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A word from the Executive Director

Dear Reader,

Welcome to the Positive Faith in Action! INERELA's quarterly newsletter.

The last few months have been very exciting. As you may be aware our network begun as the African Network of Religious Leaders Living with or Personally Affected by HIV and AIDS (ANERELA+), it has now transitioned into an International Network (INERELA+) with new regions in Asia, Europe and the Americas. At the end of 2009, we finalised a 5-year strategic plan in which we have renewed our focus on working, in collaboration with others, toward "a world where HIV and AIDS related stigma, infections and deaths are eliminated."



INERELA+ members and staff representing Africa, European and Central Asia, the Americas and Asia/Pacific Regions at the 5th AGM held on 1st October 2009 Nairobi, Kenya. Photo: Carolyn A. Opinde

At the September 2009 Board and AGM, not only did we discuss the importance of increasing openness and our capacity to address issues of sexuality, gender and masculinities which are often at the centre of increased stigma and discrimination, but we also resolved to increase communication. This led to the development of a new website. Through our new website, you will now be able to learn more about our work in each of the countries where we are present. Visit the site on <http://www.inerela.org>

We have continued to advocate for the adoption of SAVE (Safer Practices, Access to Medical Interventions, Voluntary Counseling and Testing and Empowerment) as a comprehensive model for HIV prevention and overcoming Shame, Stigma, Discrimination, Denial, Inaction and Misaction (SSDDIM) in all communities. We are doing so by expanding our partnership through participation in the Global Working Group to SAVE Lives and through our increased support to our members at country and regional level.

The other exciting moment at INERELA+ is that we were part of the organizing committee for a high-level religious leaders summit that took place in the Netherlands – take time to read a little more about this in this newsletter.

In collaboration with Churches United Against HIV and AIDS (CUAHA), we are working on an interfaith publication that will contain articles from various religious leaders engaging with HIV both from a theological but also practical point of view. We hope this will be useful as an inspiring publication for religious leaders and others to reflect on their personal engagement.

We look forward to hearing your views about this newsletter so we can continue improving it.

Chabu Kangale-Executive Director

“History In the Making”-Summit of High Level Religious Leaders

History in the making” is a phrase which we seem to through around quite a lot, and I suppose that in many senses it is true. Everything we do, everything we experience becomes history, part of our experience, part of who we become. Some events in our lives are however much more formative and influential than others, and just occasionally an event comes along which is not only formative on our own lives but will have a major impact for many people for many years to come.

After four years of dreaming, planning, fundraising and lobbying a very significant summit took place in Den Dolder, Netherlands from 22 – 23 March this year. If the participants who were present had simply come together for a cup of tea it would already have been significant enough. What however made this gathering of high level religious leaders from eight different faith groups significantly more influential was that the leaders concerned gathered to speak about something many people find uncomfortable – the stigma and discrimination around HIV and AIDS.

Now for years there has been significant engagement from various religious leaders and communities responding to various challenges around HIV and AIDS. We have had more than four hundred statements and declarations from faiths or denominations or meetings related to HIV. Conversely there have been many challenges raised to the lack of involvement from the faith sector, or commentary relating to the stigmatizing and negative approaches which many within faith communities have adopted.

So what is the peculiar significance of this summit in Den Dolder or the statement and pledge which has come out of it?

While it may be argued that more “progressive” or erudite statements have been developed in the past, never has a summit of religious leaders of the stature of this summit’s participants gathered for two full (and I mean full) days and focused exclusively on HIV related stigma and discrimination. The wonder of this summit is exactly the astonishing diversity of its participants, women and men, from Baha’i, Buddhist, Christian, Hindu, Islam, Indigenous, Jewish and Sikh faiths! The representivity exhibited is not only from different faith communities but also in the breadth within individual faiths means that the Summit Statement and Pledge must enjoy the widest possible



INERELA+ members at the Summit of High Level Religious Leaders
L-R: Bishop J. Okombo, Rev. Fr. JP Mokgethi-Heath, Ms. P. Mabele, Pst. P. Sawo, Sheikh A. Banda, Rev. C. Greyling and Canon G. Byamugisha
Photo: Leo Huizinga/Cordaid

The Statement lays the foundation for the minimum level of engagement for all involved, and by definition for their faiths and faith communities. And this defined level of involvement is significantly higher than many would have thought possible.

