



ANNUAL REPORT 2016

Prévention Information Lutte contre le Sida

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Prévention Information
Lutte contre le Sida

Membre de la Coalition
Internationale Sida 

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Annual Report 2016

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Acronyms

AIDS	Acquired Immune Deficiency Syndrome
ARASA	AIDS and Rights Alliance for Southern Africa
ARV	Antiretrovirals
BoD	Board of Directors
CAEC	Collectif Arc-en-Ciel
CBU	Capacity Building Unit
CSR	Corporate Social Responsibility
CSU	Community Services Unit
CUT	Collectif Urgence Toxida
HR	Harm Reduction
HCV	Hepatitis C Virus
HIV	Human Immunodeficiency Virus
IDPC	International Drug Policy Consortium
KAPs	Key Affected Populations
LGBTQIA	Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, Asexual
MSM	Men who have sex with men
NAS	National AIDS Secretariat
NDCCI	National Day Care Centre for Immunosuppressed
NGO	Non-Governmental Organisation
PE	Peer educator(s)
PFOI	Plateforme Océan Indien
PILS	Prévention Information Lutte contre le Sida
PLHIV	People living with HIV
PR	Principal Recipient
PWID	People Who Inject Drugs
SR	Sub-Recipient
STD	Sexually Transmitted Diseases
SW	Sex Worker



Glossary

A.I.L.E.S (Aides, Infos, Libertés, Espoir et solidarité)

An association which accompanies people using drugs, HIV-positive people, their families and their children in Mangalkhan and a large part of the Plaines Wilhems region.

Adherence

Strict commitment to treatments with respect to medical prescriptions.

Antiretroviral (ARV)

Denoting or relating to a class of drugs which inhibit the activity of retroviruses such as HIV.

Coinfection

A person lives with more than one infection at a time, simultaneously. For instance, a person with HIV and Hepatitis C lives with both HIV and Hepatitis C – and is said to have an HIV/Hepatitis C coinfection.

Collectif Arc-en-Ciel (CAEC)

The Collectif Arc-en-Ciel (CAEC) is an association based in Mauritius, which fights homophobia and other forms of discrimination linked to sexual orientation. Their actions aim to bring about equality, better everyday living for the LGBT+ community, and to ensure that human rights are respected.

Collectif Urgence Toxida (CUT)

An organisation which carries out advocacy actions, and implements projects in the field of Harm Reduction.

The Global Fund to Fight AIDS, Tuberculosis and Malaria (GFTAM)

An international financing organisation that aims to attract and disburse additional resources to prevent and treat HIV and AIDS, tuberculosis and malaria. Resources are channeled through **Primary Recipients (PRs)**.

PRs are responsible for ensuring the implementation of programmes validated by the Global Fund. Implementation of the programmes is done by the PRs themselves, as well as by **Sub-Recipients (SRs)**.

Parapli Rouz

Parapli Rouz is a community organisation whose mission is to defend the rights of sex workers, the elimination of all forms of violence against sex workers and the recognition of sex work as work.

Pre-exposure Prophylaxis (PrEP)

PrEP is a daily course of antiretroviral drugs that can prevent HIV infection. It is aimed at HIV-negative people who may have an HIV-positive partner, who are/were unable to use a condom, or who have had repeated sexual intercourse without a condom. When PrEP is adhered to exactly as prescribed, it reduces the chances of HIV infection to nearly zero.

Visa G

Association for the Trans and Homosexual Mauritian community.

Young Queer Alliance (YQA)

Association created by young people for the LGBT+ community in Mauritius. It empowers young people, and fights for human rights, gender equality and freedom of sexual orientation.



NILEN VENCADASMY

MESSAGE FROM THE CHAIRMAN OF THE
BOARD OF DIRECTORS

2016 was once again a pivotal year for PILS. We revised our 2014-2018 mid-term strategic plan, which allowed us to re-evaluate our direction and sharpen the measures through which we are working to end the AIDS epidemic by 2030.

Two main needs emerged from this revision. First, the importance of strengthening operational systems and linking services. The idea is to strengthen links with existing partners in the implementation of programmes which are already underway, to ensure that those reached on the field are redirected to the services offered by PILS or the government. On the one hand, PILS has revised its internal organisation in order to develop synergies between the various functions that comprise the association today. Particular attention is given to collaborative work, with the setting up of several committees within the association, so that everyone can contribute as much as possible to decision-making.

On the other is the strengthening of community systems and the involvement of communities at all stages of business processes and decision-making. This is reflected in the development of our community health services in 2017. This unit already offers de-medicalised and community-based screening services, as well as counseling and referral care services. In addition, a patient committee composed of community leaders will be set up, which will be at the heart of the reflections on the needs, priorities, implementation, management and evaluation of these services.

