



Activity Report CUT 2014

Acronyms

- ADSU - Anti Drug and Smuggling Unit
- IBBS - Integrated Behavioural and Biological Survey
- IDPC - International Drug Policy Consortium
- MOHQL - Ministry of Health & Quality of Life
- MST - Methadone Substitution Therapy • National Aids Secretariat NAS (National Agency for the Fight against AIDS, under the Prime Minister's Office)
- NDCCI - National Day Care Centre for the Immuno Suppressed
- PES - Syringe Exchange Program
- PWID - Person who Inject Drugs
- PILS - Prevention, Information and Fight against AIDS • PUD person who uses drugs • LFR Risk Reduction
- Hepatitis C - HCV

Glossary

- Contacts - In our database, contact represents a person who has benefited from our services. This person can come back many times over a defined period, which will represent a contact every time. The number of contact contains several duplicates.
- Clients - In our database, a client is an individual who has benefited from our services at least once over a defined period. Thus, the number of clients is the exact number of people who have benefited from our services
- Harm Reduction – Harm Reduction focuses on laws, programs and practices that aim primarily to reduce the adverse consequences both in terms of health and socioeconomic level, without necessarily reducing drug consumption. Harm reduction benefits people who use drugs, their families and the community.
- PWID - People who inject drugs is a neutral term used to represent people who use drugs that are specifically used by injection
- PWUD – People who use drugs is a neutral term for all users of drugs and consuming different drugs by various methods, including oral, inhalation, injection or snorting.
- Drug Policy - Set of laws and practices to manage the issue of drugs, at a national, regional and global level.
- Reform of Drug Policies - Movement to revise the drug policies based on a too repressive framework, and providing a perspective of public health rather than criminal to manage the issue of drugs.

Introduction

The year 2014, has seen an increase in activities by CUT. The key change has been the implementation of the peer unit, following training with peers, showing a greater involvement of key affected population by CUT. Several changes have been noted on the substances used, compared to 2013. This report is an analysis and synthesis of our field projects taking into account the data collected by:

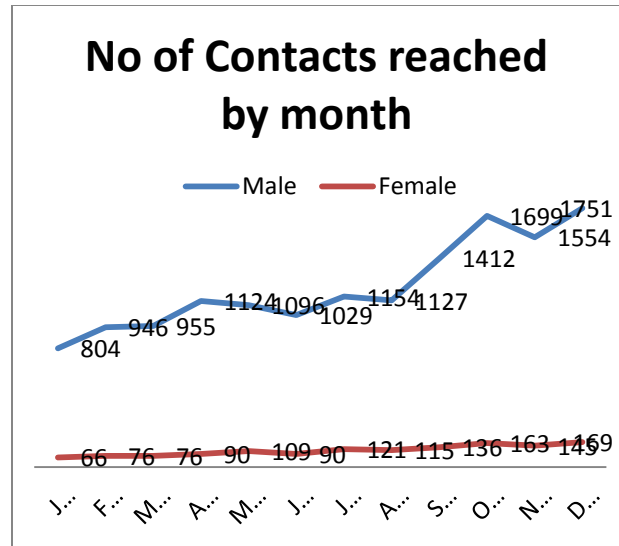
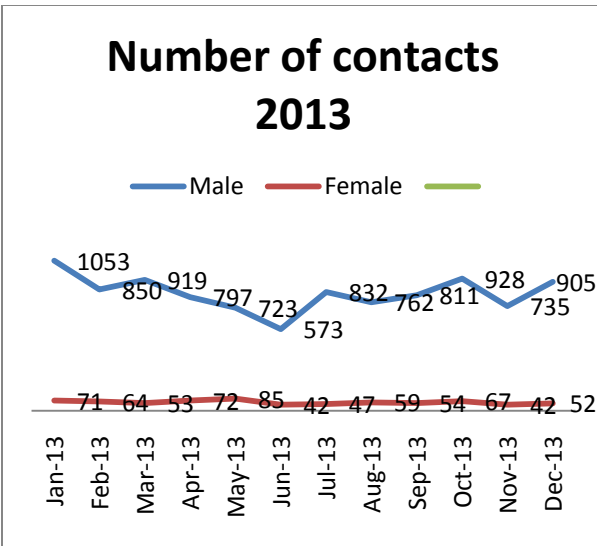
- our field workers during their interventions
- individual interviews of our beneficiaries
- quarterly meetings with site managers
- compilation of processed of data carried out by our M&E Officer
- weekly field visits by the field coordinator
- sessions of training and preparation for the launch of Peer Education Unit

1. General situation

1.1 The number of contact and clients

We have noted from the very first quarter of 2014 a change in consumption and availability of substances on the market. While 2013 was uneventful and the contact number was constantly fluctuating depending on the availability of substances, in 2014 a steady increase was noted in the number of customer contacts. During the last 4 months of 2014, the number of contacts and clients increased primarily by the additional interventions of the caravan and through the launch of the Peer Educators unit.

The graphs below show the difference between the last 2 years. In 2013 we had an average of 883 contacts made per month compared to the average of 1338 contacts per month in 2014.