The statement:

- Acknowledges exclusion and culpability for it – “With remorse we regret that those living with HIV have at times been at the receiving end of judgement, rejection, a limited ability to embrace and affirm humanity in its diversity and to recognize how we and our faiths are all implicated in this pandemic”;
- Recognizes the vulnerability created by stigma and discrimination – “Stigma and discrimination foster an environment that exacerbates vulnerability to HIV infection which would not exist if we could collectively create a safe environment of acceptance and inclusion relating to HIV”;
- Acknowledges that there are no silver bullets, no quick fixes when it comes to HIV – “The HIV pandemic is both complex and multifaceted and demands that we work together. Working out of our areas of strength, we can achieve universal access to prevention, treatment, care and support” and “Changing the current trajectory of the HIV pandemic will involve holistic prevention including Safer Practices, Available medical and nutritional interventions, Voluntary counselling and testing and Empowerment (SAVE). In addition, the prevention must challenge stigma, shame, denial, discrimination, inaction and misaction (SSDDIM)”;
- Recognized that out of sight, out of mind also means out of access to prevention, treatment, care and support –“Secrecy and silence keep a variety of vulnerable populations from accessing prevention services, testing and treatment in relation to HIV. We must work to end the silence that fosters stigma and discrimination”.

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USAID Applauds INERELA+ Kenya

In 2004, 44 religious leaders living with HIV and AIDS in Kenya collaborated with the USAID POLICY Project and World Vision to help establish INERELA+ Kenya (KENERELA+), a country network of African Network of Religious Leaders Living with or Personally Affected by HIV and AIDS (ANERELA+).

Its groundbreaking work has paved the way for other national networks of faith leaders, which have sprung up in neighboring countries, including Tanzania and Uganda.

Task Order 1 of the USAID/Health Policy Initiative, the follow-on to the POLICY Project, has supported KENERELA+'s efforts to mobilize religious leaders and helped to strengthen its institutional capacity.



“Through the Health Policy Initiative, our profile was raised, and we are now more visible.” says Jane Ng’ang’a, KENERELA+'s National Coordinator.

Photo: Jane Ng'ang'a

The network has gained national recognition and inclusion in key policy-making bodies, cultivated strong champions at both the national and community levels, and stimulated active responses to HIV in faith communities. As a result of KENERELA+'s efforts, religious leaders in Kenya are beginning to speak out openly about their HIV status—something that was virtually unheard of just a few years ago. “Through the Health Policy Initiative, our profile was raised, and we are now more visible.” says Jane Ng’ang’a, KENERELA+'s National Coordinator.

Religious leaders' new engagement has triggered increased congregational response to HIV especially in underserved areas, including greater uptake of VCT, more support for OVC, and the formation of post-test clubs and support groups.

One of the ways the network put its new knowledge to use was by encouraging churches and mosques to design HIV policies. At a KENERELA+ advocacy workshop, several Muslim religious communities and the Anglican Church of Kenya shared their HIV policies and their policy development process. Later, the Ecumenical HIV and AIDS Initiative in Africa (EHAIA) shared its HIV policy guidelines with KENERELA+. The network has used the guidelines to help religious organizations draft HIV policies.

As a result, other churches have come to realize the need for HIV-related policies. The Gospel Evangelistic Churches of Kenya and other churches and religious communities are in the process of drafting similar guidelines.

The network will continue to mobilize membership, foster the formation of new support groups, and hold retreats for religious leaders especially female religious leaders and to help them overcome stigma.

The group is also reaching outside of Kenya to forge partnerships with its counterpart in Tanzania—TANERELA+.



