is integral to the formations of: a) Honesty, b)
- vi. Integrity, c) Humility, d) Fair play, e) Obedience, d) Courtesy and e) Religious practice (holistic growth)
- vii. Every child has a right to special care if they have disabilities, impairment or special needs.

¹Disciplining of the child in this context means providing guidance, follow-up and continued supervision of the child's development so that the child appreciates and understands the rationale behind the disciplinary measure. The Constitution of Kenya prohibits corporal punishment and UNICEF (and the Faith for Life material) does not advocate for any form of corporal punishment or abuse of children.

Supportive Scriptural References

Islam provides children with a protective environment. Prophet Muhammad (peace be upon Him) said:

“Allah will (on the Day of Reckoning) question each person in a position of responsibility about what he (she) was responsible for (in this life).”

Islam is against all forms of abuse, violence and exploitation against children. Accordingly, children in Islam are entitled to enjoy their basic rights in order to attain sufficient parental care, education, healthcare, enjoyment of recreation and sports and freedom of expression and thought. Almighty Allah (the most exalted) prohibited the custom of infanticide practices during the ignorance period (jahiliya). In this respect, the Holy Quran says:

“And when the female (infant) buried alive (as the pagan Arabs used to do) shall be questioned for what sin was she killed”. (Qu’ran 81:8-9).

“Indeed, lost are they who have killed their children foolishly, without knowledge, and have forbidden that which Allah has provided for them, inventing a lie against Allah. They have gone astray and were not guided.” (Qu’ran 6:140).

In Islam, parent-child relationship is complementary. Parents and children in Islam are bound together by mutual obligations and reciprocal commitments. It is narrated that a person went to Umar ibn Al-Khattab, the second Khalifah of Muslims, complaining his son’s disobedience to him. Khalifah Umar summoned the boy and spoke of his disobedience to his father and his neglect of his rights.

The boy replied:

“O Amir al-Mu’minin! Does a child have rights over his father?”

“Certainly” replied Umar.

“What are they, Amir Al-Muniin?” asked the child.

Umar replied: *“That he should choose his mother, given him a good name, teach him the Book (the Quran).”*

“O Amir al-Muniin! My father did nothing of this. My mother was a Magian (fire-worshiper). He gave me the name Ju’alaan (meaning dung) and he did not teach me a single letter of the Quran”.

Turning to the father, ‘Umar said:

“You have come to me to complain about disobedience of your son. You have failed in your duty to him before he has failed in his duty to you; you have done wrong to him before he has wronged you.”

Muslim social scientist, Ibn Khaldun mentioned that being cruel to the child makes the child to be coward and escape from responsibilities. Disciplining children should be resorted to only after exhausting all other means of educating the child through proper guidance and guided education.

If the child has committed an offence for the first time, the parent/guardian should pardon the child and give him/her a chance to repent and promise not to repeat the offence.

The parent/guardian should not punish the child when he/she is in a state of anger so as to avoid harming the child according to the saying of Prophet Muhammad (peace be upon Him) *“Do not be angry”.*

The parent/guardian should not punish the child in a manner that hurts sensitive areas e.g. head, face, chest which causes harm to the child according to the saying of Prophet Muhammad (peace be upon Him) *“there is no harm or causing harm in Islam”.*

Islam guarantees children protection from exploitation and hard labour that may cause harm. The holy Quran states:

“He has chosen you and has not laid upon you in religion any hardship.” (Quran 22:78).

Almighty Allah (the most exalted) also said:

“Allah desires for you ease. He desires not hardship for you.” (Quran 2:185).

He also said: *“Allah tasks not a soul beyond its scope.” (Quran 2:286).*

The Quran recognizes that children are joys of life as well as sources of pride and strength, fountains of distress and temptation. Almighty Allah (the most exalted) says in the Holy Quran:

“Wealth and children are the adornment of the life of this world. But the good righteous deeds that last, are better with your Lord for rewards and better in respect of hope”. (Quran 18:46).