According to the data collected, the steady rise during 2014 was due to:

- substances on the market (specially 'Brown Sugar') were more available and of better quality
- CUT's caravan intervened in the other regions (without the approval of the Ministry) according to the demand and need of the beneficiaries.
- Unity of Peer Educators launched in October 2014 reached a high number of new clients

With the increase in contacts in the field, the number of materials exchanged increased significantly.

These increases have been noted:

- 48% of the number of contact
- 28% of the number of customers
- 194% of the number of syringes
- 200% of the number of needles
- 50% of the number of female condoms
- 183% of the number of female condoms
- 196% of the number of swabs

Since the system 'quotas' set up in the past has been reviewed, customers feel more comfortable to come and take the equipment according to their needs and their number of injections. According to beneficiaries, they on average inject 4-6 times a day and this is also reflected through their demands in terms of equipment. The table below shows

the number of contacts and materials distributed on our sites, compared to previous years.

	Contacts		Clients	Syringes	Needles	Condoms		Swabs
	Men	Women				M	F	
2011	22,816	1,669	N/A	113,432	157,343	16,408	829	115,064
2012	14,587	1,315	1,771	113,851	136,130	13,656	496	124,118
2013	9,888	709	1,638	104,480	131,802	19,598	395	127,518
2014	14,651	1,351	2,092	306,389	395,027	29,248	1116	376,449

With the increased in number of beneficiaries we have seen a rise in the number of visits and also the amount of material taken and exchanged on various projects. The '*Secondary Exchange*' is still very present in the field and increasingly we meet beneficiaries who take the material for other people because they do not want to come on exchange sites for specific reasons (confidentiality, fear). The field teams also encounter a lot of '*dokter*' who come to the sites to recover material for their peers.

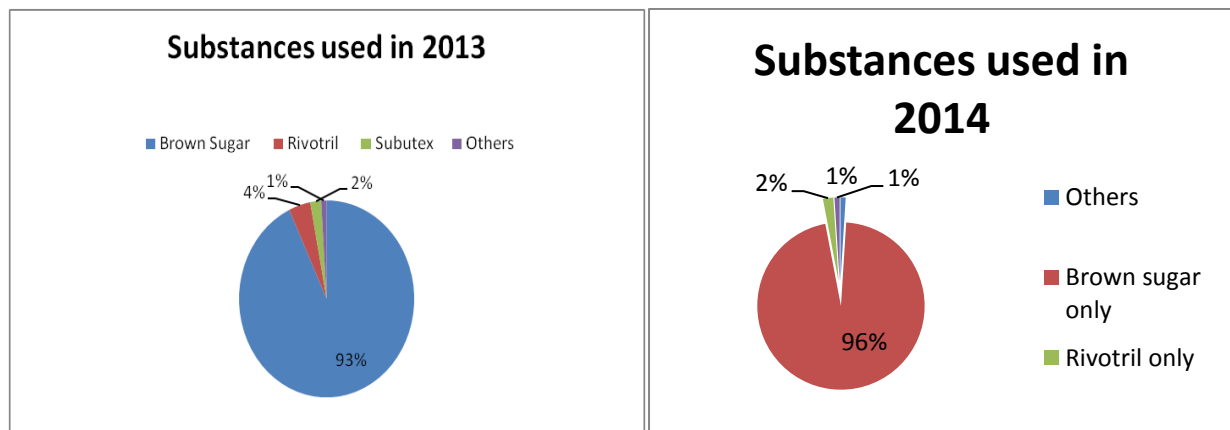
1.2 Substances

This year was marked by an increase in availability and thus consumption of products on the market. The key elements to note with regards to products are:

- The 'Brown Sugar' as in 2013 remains the most consumed by PWID. According to beneficiaries, the 'Brown sugar' available is of better value compared to previous years.
- The price of Brown sugar amounted to Rs 500 half-quarter (equivalent to 2-3 doses) for most regions. It should be noted that this rate is the same as in 2013.
- The Rivotril (White and blue drop) is still in use on the sites of Rose Hill (Stanley) and parts of Port Louis which covered by the unity of Peer Educators
- Only 10 customers (1%) reported using Subutex. This was gathered in the Southern Regions (specifically Chamouny)

The table below highlights the distribution of substances used in the field. The graph shows a comparison between 2013 and 2014 and supports the fact that the use of 'Brown sugar' is dominant in the field.

Classification	Substance name	of times reported by PW	%	Total %
OTHERS	AMPHETAMINE	1	0.00	
	COCAINE	1	0.00	
	OPIUM	0	0.00	
	ROHYPNOL	0	0.00	
	VALIUM	3	0.0	
MIXED OF SUBSTANCES	BROWN & RIVOTRIL	106	0.0	
	BROWN & SUBUTEX	35	0.3	
	BROWN & VALIUM	3	0.1	
	RIVOTRIL & VALIUM	6	0.1	
	BROWN & BLUE MAGIC	0	0.02	
	BROWN SUGAR ONLY	15536	91	
	RIVOTRIL ONLY	324	4	2
	SUBUTEX ONLY	42	3	1
		16057		



1.3 Materials

Field workers are still receiving complaints from beneficiaries about the poor quality of the equipment (provided by the Ministry of Health) that we offer on our projects.