Religious leaders during a KENERELA+ Stigma and Discrimination Retreat Reduction in January 2009

Photo: Jane Ng'ang'a

KENERELA+ Achievements

- Gained representation in national policy- and decision making bodies, such as National AIDS Control Council (NACC) committees
- Sparked a new HIV response in faith communities, including increased uptake of VCT and more support for OVC
- Changed attitudes, leading to greater openness about HIV and HIV status among religious leaders
- Expanded from 44 to 1,000 members and formed 25 support groups
- Reached underserved populations on Lamu Island and in Laikipia District
- Mobilized new resources and forged new partnerships

Adapted from September 2009 USAID Report on KENERELA+ By Carolyn A. Opinde

Herald of Hope: Rev. Paul Nderitu from INERELA+ Kenya

The story of Reverend Paul Nderitu, one of KENERELA+'s newest champions, illustrates the importance of network's reach and shows how changing the heart of one religious leader can change the future prospects of an entire community.



Rev. Paul Nderitu and pupils marching during a Stigma and Discrimination Reduction Campaign in Laikipia, Kenya in February 2009
Photo: Rev. Paul Nderitu

Rev. Nderitu, founder of the Entire Restoration Miracle Center Church in Laikipia District, participated in a KENERELA+ workshop on HIV- and OVC-related policy development and advocacy in Nairobi, July 24–27, 2008.

Before the workshop, Rev. Nderitu says, "I was a voice that really stigmatized people who are HIV positive,...I thought that HIV was a sinner's disease. So, whenever I preached, unconsciously, unawares, ...in a way that really made people feel bad, made people who were affected or infected with HIV to feel that we don't have love for them."

The KENERELA+ training caused Rev. Nderitu to change his attitude dramatically. "I became a totally, completely different person," he says. "Previously, I had not seen a pastor who was positive who was willing to say 'this is my status.' But when I came [there], I found bishops and pastors who said, 'I am positive and I've been living positively'."

While this was not Rev. Nderitu's first HIV training, it had a much greater impact on him than past trainings. "In this one, we were really taught and trained what HIV is...And then I changed my attitude," says Rev. Nderitu.

When the Reverend returned to Laikipia, he founded two OVC programs—one in Sipili division and one in Marmanet. One program supports 124 OVC, while the other supports 60 OVC. The programs provide home-based care, nutritional support, counseling services, life skills development, palliative care, educational care and support, and general care and support to OVC. When he and his partners began their work, they were shocked by the overwhelming number of OVC who came forward.

Although only recently launched, the two programs have mobilized resources from within the community to support their activities. Community members have contributed small amounts of money, foodstuffs, or clothing. When all else fails, Rev. Nderitu and his partners dig into their own pockets. At first, community members questioned the new initiative's ability to succeed. "They would ask, 'Do you have donors?'," Rev. Nderitu recalls. "We tell them, 'No, we will do it ourselves, from within. We will try to get money.' 'From where?' 'Here.' They could not imagine... most of them disbelieved, but now they know it is possible."

In February 2009, Rev. Nderitu conducted seminars on HIV and OVC support in Laikipia. The pastors responded by launching their own community-based organization, the Interfaith Forum on OVC, HIV and AIDS, Peace, Reconstitution, and Social Democracy. The new group comprises of 62 pastors and church leaders from Laikipia. Four other local groups are in the process of registering through the area Social Development Agents.

On February 28, 2009, KENERELA+ partnered with Rev. Nderitu's groups to organize a stigma and discrimination reduction campaign in Laikipia. The campaign brought together 62 church leaders and pastors from different denominations. On the day of the campaign alone, 37 residents accessed VCT—many for the first time.

The success of the program has generated increased demand for services. Resource mobilization will be a key focus as the work moves forward. Despite these challenges, the programs continue to thrive and their impact is deeply felt by Laikipia's residents.

Rev. Nderitu's Accomplishments in Laikipia District

- Carried out HIV awareness campaigns in market places and schools
- Provided financial support enabling four OVC to enter secondary school
- Held HIV and OVC mobilization meetings with bicycle taxi operators
- Spoke on stigma and discrimination in pastors' fellowships and churches
- Organized and facilitated one-day HIV, OVC, and stigma-reduction workshop targeting pastors and church leaders
- Laid groundwork for facilitating HIV trainings for sex workers
- Organized successful stigma and discrimination reduction campaign

Adapted from September 2009 USAID Report on KENERELA+ By Carolyne A. Opinde

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A number of calls also emerged from the summit, these are related to:

- Affirming universal respect for the dignity of every human being;
- Universal access to prevention, treatment, care and support;
- Universal respect of the human rights of both people living with HIV and those vulnerable to it;
- Looking holistically at the needs of orphans and other vulnerable children as well as youth in general;
- Challenging violence against women and girls; and
- Broad engagement in eradicating stigma and discrimination in all its manifestations.