Based on this concept, the Quran warns parents/guardians not to be deceived by the multiplicity of their children. Almighty Allah (the most exalted) says:

“Your wealth and your children are only a trial, whereas Allah! With Him is a great reward (Paradise)”. (Quran 64:15).

Taking good care of and showing compassion toward children is one of the most commendable deeds in Islam.

In Islam, responsibility for the children’s welfare is a question of first priority. It is a charitable of a higher order to attend to their educational needs and teach them proper manner.

Children should receive pleasant names by the seventh day so not to cause embarrassment, psychological disturbance or attract ridicule. The Messenger of Allah (peace be upon Him) said:

“Honor your children and give them pleasant names”. (Hadith narrated by Imam al- Bukhari)

It is a divine injunction that the child is not to be the cause of harm to its parents and therefore the parents/guardians should reciprocate and cause the child no harm. The Holy Quran states:

“No person shall have a burden laid on him greater than he can bear. No mother shall be treated unfairly on account of her child, nor father on account of his child. And on the (father’s) heir is incumbent the like of that (which was incumbent on the father)”. (Quran 2:233)

In Islam, compassion toward children is a matter of religious as well as social concern. Prophet Muhammad (peace be upon Him) said;

“He is not of us who has a compassion for our little ones and does not honor our old ones”. (Hadith narrated by Imam al-Tirmidhi).

Prophet Muhammad (peace be upon Him) was fond of children and his care for his daughter Fatimah and his love for her children Hassan and Hussein are good examples. Al-Aqra ibn Habis visited Prophet Muhammad (peace be upon Him) and was surprised to see him kissing his grandsons Hassan and Hussein. The man told Prophet Muhammad (peace be upon Him) that he had ten children and never kissed one of them.

The man said; *“You kiss your children and we do not kiss them”.*

The Prophet then said to the person *“What can I do if Almighty Allah has withdrawn mercy from your heart”.* (Narrated by Imam al-Bukhari).

Prophet Muhammad (peace be upon Him) also said *“Those who do not show mercy to others will not have Almighty Allah’s mercy shown on them”.*

Prophet Muhammad (peace be upon Him) said:

“No father can give his child anything better than good manners” (Narrated by Imam al-Tirmidhi).

In another tradition, Prophet Muhammad (peace be upon Him) said:

“Whoever properly brings up two daughters until they reach maturity, that man and myself (the Prophet) will be so close in paradise as two adjacent fingers” (Narrated by Imam Muslim)

Children need to develop the etiquettes of Islam: when and how to greet; how to speak, sit, eat, and how to perform natural functions.

Children need to develop physical fitness and skills to be strong and courageous. Prophet Muhammad (peace be upon Him) recommended that children be taught horse-riding, swimming and archery.

Children need to develop a thirst for knowledge through listening, observation, reading, interacting with others. It is recommended that children be taught from an early age to recite and read the Quran and develop a love for it.

Key Messages

- i. Parents should ensure their children are legally registered and have birth certificates.
- ii. Parents should ensure their children take nutritious food, have access to basic healthcare and education and are protected from any harm, abuse and discrimination.
- iii. Parents should engage their children in interactions that promote positive development and growth e.g. playing, singing and talking.



a. Safe Drinking Water

Introduction

All water that people drink and use should come from a safe source or be purified. Containers for carrying and storing water need to be kept clean inside and outside, and covered to keep the water clean. Where necessary, home-based water treatment, such as boiling, filtering, adding chlorine or disinfecting with sunlight, should be used to purify the water.

Families have fewer illnesses when they have an adequate supply of safe water and know how to keep it clean and free from germs. If the water is not safe, it can be purified using low-cost solutions at home. It can be:

- i. Boiled;
- ii. Cleaned through a filter;
- iii. Purified with chlorine; or
- iv. Disinfected with sunlight or other simple measures.