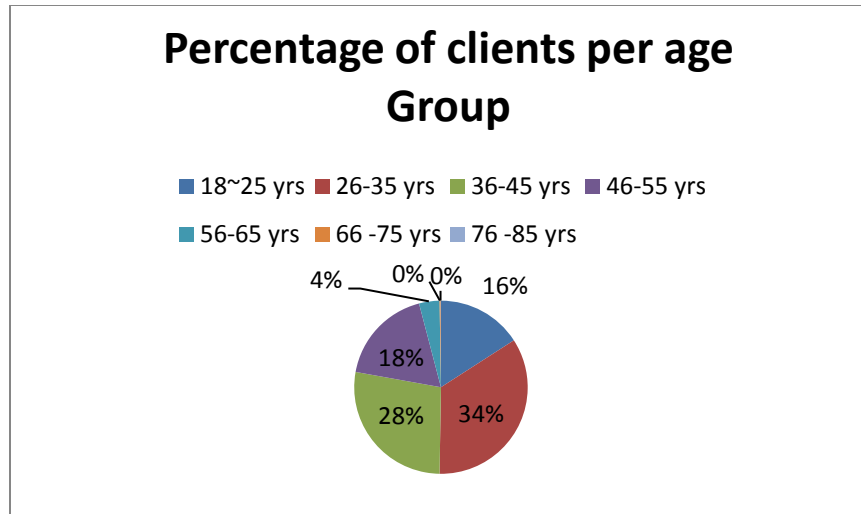
- The complaints always come on
 - the poor quality of small needles (27 g)
 - poor detachable 1ml syringes - some prefer not to collect from programs but rather purchase from a pharmacy
- We also noted a much a rise in demand for lubricating gel.
- Beneficiaries are constantly asking for 'Sterimix'. CUT distributed 'Sterimix' through funds received from a foreign donor in 2012 for a few months, only. The beneficiaries, who used this material, expressed a want for it.

CUT is also associated with PILS for the project '*Condom replenishment*' - condom machines in one part of the island and '*Condom distribution*' through our field workers and our peer educators. In December 2014, our field teams had distributed a total of 40,000 male condoms and restocked eight machines regularly.

1.4 Customers

Below the profile of customers who used our services during the year 2014:

- Some patients who are on methadone substitution program are coming back to our sites (many are still on the program, and others have left it completely).
- 7% of our beneficiaries were women in 2014 compared to 13% in 2013.
- The majority of clients we hit were between 26-35 years (34%) similar to 2013.



1.5 Police Harassment

There is a decrease in the patrol of ADSU teams on our sites but it is clear that some patrol teams (especially those of Rose Hill) continue to patrol near our sites during our hours of operation. It is nevertheless important to mention, that field workers are still receiving complaints of beneficiaries concerning arrests for possession of syringes. Unable to offer legal support, our field teams always relay the precautionary messages to our clients, regarding what to do if they are arrested.

2. Field Projects

2.1 Fixed PES sites

As of December 2014, CUT had 6 fixed Needle Exchange sites; *Baie du Tombeau*, *Batterie Cassée*, *Roche Bois*, *Barkly*, *Plaisance* and *Stanley*. The Bambou site which was fixed has shifted under the caravan.

Schedules and days of operation of fixed sites are still the same as 2013. The table below provides an overview of the functioning of the sites in terms of intervention, schedules and the number of field workers.

Sites	Number of interventions	Operating hours	Field workers
Baie du Tombeau	5 per week	17h00 – 19h00	8
Batterie Cassée	6 per week	16h30 – 18h30	7
Roche Bois	6 per week	16h30 – 18h30	6
Barkly	2 per week	17h00 – 19h00	6
Plaisance	3 per week	17h00 – 19h00	5

Stanley	3 per week	17h00 – 19h00	6
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As of December 2014, CUT had 38 field workers for our fixed sites, including 6 directly from the community of PWID.