Most importantly the summit recognized that engagement with HIV demands always working with and involving people living with HIV at all levels. The participation of members of INERELA+ and representatives from key populations played a major role in helping delegates to the summit see the reality of HIV in ways which many of them would not have encountered previously.

Key to this were the presentations by Canon Gideon Byamugisha on anti-SSDDIM and pro-SAVE, Bishop Okombo's testimony of personal experience at the hand of faith related stigma and discrimination, and a video aired of an interview between Pastor Patricia Sawo and the Archbishop of Canterbury. In addition INERELA+ will be involved with both EAA and UNAIDS in taking the process of this meeting forward, and will further have a significant involvement with high level religious leaders in "selling" the pledge made more broadly.



Religious leaders representing Hindu, Christian, Islam, Sikh, Buddhist and Indigenous faiths during the Den Dolder-Summit
Photo: Prudence Mabele



Bishop Gunnar Stålsett witnesses as Rev. Christo Greyling, one of INERELA+'s representatives, signs the Summit Pledge in Den Dolder-The Netherlands, 23rd March 2010. Photo: Rev Christo Greyling

The pledge itself is one made from a strong personal conviction. Forty religious leaders present, signed a pledge which committed them to report back to each other every eighteen months on their own successes in keeping the pledge, and the pledge in far reaching.

Again religious leaders make commitments to people living with HIV, children, young people, women and girls, men and boys, religious community and groups they could partner with. Again the strong commitment to not only work closely with people living with HIV, understanding their specific needs and vulnerabilities, but also engaging them both with privacy and dignity.

This Summit has demonstrated the invaluable role of partnership in challenging HIV and its related stigma and discrimination. CORDAID, EAA, WAC, UNAIDS, the Government of the Netherlands and INERELA+ all worked closely and were all key to the ultimate success of this summit. We can rightly be proud of the role we have played in achieving the broad based consensus and commitment which flowed from this summit.

I believe the Den Dolder Statement will prove to be a turning point in cooperation and commitment from faith communities in their depth and breadth of engagement with HIV.

Rev. Fr. JP Mokgethi-Heath

Click the link below for documents and speeches shared at the Summit:

<http://www.e-alliance.ch/en/s/hivaids/summit-of-high-level-religious-leaders>

INERELA+ on the Grow!- The Americas

How do you take a vision birthed in Africa, with its unique needs and engender ownership around it in a different part of the world? This is the very real question faced by INERELA+ as we grow from Africa to reach further areas of the world.



Network members and representative from partners organizations during INERELA+ Americas Regional Reference Group meeting, December 2009. Photo: Rev. Fr. JP Mokgethi-Heath

The first and obvious answer would be having a vision that is big enough to accommodate many people and regions. And the INERELA+ Vision certainly is this! A WORLD WHERE HIV AND AIDS RELATED STIGMA, INFECTIONS AND DEATHS ARE ELIMINATED!

The second and equally important step would be to engage with people in different regions of the world through a common ground and a shared vision. With the generous support of AJWS (American Jewish World Service), Christian Aid and NCA (Norwegian Church Aid) such a meeting was made possible in Latin America and the Caribbean. It followed two country specific retreats, namely in Haiti and Brazil, which brought participants from Central America, Latin America and the Caribbean.

There was an immediate and strong identification with the need to get faith communities more critically engaged with HIV in this region, but also the acknowledgement of a long and proud history of strongly proactive work in this regard in the region.