The trained health worker or extension agent should have information on locally available home treatments. Safe water sources include properly constructed and maintained piped systems, public standpipes, boreholes, pond sand filters, protected dug wells, protected springs and rainwater collection. Water from unsafe sources – rivers, dams, lakes, ponds, streams, canals, irrigation channels, unprotected wells and springs – is best avoided. If necessary, it can be made safer by the home-based water treatment methods referred to above. Water should be safely stored in a covered clean container.

Current Situation in Kenya

- i. Forty six per cent of Kenyans have no access to basic sanitation; therefore, their activities have direct impact on water safety.
- ii. Forty two per cent of Kenyans have no access to safe water supply and therefore, it's a big challenge to ensure affordable and safe drinking water, especially at household level. It requires partnerships, consultative and sector wide approach.
- iii. The national average distances to domestic water points have increased to 25-30kms from seven kilometres.
- iv. The average quantity of water available for domestic use has reduced to five litres per person daily from 10 litres per person, per day (KFSSG 2009).

- v. There are constant outbreaks of waterborne diseases, which are a major concern to the ministry.

Rationale

Children are more vulnerable than any other age group to the ill effects of unsafe water, poor sanitation and lack of hygiene. These contribute to 88 per cent of deaths from diarrhoeal diseases. Children under five years old account for nearly 90 per cent of deaths from diarrhoea.

Myths, Misconceptions and Current Wrong Practices

- i. Inadequate use of sanitation facilities in rural areas.
- ii. Cultural practices i.e. inability to share toilets with in-laws.
- iii. Avoiding boiled and /or chlorine-treated water due to its 'taste'.
- iv. Belief that a baby's faeces is free from disease.
- v. Alternative sanitation options.

Correct Practices to be Promoted

- i. Boil or treat drinking water.
- ii. Store drinking water in clean, covered containers.
- iii. Drink water using clean containers.
- iv. Drinking water sources should be protected from contamination – animal drinking points should be separated from those of people.
- v. Avoid the use of pesticides or chemicals anywhere near a water source.
- vi. Use of clean covered containers to store drinking water.
- vii. Protection of water sources.
- viii. Drink water with less than 2ppm fluoride as advised by health workers.

Supportive Scriptural References

Water is a common theme in Islamic literature and poetry and has had an impact on the development of Islamic architecture and art. Almighty Allah (the most exalted) says:
"We made from water every living thing." (Quran 21:30)

Almighty Allah (the most exalted) provides us with water, which He could easily withhold it as He states in the Holy Quran;

"[More precisely], is He [not best] who created the heavens and the earth and sent down for you rain from the sky, causing to grow thereby gardens of joyful beauty

which you could not [otherwise] have grown the trees thereof? Is there a deity with Allah? [No], but they are a people who ascribe equals [to Him].” (Quran 27:60)

“And We sent down from the sky water (rain) in (due) measure, and We gave it lodging in the earth, and verily, We are Able to take it away.” (Quran 23:18)

Prophet Muhammad (peace be upon Him) advised against using places where people rest, collect water or clean themselves as toilet areas. The Prophet (peace be upon Him) said: “no one who wakes from sleep must put his hand into any utensil until he has washed it three times, as he does not know what his hand has touched”. The Prophet (peace be upon Him) warned against leaving food and water uncovered overnight. He instructed his followers to tie up the mouths of their water skins and to cover their food containers.

Although the Holy Quran has allowed the proper and careful use of water, it has also prohibited extravagance in the consumption of this basic utility in life. Almighty Allah (the most exalted) says: “O Children of Adam! Take your adornment (by wearing your clean clothes), while praying and eat and drink but waste not by extravagance, certainly He (Allah) likes not Al-Musrifun (those who waste by extravagance)”. (Quran 7:31-32)

Key Messages

- i. Collect drinking water hygienically.
- ii. Boil or treat and store water in clean covered containers before drinking.
- iii. Ensure water sources are protected from contamination.

b. Cleanliness

Introduction

A healthy and hygienic environment is actualised by safe, adequate water supply, sufficient sanitation and appropriate hygiene promotion. The health benefits of safe and adequate water, improved sanitation and hygiene are broad in scope, ranging from reductions in diarrhoea, intestinal worms, ecto-parasites, infections and trachoma, to enhanced psycho-social well-being afforded through such factors as the dignity that goes with using a clean toilet or latrine.