Our actions and efforts, I am sure, will be supported by the new government in Mauritius and the Minister of Health, who has demonstrated his willingness to work with civil society. We will never cease to say that only full collaboration between the different actors in the fight against

AIDS can ensure an effective national response. We are also delighted with the reintroduction of the methadone induction program announced by the Minister of Health, and we are pleased that those who have been waiting for some for the past two years can finally participate in this harm reduction program.

This year we also had the pleasure of welcoming our colleagues and friends of Coalition Plus at the general assembly of this union of associations, of which PILS has been a member since 2013. Reinforcing these links is crucial for us because the fight against HIV is global. Solutions must be shared, so that we can grow together. This visit to Mauritius was all the more striking when, on this occasion, the Executive Director of PILS, Nicolas Ritter, was elected Vice-President of Coalition Plus, an additional mark of the strength of our commitment to this network.

Finally, 2016 also marks the end of my mandate, after six years on the board of directors. It is with a twinge of sorrow that my journey with PILS has come to an end, but it is with pride that I pass the torch to the new president, Dhiren Moher, who has been an integral part of PILS since its inception and is one of the few people living with HIV to have disclosed it publicly.

MESSAGE FROM THE **EXECUTIVE DIRECTOR**

Twenty years ago, PILS was born following a simple observation: almost ten years had passed since the first case of HIV had been registered in Mauritius, and yet there was no structure on our island, no treatment for HIV-positive people: death, amidst the throbbing silence!



Member of Coalition PLUS

Since 2013, PILS has been officially a member of Coalition PLUS, a French-speaking union that works in more than 60 AIDS and hepatitis associations in 35 countries. It has established international governance, which brings together 15 NGOs in 15 countries, and sub-regional platforms for member-based interventions. Its objectives are the setting up of community-based research, advocacy with national and international decision-makers, and promotion of community-based healthcare based on excellence in management and democracy.

It was with the energy of despair that we decided to create PILS. Our first objective was to break the silence surrounding AIDS – in 1996, the subject was more than taboo. There was no understanding of what was happening, and this ignorance fuelled prejudice and stigmatisation towards people affected by the disease – a disease whose name isn't ever uttered out loud...

Today, it is true that the taboo is weakening - but silence persists, especially in schools, families and within couples.

It is more important than ever to talk about HIV infection and its consequences in order to achieve another crucial objective: to address inequality. 20 years ago, no treatment was available in our country. Those who could afford treatment went to Reunion and Europe for care. AIDS treatments are now freely available in Mauritius – but does this mean that they are easily accessible? It would be too good to be true...

Inequalities persist on economic, geographical and sociological grounds. On the injustice train, a new wagon is now attached: Hepatitis C. Those who have contracted the virus through blood transfusions are given in-depth examinations, are offered several treatments. However, those who have contracted the virus through an injection due to drug use are entitled to nothing, or almost nothing. This unbearable, untenable discrimination is indefensible at a time when effective and cheap treatments exist to completely eliminate this virus!

This is a staggering situation which highlights a crucial aspect of our struggle: making prevention, treatment and improving the continuum of care more accessible to all. To do this, we need to adapt our screening and care structures to the people most affected by HIV, STIs and hepatitis in Mauritius by integrating what really works today: the involvement of the most vulnerable communities, integrating them at the very heart of the responses to HIV, STIs and viral hepatitis.

In 1996, HIV predominantly affected the heterosexual community; today, key populations now comprise those who inject drugs, men who have sex with men, sex workers and prison inmates. These people - who are too often marginalised by our society – are now even more stigmatised because of their serological status.

Prejudice is reinforced by laws and policies that advocate exclusion, such as the decentralization of the distribution of methadone to police stations – one instance of numerous aberrations of public health! It is therefore not only important to review these policies, but also engage the entire population in this struggle, which will only be possible through collective awareness and above all a genuine political will.

Over the last 20 years, our vision and goals have evolved, but one thing remains constant: the will to change an improper social context, and to fight injustice and discrimination.