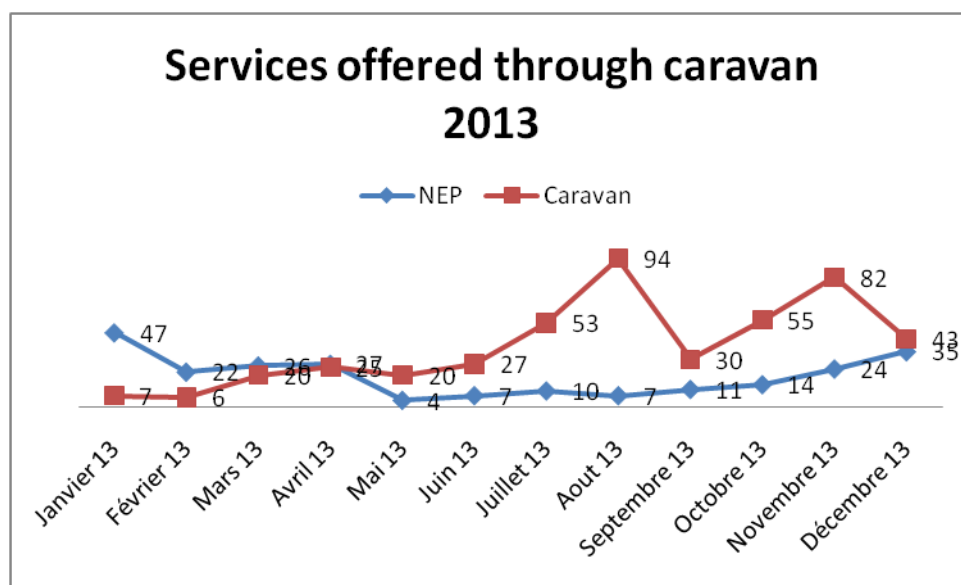
2.2 The mobile Caravan

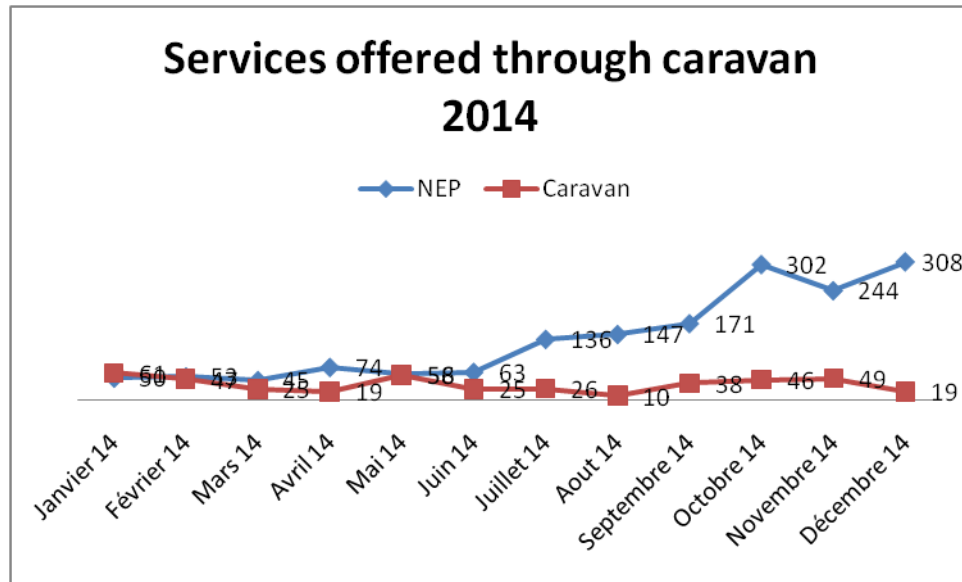
The caravan covered 9 sites during 2014. Chamouny, St Martin and Bamboo as official sites (and approved by the Ministry of Health). Regions like Kennedy, Karo Kalyptis and Bois Marchand that were covered due to demand since 2013 have been kept. Other sites were covered by the caravan following the constant demand of the beneficiaries including Grande Rivière, Cité St. Louis -Pailles and Richelieu.

The caravan also intervened on fixed sites and Cité Florida, with the support of the field team of Baie du Tombeau at the request of beneficiaries.

As of December 2014, the team of the caravan consisted of 10 people including 8 Field Workers and 2 'Health Care Assistant' (HCA) and provides the following services:

- The needle exchange program
- Dressings (Primary health care)
- The rapid testing (Voluntary Counseling & Testing)
- Monitoring and support for customers according to their needs.





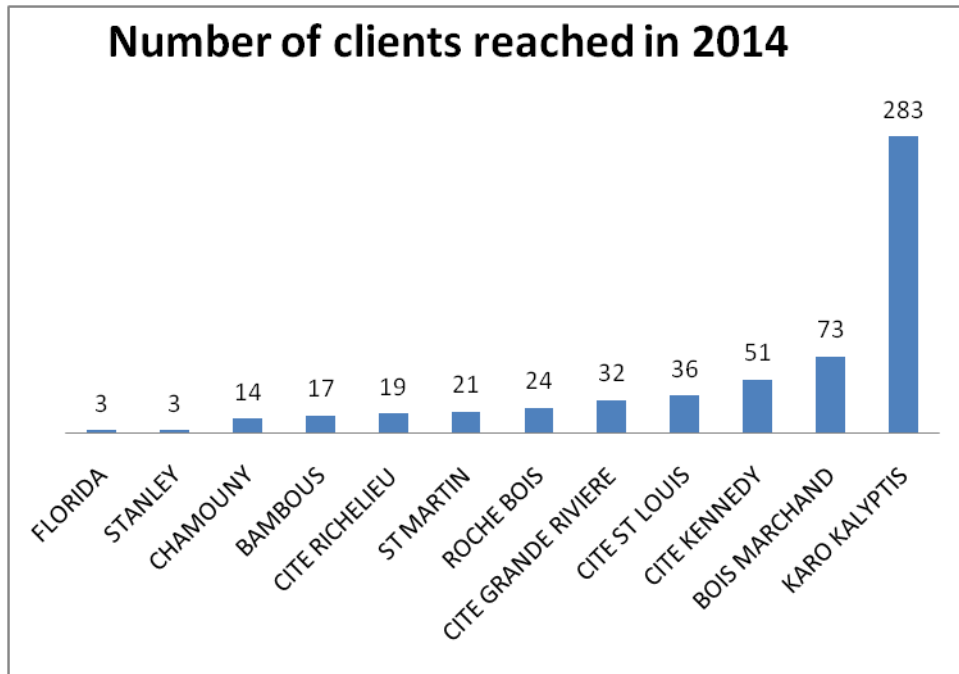
The interventions of the caravan in certain regions, *without the consent of the Ministry of Health* was decided upon the request of the beneficiaries residing in those regions. According to them, they do not receive the appropriate service relative to their needs. The MoH caravan operates on its sites for 15 to 30 minutes on weekdays and during the day, PWID are left mostly without injection equipments for weeks. For them, the hours of intervention of the MoH caravan is not appropriate especially for those who work and are not reachable during the day.