Many illnesses can be prevented by good hygienic practices: washing hands with soap and water (or a substitute, such as ash and water) after visiting a toilet or cleaning a child who has defecated, using clean toilets or latrines, disposing of faeces away from play and living areas and water sources, washing hands before handling food, using water from safe sources, disinfecting drinking water if its safety is in question, and keeping food and water clean.

Parents and caregivers should wash their hands with soap and water:

- i. After cleaning an infant or young child who has defecated.
- ii. Before and after handling food.
- iii. After visiting latrines or toilets.
- iv. Before feeding young children.

Parents and caregivers need to help children develop the habit of washing their hands with soap before eating and after using the latrine or toilet. Where soap is not available, ash and water can be used. Animal and human faeces should be kept away from houses, paths, water sources and children’s play areas.

Current Situation in Kenya

Many illnesses, especially diarrhoea, come from germs found in human faeces. If the germs get into water or onto food, hands, utensils or surfaces used for preparing and serving food, they can be swallowed and cause illnesses. Safe disposal of all faeces – both human and animal – is the single most important action to prevent the spread of germs by people or flies. Emphasis should be put on proper disposal of human and animal waste. Some households do not have toilets and where they have, they do not share them with in-laws.

Rationale

Water is one of the most essential elements of life. God has made every living thing dependent on water for its very existence. Every day, the body excretes two to three litres of water; some 1.4 litres through the kidneys, about 0.8 litres through the skin, 0.8 litres through the lungs and a very small amount through the intestines. This loss is compensated for by the fluid intake in food and drink.

Correct Practices to be Promoted

- i. Drink water using clean containers.
- ii. Always use a toilet.
- iii. Dispose baby faeces in a toilet or bury it.
- iv. Wash your hands before preparing, serving or eating food and before feeding children.
- v. Wash your hands after using the toilet, changing a baby, handling animals and raw food.

- vi. Wash your hands with clean running water and soap.
- vii. Washing the face with soap and water everyday helps to prevent eye infections.
- viii. Raw or leftover food should be washed or cooked. Cooked food should be eaten without delay or thoroughly reheated.
- ix. Food, utensils and food preparation surfaces should be kept clean. Food should be stored in covered containers.
- x. All household refuse should be safely disposed.
- xi. All children above one year should be dewormed twice every year.

Supportive Scriptural References

Cleanliness is so much important in Islam that in the very second revelation of the Quran, the Prophet Muhammad (peace be upon Him) was emphatically asked to maintain cleanliness. In the very early stages of the Divine revelation, Almighty Allah (the most exalted) commanded Prophet Muhammad (peace be upon Him) to purify his clothing:

“O you (Muhammad) enveloped (in garments)!. Arise and warn!. And your Lord (Allah) magnify!. And your garments purify!” (Quran 74:1-4).

In another verse, Almighty Allah (the most exalted) says: *“Truly, Allah loves those who turn unto Him in repentance and loves those who purify themselves”*. (Quran 2:222)

Islam has always predicted health behaviour with social cognition models. This is why Islam has always emphasized on starting with individual cleanliness before focusing on societal cleanliness. Prophet Muhammad (peace be upon Him), said:

“Islam is purity so purify yourselves for certainly no one will enter the paradise unless you are pure.”(Hadith)

In addition to hygienic problems, Islamic methods in housing, public health and nutrition and personal hygiene are emphasized. Personal hygiene includes bathing, clothing, washing hands and toilet, care of feet, nails and teeth, spitting, coughing, sneezing, personal appearance and inculcation of clean habits to the young. Training in personal hygiene should begin at a very early age and must be carried through school age (three years). These are the teachings of the modern time but are also entailed in the Islamic point of view about hygiene.