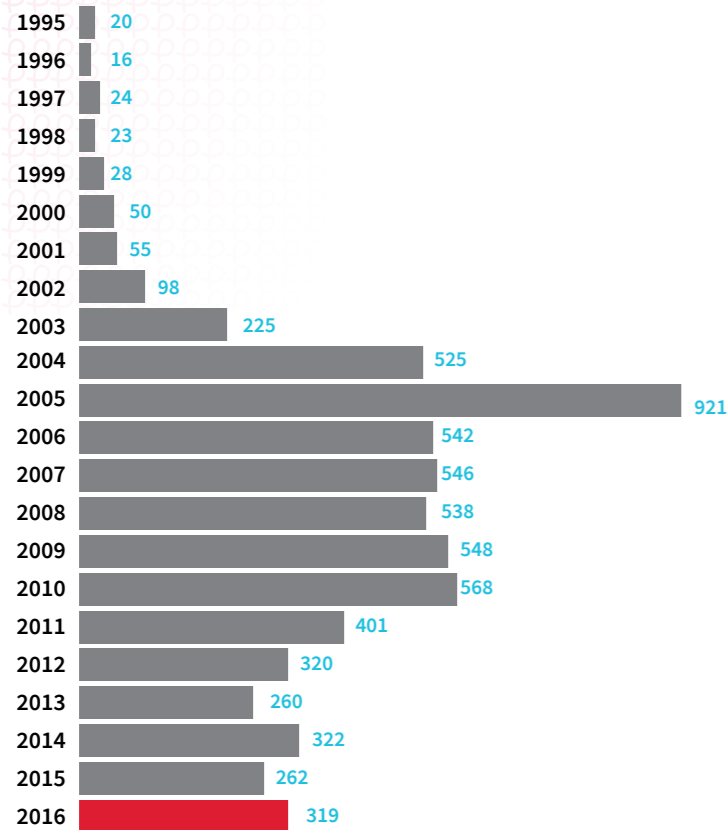


NICOLAS RITTER

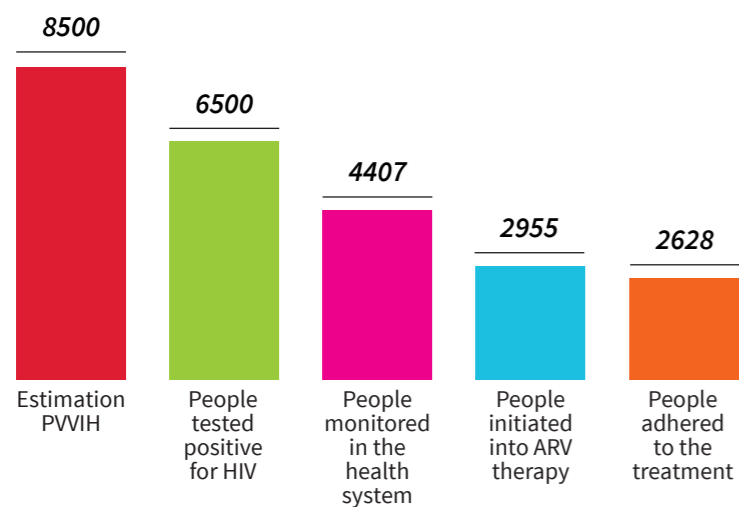


HIV IN MAURITIUS: SOME STATISTICS

New cases registered per year



HIV Chart - Estimate for december 2016



FROM 1987 TO DECEMBER 2016

In 2016 only:

- 319 new cases of PLHIV were registered (190 men and 129 women), of which 104 new cases were registered within the population of people who injects themselves with drugs (PWID) – amounting to 32.6 % of the total figure.
- 9 referring physicians were involved in the care of PLHIV.
- 397 prisoners were living with HIV, 304 of them with ARV.

STRATEGIC PLAN 2014-2018 : MID-TERM REVIEW

Revising the mid-term strategic plan makes it possible to take stock of the activities undertaken in relation to the commitments made two years ago, and to adjust the strategies in relation to a constantly evolving national, regional and international context.

In 2016, PILS worked on the mid-term review of its 2014-2018 strategic plan. In order to do so, the association had launched a call to recruit a consultant, thanks to funds from AIDES and DCP-European Union. Following this recruitment exercise, Mona Sheikh Mahmud was selected. The consultant spent a week at PILS and met with our staff, the beneficiaries of and persons concerned with our services, as well as the key partners of our organisation - such as associations operating in or around the same field and the Ministry of Health and Quality life. She also had access to the reports of the organisation as well as all procedural documents, job descriptions and so forth.

After she had evaluated our field of operation and achievements, the consultant shared her views during a meeting with the board of directors and the management committee. She then shared an initial version of the document. The strategies were amended as follows:

1. Invest in the strengthening of our community systems, and position PILS as a key NGO in the national and regional response to HIV/AIDS.
2. Strengthen operational systems and linkages between services.
3. Promote greater involvement of key populations, and greater involvement of the civil society.
4. Promote a rights-based approach and create an enabling environment conducive to this.

In order to do this, the organisational chart is being redesigned in 2017 to ensure better synergy between the different PILS teams. Similarly, a team is working on setting up a training unit as early as 2017, so as to strengthen the PILS teams.