What was immediately obvious was that there would be no realistic engagement on issues of HIV in this region unless there was a strong commitment to work closely with LGBTI (**Lesbian, gay, bisexual, transgender and intersexual**) people identifying both with their vulnerability and their dignity. This is a two edged sword – it means that faith communities are far more committed to engaging on sexuality, but it also means that HIV is very strongly associated with homosexuality. This means that while the faith communities try to deal with sexuality it is very difficult for religious leaders living with HIV to be open about their HIV status. It is the double stigma of HIV and sexuality, a stigma which inevitably leads to double discrimination and double vulnerability.

The America's region has embraced INERELA+ fully. Their participation both in INERELA+ Board meetings as well as AGMs have been hugely valuable in assisting the network to be more focused in terms of sexuality and vulnerability. Their strong advocacy experience, gained through many years, is a valuable resource to the network as a whole. They help us understand a specific vulnerability related to HIV which we have found difficult to face in Africa.

Their participation both in INERELA+ Board meetings as well as AGMs have been hugely valuable in assisting the network to be more focused on issues around sexuality and vulnerability. Their strong advocacy experience, gained through many years, is an invaluable resource to the network as a whole.

INERELA+ Americas has opened our understanding in specific vulnerability related to HIV which most of us, especially in INERELA+ Africa have found difficult to face.

Rev. Fr. JP Mokgethi-Heath

XVIII IAS Conference in Vienna, Austria 18th-23rd July 2010

Did you know that at the XVIII IAS Conference in Vienna, Austria, INERELA+ secretariat will present a poster presentation titled, "*Faith Leaders building bridges with the Lesbian, Gay, Bisexual, Transgender and Intersexual (LGBTI) People and Commercial Sex Workers (CSW) through HIV and AIDS related Faith-based Responses in Sub-Saharan Africa*", while INERELA+ Kenya will present an oral presentation titled, "*Turning the Tide: Overcoming Stigma and Discrimination through HIV status disclosure by religious leaders living with HIV - Lessons from Kenya.*" ?

For more updates on INERELA+'s participation at the XVIII IAS Conference, contact Christopher Chabu Kangale-Executive Director, on chabu.kangale@inerela.org.

Amidst Conflict, Faith Triumphs: Nigerian Experience

Nigeria is a nation of people from diverse ethnic groups, cultures and traditional belief systems that have together endured a long period of traumatic events.

Though Nigerians may seem to be divided along these lines, religion is a uniting factor that has bred a common good for Nigerians. It has over the years been a vehicle of positive social changes in and round its diverse people and have over the years brought to Nigeria education, rural health facilities, roads, changes in barbaric cultural practices [killing of twins] etc.

In early 1986, Nigeria religious communities were awakened by a new pandemic which the government of the day could not address and these inadequacies rubbed off on the responses of it people, structures and the society at large. The religious communities were bereaved of possible solution to the HIV and AIDS pandemic and therefore denied its existence and later rationalized its occurrences to immoral life style of some perceived "religiously condemned" people. The growing stigma and discriminatory act against PLHIV and their relations was heightened.

Today, there is a growing birth of new information and ideas about the dynamics of HIV and AIDS in the global arena, and Nigerian religious communities have not been left behind in embracing these new measure. Remarkable amongst them is the birth of the Association of Religious Leaders Living with HIV and AIDS in Nigeria (NINERELA+). A faith based network of religious leaders living with or personally affected by HIV and AIDS, who are dedicating their resources to challenging the prevailing HIV and AIDS related stigma and discrimination within the different faith congregations by equipping, engaging and empowering various religious leaders through different capacity building forum to identify and address such issues in their local congregations. These results have not been an easy journey but the use of their life experiences as "Givers of Hope" have helped to deepen their contributions to the national response and faith led HIV responses but has also bridged the gap between the different religions in Nigeria – Islam, Christianity and traditional African religions.

Although they still suffer stigma and discrimination but these individuals [NINERELA+ members] have touched the lives of people, in no small way by making religious communities accept the existence of the pandemic as threat to life irrespective of religious inclination and giving life compelling information to create demand for HIV and AIDS related services among the society.