It is narrated by companion Abu Musa al-Ashari that Muhammad (peace be upon Him) said *“Cleanliness is part of Iman (faith)”* (Hadith narrated by Imam Muslim).

The noble soul can reside only in a clean body. One can obtain inner purity by maintaining the outer cleanliness. It is this inner purity of heart, which Almighty Allah (the most exalted) looks for and which is the seat of His remembrance. Hence, it is imperative for a man to keep clean within and without. The Quran and Hadith guide us. Prophet Muhammad (peace be upon Him) said,

“Neither the prayer is accepted without purification nor is charity accepted out of the ill-gotten”. (Hadith narrated by Imam Muslim)

Hand-washing

Washing one’s hands before eating is a basic principle. It ensures the cleanliness of the food we handle, so that it is not contaminated with what may be harmful. This protects the stomach from infections. Lady Aisha, the Prophet’s wife (may Almighty Allah be pleased with her) mentioned that the Prophet (peace be upon Him) used to wash his hands before eating.

Islam obligated ablution (wudhu) before offering prayer, which shows how to be protected from infectious diseases by a thorough washing of the exposed body part five times a day.

The Holy Quran attaches great importance to personal and environmental cleanliness:

“Oh you who believe! When you prepare for prayers, wash your face; wash your hands and arms unto elbow. Rub your heads with water and wash your feet to the ankles” (Quran 5: 6)

This is the ablution we are supposed to perform at least five times a day..

Muslims are supposed to begin their ablution by washing the palms. After washing the palms a Muslim is supposed to wash his mouth three times. The Prophet (peace be upon Him) said *“your mouth is the pathways of the Quran, so make it fragrant”* (Hadith narrated by Imam al-Bukhari).

He also said: *“Anyone who wakes up from sleep must not put his hands in any utensil until he washed it three times; for he does not know where his hand was during his sleep.”* (Hadith narrated by Imam al-Bukhari). This emphasises the importance placed on oral cleanliness.

Bathing

According to the practice of Prophet Muhammad (peace be upon Him) the correct manner of performing bath (ghusl) is:

- Wash both hands three times.
- Wash the private parts.
- Make a complete ablution (wudhu).
- Rub water through one's hair three times, letting the water reach down the roots of the hair.
- Pour water over the entire body, beginning with the right side, then to left, washing the armpits, inside the ears, inside the nasal cavity, inside the toes and whatever part of the body can be easily rubbed.

The habit of bathing differs from place to place, depending on the climatic conditions from once a day to once a week. However, while in a state of ritual impurity (janabat) following sexual intercourse, a bath (ghusl) becomes an absolute necessity in Islam. It is also necessary following menstruation (*haydh*) and postnatal period (*nifas*).

Ghusl al-janaba: Washing and cleanliness is the Qur'anic injunction of ghusl al-janaba, or the thorough washing of the genitals and the whole body after sexual intercourse. Muslim couple should perform the washing of ghusl not only after actual sexual intercourse but even if their unclothed genitals touch in an act of copulation. If one feels too lazy to perform ghusl one is advised by a Prophetic teaching quoted by the Prophet's wife 'A'ishah and authenticated by al-Bukhari, to wash one's genitals thoroughly even if sexual intercourse is to be resumed.

Muslims are properly guided in the use of toilet as well. It is imperative to use water to cleanse oneself after answering calls of nature, not using toilet paper alone. Lady Aisha (may Almighty Allah be pleased with her), the wife of Prophet Muhammad (peace be upon Him) said:

"The right hand was used by Allah's messenger for his ablution and for taking food and his left hand was used in the toilet" (Hadith narrated by Imam al-Bukhari).