In order to meet the needs of its beneficiaries CUT's caravan intervened in the evening at those places (between 17h and 22h).

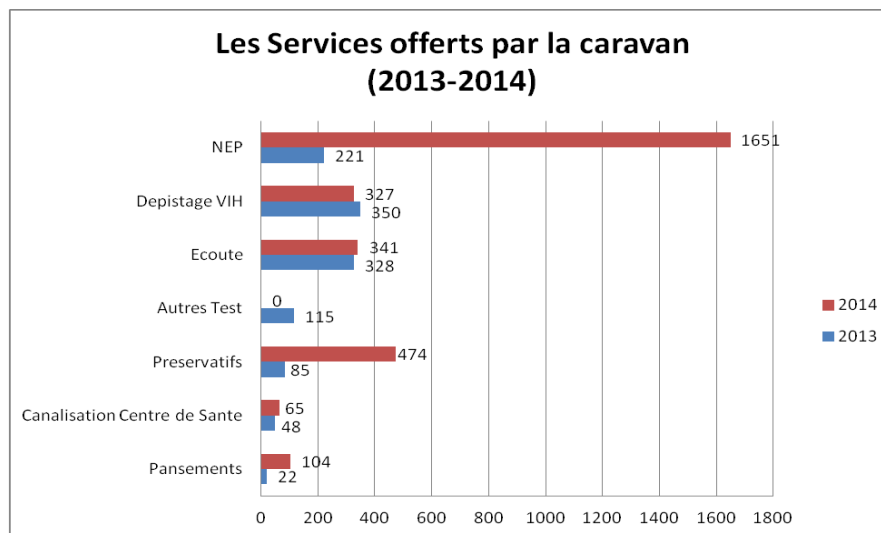
At Karo Kalyptis the caravan reached customers who do not necessarily move to the fixed sites of Batterie Cassé, because for some the time and location of this site does not suit them. On this site, the caravan also able to reach beneficiaries from surrounding areas came to seek supplies in the region.

The majority of customers reached by the caravan in 2014 came from regions where the caravan intervened without authorization, as demonstrated by the graph below. This supports the argument of the beneficiaries regarding schedules that do not necessarily meet their needs and the urgency to put programs that are tailored for them.

The graph below gives an overview of the number of customers reached at each site during 2014

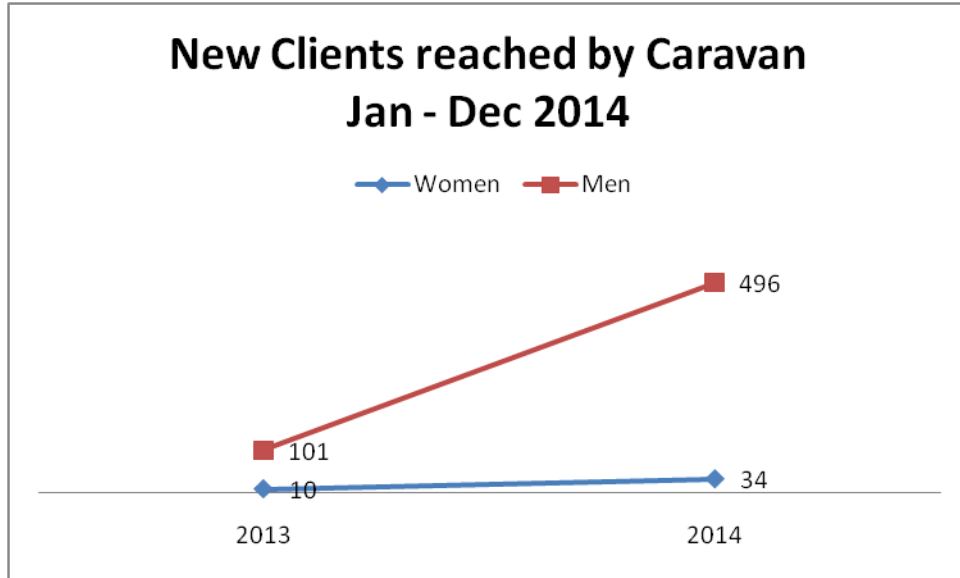


In 2014, the majority of customers who came to the caravan mostly sought injecting equipments. Compared to 2013, this was a *'paradigm shift'* in terms of access to services as shown in the graph below.