Oluchukwu Obele



Canon Gideon Byamugisha, a co-founder of INERELA+, takes a lead in submitting a petition to the parliament, signed by over 450,000 people, against the Homosexuality Bill in Uganda. Photo: Stephen Wandera, Story Source: <http://www.avaaz.org/dailymonitor>



INERELA+ Asia/Pacific members pose for a photo during a regional Stigma Reduction Retreat in Nagpur, India in 2008. Today this regional network is strengthening in membership and reach through Sikh, Hindu, Islam and Buddhist religious leaders. Photo: Rev Fr. JP Mokgethi-Heath



Pastor Lorraine Sabushimike of INERELA+ South Africa and Back To The Bible Training College (BBTCC) in Barberton, South Africa where Theology Students from various African countries were went through Anti-SSDDIM and Pro-SAVE Training supported by INERELA+ South Africa. Photo: Pastor Lorraine Sabushimike

Exchange Programme: NINERELA+ -SANERELA+

INERELA+ is committed to support cross-cutting knowledge and skills building of its country networks through an “exchange programme”.

The exchange program is a short term venture that provides an opportunity for cross learning, sharing and technical support between and among national networks with the purpose of addressing specific needs of the countries involved.



Obele and Nomsa during a meeting with secretariat staff and external Auditor, on strengthening SANERELA+ financial report System at INERELA+ boardroom. Photo: Carolyne A. Opinde

In 2009, INERELA+ South Africa (SANERELA+) identified a technical capacity needs that included strengthening coordination of the network, resource mobilization and developing a monitoring and evaluation framework for its overall strategic plan. In this vein, it developed a working partnership with INERELA+ Nigeria (NINERELA+) to assist it build the capacity of its network (members and board) to respond to its programme needs as identified.

Oluchukwu Obele, a program officer from NINERELA+, is taking part in a two-month exchange learning between NINERELA+ and SANERELA+ with the aim of : sharing skills in national network coordination and programme development, planning and implementation and providing technical assistance to SANERELA+ in order to strengthen its organizational coordination and management systems.

The exchange programme is one of the strategies of addressing challenges of inadequate skilled and knowledgeable human resource within a budding country network with insufficient funding. A host network can develop a capacity building or mentoring program in collaboration with identified staff from a partnering network who are skilled and qualified to provide program tutoring, human capacity development, policy and guidelines for operations on a short term exchange programme framework to address specific needs of country networks in the service delivery areas. As a result a shared process of knowledge impartation will be achieved and a vibrant, unified network established across the globe.

Oluchukwu Obele and Nomsa Befula

A Question of Language!

Language is a dynamic tool that is used to convey ideas and concepts and usage associated with the Human Immunodeficiency Virus (HIV) is no exception.

When the syndrome identified with the advanced disease progression was first identified it was called GRID, Gay Related Immunodeficiency. Later of course it was identified as a condition which did not only affect gay people, and was therefore newly defined as Acquired Immuno-deficiency Syndrome or AIDS. It was only three years later that the virus which caused this syndrome was identified as Human Immuno-deficiency Virus (HIV).

AIDS was, and for many people still is strongly associated with long term illnesses and deaths. UNAIDS¹ has put together a summary of preferred terminologies to be used when describing or talking about HIV. In a series of articles I will try and highlight these a few at a time.

AIDS, as was pointed out above, is a syndrome, caused by HIV. In the same way we also do not talk about the HIV-virus. This would be tautology or repetition. So when talking about the virus which can cause the syndrome known as AIDS use HIV or its full form, Human Immunodeficiency Virus. Be brief, and precise, and you will not convey negative images!

¹data.unaids.org/pub/Manual/2008/jc1336_unaids_terminology_guide_en.pdf

Rev. Fr. JP Mokgethi-Heath

April-June 2010 Calendar

- **Production and distribution of Advocacy Resource materials networks, 1st-30th April 2010**
- **INERELA+'s Board standing committee meeting , 25th-27th May 2010 in South Africa**
- **Development of Pro-SAVE and Anti-SSDDIM toolkit, 16th -23rd May 2010**
- **INERELA+-CUAHA Joint Publication: Receive article from Authors 7th-14th April 2010 and Upload Round-1 articles on the INERELA+ website, 15th-30th June 2010**
- **Monitoring and Evaluation of Networks, June 2010**
- **Watch out for the Next Issue: 30th June 2010!!!**