Clipping of finger and toe nails is one of the sacred Sunnah of the Prophet Muhammad (peace be upon Him). The Prophet (peace be upon Him) used to clip his nails on Thursdays or Fridays. The Prophet (peace be upon him) said: *"Five practices are part of natural cleanliness: circumcision, shaving the pubic hair, plucking out the armpit hair, cutting the nails and trimming the mustache"*.

The whole planet has been placed under human responsibility to be cared for and not misused. Islamic concepts and principles, such as human appointment and viceregency, cooperation and public participation, public consultation, and the relation between the public and the governing bodies are well documented in the Islamic teachings, and are useful tools for raising awareness and involving the public in water resource management and

conservation. Water conservation is not the sole preserve of water agencies; everyone must participate in fulfilment of the Quranic injunction; *"Help ye one another in righteousness and piety. But help ye not one another in sin and transgression."* (Quran 5:2) Furthermore, Muslims believe that Almighty Allah (the most exalted) created the human race for a great reason that it might act as His viceroy upon the earth. Our mastery of the earth is for its betterment and development and not for evil or misuse.

"And (remember) when your Lord said to the angels: "Verily, I am going to place (mankind) generations after generations on earth." They said: "Will You place therein those who will make mischief therein and shed blood, - while we glorify You with praises and thanks (Exalted be You above all that they associate with You as partners) and sanctify You." He (Allah) said: "I know that which you do not know." (Quran 2:30).

"Enjoining of good and forbidding evil" is an obligatory action (wajib) that should be performed by all Muslims. It is an important tool not only for raising awareness, but also for urging good action and involvement and prohibiting bad and harmful behaviour.

Typical Islamic behaviour and action are guided by the saying of Prophet Muhammad (peace be upon Him);

"He who amongst you sees something abominable should modify it with the help of his hand; and if he has not strength enough to do it, then he should do it with his tongue; and if he has not strength enough to do it, (even) then he should (abhor it) from his heart and that is the least faith." (Hadith narrated by Imam Muslim).

Prophet Muhammad (peace be upon Him) said *"There should be neither harming nor reciprocating harm"*. (Hadith narrated by Imam Ibn Majah and Imam al-Daraqutni and others).

The principle of not causing harm can be used to enhance water conservation and abstain from extravagance in water consumption.

Key Messages

- i. Wash your hands with clean water and soap after visiting the toilet, and after cleaning the baby or changing their nappy.
- ii. Wash your hands before handling food, cooking or eating.
- iii. Always use a toilet and keep it clean.

a. Role of Religious Leaders in Child & Maternal Survival

This Manual has been designed to help religious leaders to view the many issues surrounding maternal and child survival in the light of the teachings from the Holy Quran and Sunnah and identify your role as a religious leader. Based on the Hadith of Prophet Muhammad (peace be upon Him) *“Allah will (on the Day of Reckoning) question each person in a position of responsibility about what he (she) was responsible for (in this life)”*, it is your responsibility to use this information to take lead on well being of your community and people. Your role should be to spread awareness and care starting from your home to your street, village, town, and city and throughout the country. If you rise to the occasion, considering that to save a human life is to save the whole of humanity, as mentioned in the Holy Quran *“and if anyone saved a life, it would be as if he saved the life of all mankind”* (Quran 5:32), we are sure that *inshaallah* (by the grace of Allah) we can keep our children and mothers happy and healthy.