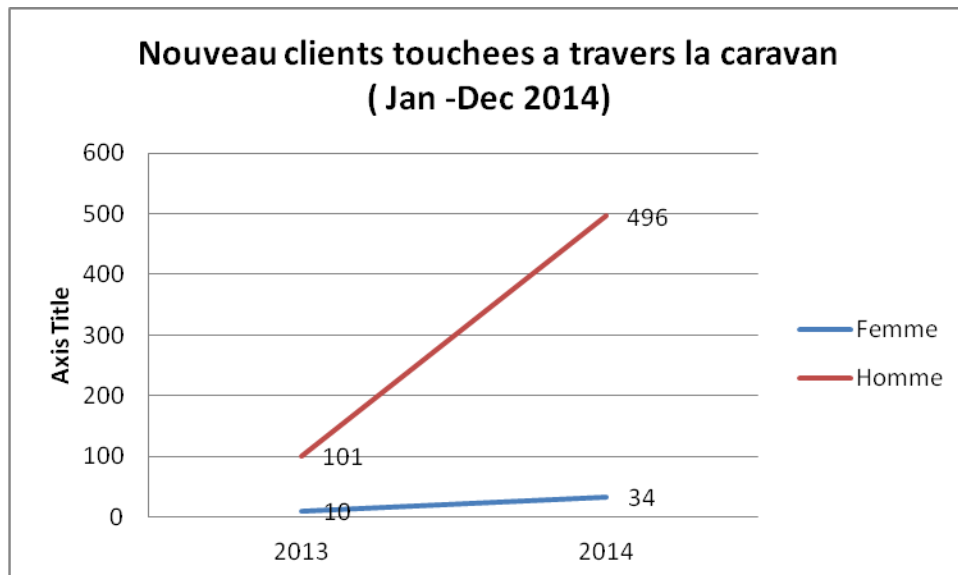
During the year 2014, the caravan also conducted 327 HIV tests with 5 positive cases and 104 wound dressings. In late December 2014, the caravan reached 530 new

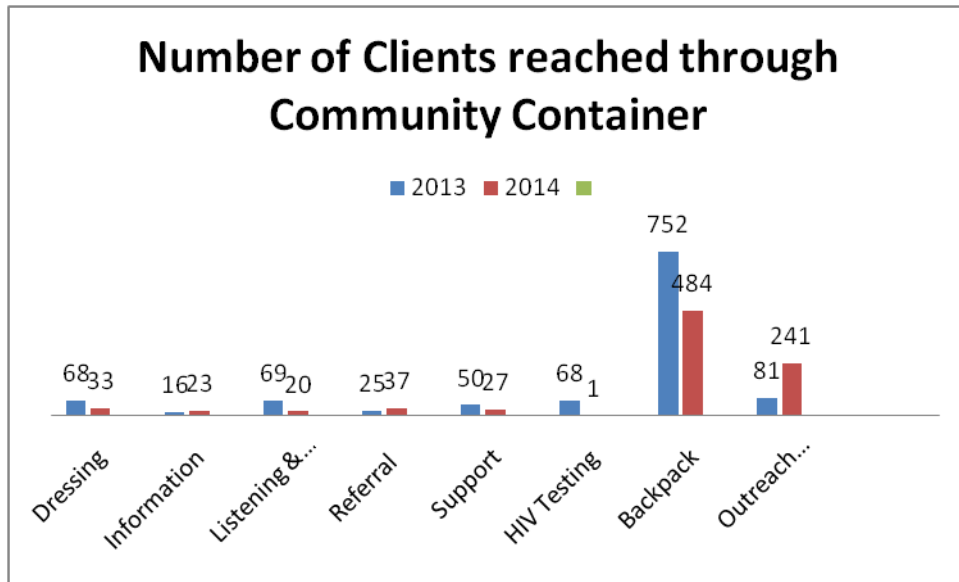
customers, including 34 women and 496 men which is equivalent to an increase of 400% in terms of contacts in the field based on the request of customers.



2.3 Community Container

Baie du Tombeau, Community container which was one of our flagship projects in 2013 with two innovative concepts, including the 'Backpack' and 'Outreach Intervention' saw decrease in customers due to the lack of funding during the year for this project. Some of the services (listening, referral, HIV testing, information, and support) offered had to be frozen in order to keep the project active.





The graph above shows the impact of the lack of funding on services except for *Outreach Interventions* and the 'backpack' as these services have continued until the end of the year. The support offered to beneficiaries of this project saw a significant decrease due to associated running costs.

2.3.1 The 'Back pack'

The 'Back pack', is one of the two services that did not undergo any significant change, allowed the field crews to meet the beneficiaries in different Baie du Tombeau regions (including Rouillard and Florida) and respond to their needs. Through the 'backpack' field workers managed to reach those who do not come to the fixed sites, more women and young people (under 25 years) - as is clearly shown in the graph below, which compares the different modes of intervention used in the Baie du Tombeau are.