b. Your Role at Mosque and Madrasa Levels

- i. Sheikhs/Imams/Madrasa teachers should take lead on promoting health and development seeking behaviours and focus on improving maternal and child survival through practical steps.
- ii. Take lead on the discussion on maternal and child survival by talking about the interventions and key messages and solicit public opinion. On all religious occasions, subjects related to the intervention areas should be discussed in the light of Islamic teachings. Information should be exchanged on interventions to reverse the alarming trends. The outcome in terms of spiritual and physical reactions should be documented.
- iii. Discuss issues related to maternal and child health problems during religious and social functions such as mosques and madrasas and ensure that the reaction and outcome of this discussion is based on sympathy, spiritual values and tolerance and a favourable/supportive attitude instead of condemnation.
- iv. Use sympathetic language while addressing religious gatherings and words should be chosen which do not encourage any stigma or discrimination.
- v. Convince people to live according to the teachings of the Holy Quran and Sunnah and thus protect themselves against risky behaviours.
- vi. Pray for the health of people living with HIV/AIDS and seek forgiveness from Allah for those who have died of it. Discuss in the Friday khutbas (sermons) how other societies of the world, people living with HIV/AIDS are leading a normal life. They can work, feed their families and are part of the social development process.
- vii. Support special campaigns and initiatives such as immunization, HIV testing, cleanliness, hand washing, exclusive breastfeeding, distribution of ITN bed nets by providing space and facilitation through the mosque.
- viii. Ensure mosques, madrasas and places of religious gatherings are kept clean at all times and toilets are maintained to avoid spread of diseases due to unhygienic conditions.

c. Your Role at the Community Level

- i. Assume the role of a community leader by using your status and position as preacher and guardian; to persuade your community to identify child and maternal survival issues and help them to come up with local solutions.
- ii. Take the advantage of religious gatherings and congregations such as marriage and funeral ceremonies, child birth, weddings and other festive occasions and events of jubilation to discuss and create awareness on the topics of maternal and child survival.
- iii. On the occasion of marriage ceremonies subjects related to married life, sexual relations, faithfulness to spouse etc. should be discussed in the light of the teachings from the Holy Quran and Sunnah.
- iv. On the occasion of International Days including World Water Day 22 March, World Health Day 7 April, Day of African child 6 June, World Breastfeeding Week from, 1st August, World Teacher Day 6 October, Global Hand washing Day 15 October, World Aids Day 1st December, or any other relevant occasion, mobilize your community and the followers to mark the day with renewal of efforts for individual and collective actions.
- v. Create CSD awareness and discuss the relevant topics on CSD during religious gatherings and

- congregations such as prayer times (salat), marriage funeral ceremonies, child birth and other festive occasions and events of jubilation,
- vi. Lead the discussion on PMTCT and talk about testing and prevention and motivate all to provide an enabling environment to the pregnant mothers.
 - vii. Visit local health facilities and hospitals and talk to patients, their families, guardians and listen to them sympathetically.
 - viii. Visit pregnant women to know their problems, support needed and other patients at home, meet widows and orphans and motivate patients and their families to offer prayers (salat).
 - ix. Arrange for the orientation and mobilization of local women and youth groups in the light of religious teachings and child survival and encourage them to play role in promoting healthy practices.
 - x. Discuss issues related to faith and maternal and child survival interventions in the electronic and print media by writing letters to editors or contribute to religious magazines along with articles in the national press.
 - xi. You as a religious leader should end the silence that exists about the disease in many areas and convince people to discuss related issues and problems. Patients should not be regarded as sinners as this leads them to hide their status, failure to seek help and further spread the disease.
 - xii. As a true representative of Almighty Allah's love on earth, help people with HIV/AIDS to live longer, more meaningful and dignified lives as opposed to stigmatizing them as sinners or criminals. This approach may help to change people's attitudes towards people and offer a ray of hope to sufferers that they can lead a normal life.
 - xiii. Pregnant women should be encouraged to go for testing and help those living with HIV/AIDS, their widows, orphans, guardians, married couples, and young people and AIDS affected. Volunteer groups should be formed to assist families.
 - xiv. You should encourage people living with HIV/AIDS should to live according to religious ethics and to nominate a guardian for their children and prepare a will. Orphans, widows and widowers should be consoled and proper advice/ guidance be given to them.
 - xv. Discuss what kind of facilities and information are required for community health especially for pregnant women and HIV testing, their families for their spiritual, mental, and physical help. Take lead to arrange these.
 - xvi. Raise the profile of maternal and child survival issues with the help of local and national leaders including politicians, eminent personalities and opinion of the community and create an effective strategy to prevent maternal and child survival according to the teachings of the Holy Quran and Sunnah.
 - xvii. Play an effective role in formulating national policies on maternal and child survival. Guide national, international and non-governmental organizations as to how to create awareness and provide necessary information in accordance with Islamic teachings.

d. Who should use *Faith for Life Manual*?