2.3.2 'Outreach Interventions'

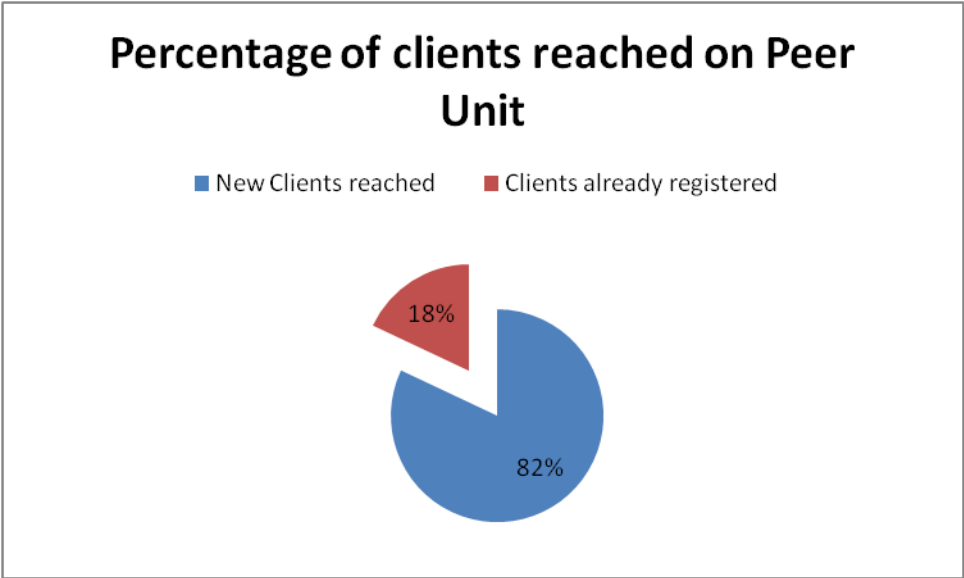
As in 2013, the Outreach Intervention enabled the container team to reach PWID and also young people and women from surrounding areas (Roches Bois and Batterie Cassee) to provide information on the community container but also to carry out prevention on themes such as HIV, hepatitis and drugs. Through this strategy, field workers were able to reach key affected populations (such as transsexuals) by providing pamphlets and demonstrations of materials (such as condoms).

3. Unit Peer Educators

The Peer Educators Unit launched in October 2014 is one of the flagship projects launched by CUT in 2014, specially taking into account the importance of involving more PWID in projects. CUT carried out the training of 13 participants before recruiting 5 Peer Educators, 4 men and one woman.

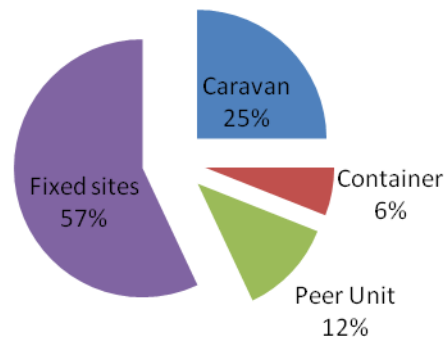
The project launched in pilot stage 'on the areas of Port Louis, allowed us to hit a score of 'spots' including: Cassis, Les Salines, Vallijee, Pointe aux Sables The Koeing Tower Butte, Grande Riviere, The South Station, North Station, Bazaar Port Louis, Abercrombie, The Port, Port Louis Ward 4, Tranquebar, Plaine Verte, Yoloff Camp, Valle Pitot, Valley of the Priests, Terre Rouge, Roche Bois, Cite La Baie, Tresor City and St. Croix.

Through this program within 10 weeks, (October 15-December 31), we were able to reach 242 clients, including 199 clients who were not recorded on any of our programs and had no access to injecting equipment shown on the graph below. Moreover with their experience within the community, the PE were able build a relationship of trust with the beneficiaries they were in touch with and their work was highly valued by the PWID community.



The graph below clearly demonstrates the success of this approach because in less than 3 months, the Peer Educators Unit reached 12% of all clients of our projects and in areas untouchable by other strategies.

Percentage of clients reached through CUT's Projects



4 . Training given by CUT

- Hepatitis C training offered to SIDA Info, Peer educators SW of Pils, residents of Etoile d'esperance, and staff of Chrysalide.
- Harm Reduction training to Peer educators CDS – Noubaz
- Training Peer Educator
- Training of Field workers
- Prevention at Lycée des Mascareignes

5. Advocacy

- Support don't Punish 2014
- Human Rights Commission - Position Paper on Harm Reduction in Prisons
- Website construction
- CUT participated in the 57th Commission on Narcotics Drugs – CND

6. Committees

- CUT was on the steering committee for the IBBS 2013 report
- CUT was on the Global AIDS Response GADR to look at the facts based on data collected from the field.
- CUT was on the sub-committee for the investment case to have a clear view where we stand with regards to the HIV epidemic.
- CUT participated in the UNODC meeting in Lithuania
- CCM assessment
- Harm Reduction committee under NAS

7.0 National Platform

- Civil society representative on Country Coordinating Mechanism CCM, and participated in the writing of the concept note
- CUT was involved in the Programmatic Mapping & Size estimation of KAPS in Mauritius, through its field workers, and Monitoring & Evaluation officer. CUT's coordinator was on the steering committee.
- CUT is an active member of the Drug Platform overseen by Constellations, and started by MCBFF
- CUT participated in the meeting with Michel Sidibe organized by PILS
- CUT was part of the Harm Reduction Committee
- CUT presented its PEER UNIT on World AIDS Day organized by NAS
- CUT signed the CRC Report on Child Rights – Shadow Report by civil societies
- CUT was on the platform for Alleviation of Poverty

8. International platforms

- CUT participated in the 20th International Conference on AIDS in Melbourne Australia, and did a presentation on Harmonising public health and politics in a conservative environment.
- CUT through the Coordinator was selected to be on the strategic subcommittee of IDPC.
- CUT evaluated Senegal's proposal on Harm Reduction for the ANCS (Agence National contre le Sida) with International HIV/AIDS Alliance, and submitted a project on Harm Reduction for West Africa to be implemented by Civil society in Senegal.
- CUT's coordinator was selected to represent African civil society on a platform with the UNODC.
- CUT was represented on the Regional Consultation with SW, gay men, and other MSM, TG, and PWID for East & Southern Africa.

9. Other collaboration

- CUT was present for the Rainbow March 'Collectif Arc en Ciel
- The 2 marches for 'Pazapli Rouz'
- Active on the Executive Committee of CAEC
- CUT worked on a committee with Pils and Team PLUS Coalition for their Strategic Plan
- Staff / Organization
- Recruitment of a 'Advocacy & Communication Officer'

- Launch of The Unit Peer Educators

10. Funding

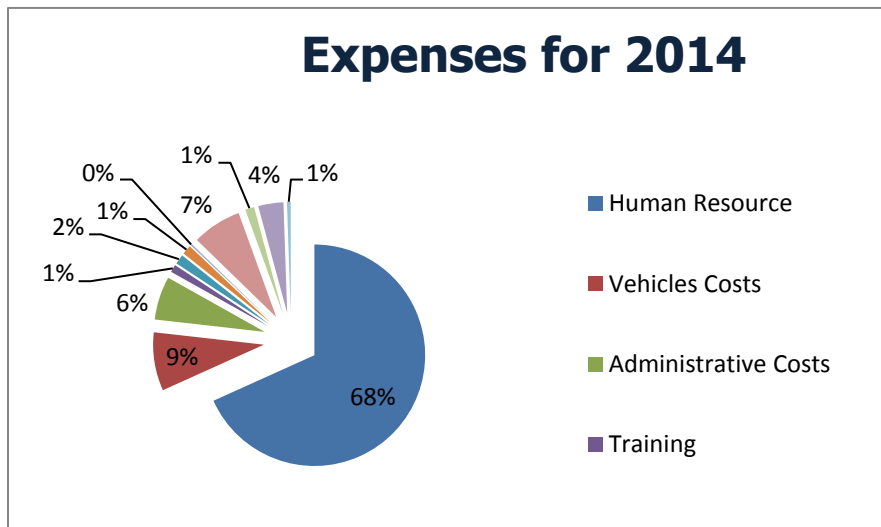
- Project sent to the DCP and MAERSK - Container / RV
- submitted to the UNODC Project - Empowerment of PWUD '

11. Finance

Funds Received Mauritian Rupees		
Global Fund To Fight Aids & Malaria	Running Costs & HR	1,746,448.00
HIV/AIDS Alliance	Consultancy Services	339,493.75
IDPC	SDP 2014	50,473.96
PILS	Condom Replenishment	9,929.00
Emcar CSR	Scooter	26,100.00
Branch Landscapes Ltd	Spontaneous Donation	4,590.40
Yiptong Ltd	CSR Donation	75,000.00
Ministry of Health	Allocations for Outreach Workers	717,200.00
Fondation Medine Horizons	Allocations for Site Managers	70,000.00
Human Resource Development Council	Grants	16,200.00
Interest Received	Savings Account	10,126.60
		3,065,561.71

12. Expenses

Expenses 2014 Mauritian Rupees	
Human Resource	2,479,016.50
Vehicles Costs	309,843.92
Administrative Costs	230,277.43
Training	40,557.75
Advocacy	51,659.50
Medical Materials	49,988.41
Consultation fees	8,050.00
Caravan Expenses	261,815.00
Office Equipment/IT expenses	47,583.50
Conference & Meeting	133,379.82
Other Costs	19,717.00
	3,631,888.83



13. Provisional Budget

Provisional Budget Mauritian Rupees	
Admin + Caravan on GF	470,290.00
HR including Peers	2,403,597.00
NEP Allocations 2015	614,400.00
Harm Reduction Community Container	816,970.00
Harm Reduction Mobile Caravan	1,232,755.00
Advocacy Officer	427,154.00
	5,965,166.00

13. For 2015

- Implementation of the new structure CUT
- Advocacy Work accentuated during the next 3 years.
- More proximity actions
- More involvement of peers, and in all instances of the association community
- Development of a voluntary database to better organize our actions.
- Fundraising, Fundraising, Fundraising

14. Conclusion

Marked by an increase in the number of contacts and customers through our various projects mainly the caravan and peer educators unit, 2014 showed the importance of a community based approach to reach PWID which is considered most vulnerable.