The content in the manual applies to congregational members in Muslim faith community. It can be used by any leader who has Muslim Followers or other platform and is concerned with health, growth, learning, development, protection, care and support of children and families.

The Messages can be shared through all engagements the religious leaders attend e.g. congregational days of worship, group meetings for youth and women, wedding ceremonies, burials, parties, special days of prayers, fasting etc.

It can also be shared through radio and television shows, interviews, announcements, internet, community theatres in other words, anywhere where there is a group of people who can give you an ear!

This Manual is a culmination of the invaluable contributions of theologians from major faith umbrella organisations in the Kenya, together with staff from UNICEF and Ministry of Public Health and Sanitation officials. Accordingly, we acknowledge the generous help of the following persons in the compilation and validation process, in particular:

From Inter-Religious Council of Kenya, Supreme council of Kenya Muslims (SUPKEM) and National Muslim Leaders Forum (NAMLEF)

1. Prof Abdulgafur Elbussaidy - Chair SUPKEM
2. Sheikh Adan Wachu
- Secretary General SUPKEM
3. Sheikh Abdulahi Abdi - Chair NAMLEF
4. Salim Vayani
- Secretary General NAMLEF
5. Al Hajj Yussuf Murigu
6. Mr. Abdulatiff Shaban
7. Bakary Chemaswet
8. Dr Abdulkadir Hashim
9. Hassan Kinyua
10. Sheikh Abdinasir Haji
11. Sheikh Hussein Mahad Nur
12. Abubakar Hamisi
13. Hassan Mwera
14. Jafar Ismail
15. Athman Abdallah
16. Jamaludin Yahya
17. Iddi Yusuf
18. Hassan Kilele
19. Khabab Kasim
20. Kasim Ibrahim
21. Asha Abdi
22. Jafar Abdul
23. Hussein Ali
24. Saidah Mohammed
25. Zainab Roba
26. Azra Abdi
27. Khalfan Amadala Ramadhan
28. Farouke Lagonze
29. Hajra Said
30. Abdillahi Sirat
31. Ada Kamwana
32. Yusuf Koko
33. Mudhara Khitami
34. Abdi Saleh
35. Chavai Katai
36. Abdi Hajj Mohamed
37. Mohamed Aboud
38. Aziza Gulam
39. Saida Wambui

IRCK Staff

1. Dr Francis Kuria – Executive Director
2. Jimmy Obuya
- Programmes Officer, Health and Children

From Unicef

1. Dr Olivia Yambi, Representative UNICEF Kenya
2. Dr Juan Ortiz,
Deputy Representative
3. Suleman Malik, Chief C4D
4. Dr. Sanjiv Kumar
5. Linda Beyer
6. Jane Mbagi
7. Jayne Kariuki
8. Roselyn Mutemi-Wangahu
9. Grace Miheso
10. Dr Vincent Orinda
11. John Obisa
12. Patricia K. Macharia
13. Scolastica Kunyihya
14. Samuel Wamuttu

From Ministry of Public Health & Sanitation

1. Dr Priscillah Migiro
2. D. Salim A.H
3. Elsa Odira
4. Selina Cherutich
5. Alex Mutua
6. Samson Thuo
7. Fredrick Ngeno
8. Phares Nkare
9. Farida Tomno
10. Grace Wasike
11. Charles Matanda
12. John Moro
13. John Kariuki
14. Rufus Owako
15. Oscar Kambona
16. Shaaban Mohamed - Ministry of Education
17. Owino David - Nascop



Faith for Life 

Manual



Ministry of Public
Health and Sanitation



INTER-RELIGIOUS COUNCIL of KENYA