THE GLOBAL FUND FOR THE FIGHT AGAINST AIDS, TUBERCULOSIS AND MALARIA

PILS has been the Principal Recipient (PR) of the Global Civil Society Fund since 2012. Currently, PILS is responsible for the implementation of a \$1.8 million grant over the period of 2015-2017.

PILS receives this funding in several installments, so as to finance activities conducted by sub-recipient associations (SRs) for vulnerable populations affected by HIV.

Six Sub-Recipients (SRs) – AILES, Collectif Arc-en-Ciel (CAEC), Collectif Urgence Toxida (CUT), Parapli Rouz, Young Queer Alliance (YQA) and Visa G – receive part of this country allocation for civil society in the fight against AIDS, so that they are in a position to ensure the implementation of the Global Fund’s programmes.

The country is currently applying again to the Global Fund for the period 2018-2020. This new project will be in line with the current grant. As the amount available has decreased, a real prioritisation of high-impact activities has been carried out for the new funding request.

Global Fund results for civil society - 2016

Global Fund results for civil society - 2016			
Indicator	Target	Joint PR and SR results	Activity helmed by
SWs reached by HIV prevention programmes	1500	1633	Parapli Rouz
MSM reached by HIV prevention programmes	900	1232	CAEC, Visa G, YQA
Transgender persons (TG) reached by HIV/AIDS prevention programmes	250	446	CAEC, Visa G
PWID reached by the HIV prevention programmes	1960	3110	CUT
PLHIV reached by prevention programmes	500	1232	AILES, PILS
Number of HIV tests done by PWID	900	221	CUT

PLATEFORME OCEAN INDIEN (PFOI)

As part of its strategic plan, PILS launched its Capacity Building Department in 2014. Through the AIDES Transfer Program, PILS created and carries out the Plateforme Océan Indien (PFOI), the Indian Ocean Platform. The PFOI unites community-based HIV/ Hepatitis/ STI associations operating in Mauritius, Rodrigues, Madagascar, Seychelles and the Comoros, and acts as a common platform for capacity building at the regional level.

This network also brings together vital institutional partners, working together on actions at a regional level: these, for example, comprise the ministry of health, national programmes, United Nations programmes, local, regional and international donors, community leaders and representatives of key populations.

The main objective of this platform is to involve civil society in the overall management of key populations and people living with HIV/ viral hepatitis/

STIs. To achieve this objective, the PFOI implements training activities, workshops, technical support and exchanges of expertise. Skills and know-how are transferred in areas such as the implementation of innovative strategies in the field of prevention, screening, medical and psychosocial care for PLHIV, advocacy, project management, fundraising, financial management, good governance, development of the community health approach and resource mobilisation.

FINANCING

The Plateforme Océan Indien was born thanks to the TRANSFERT program financed by the association AIDES and the Agence Française de Développement (AFD) from 2014-2016. This financial and organisational support also enabled the PFOI to carry out its projects such as the organisation of regional workshops for community mobilisation and capacity building. The Platform is funded from 2017 by Coalition Plus, with funds from the 5% initiative.

INTERVENTIONS IN 2016

- Mauritius: 7
- Madagascar: 6
- Seychelles: 1
- Comoros Islands: 1
- Rodrigues: 1
- Activities for the sub-region: 6

LIST OF ASSOCIATIONS THAT ARE PARTNERS OF PFOI

MADAGASCAR :

- AIDES ET SOINS AUX MALADES
- MADAGASCAR SAVE
- MAD'AIDS

COMOROS ISLANDS:

- ASCOBEF
- FCAS
- RNJ
- RFD
- STOP SIDA
- ACTION SIDA
- APSM

RODRIGUES :

- BLOOD DONORS ASSOCIATION
- ASSOCIATION LUTTER ESPOIR
- RAVANE OI
- CRAC ANTI DRUG PROGRAMME
- ACTION FAMILIALE
- AVEK OU
- RODRIGUES PUBLIC SERVICE WORKER UNION

LIST OF PFOI PARTNERS:

- MOH AND QL MAURICE
- SE/CNLS MADAGASCAR
- ONUSIDA OI
- PSI MADAGASCAR

- AIDES
- COALITION +
- RIVE OI
- DNLS
- RODRIGUES AIDS UNIT

LISTE OF ASSOCIATIONS THAT ARE MEMBRES OF PFOI



HEALTH WEEK-END

From the 10th to 12th June 2016, the Capacity Building Department supported by the Community Services Unit hosted a residential workshop for 23 women living with HIV or co-infected with HIV and viral hepatitis.

These Mauritian and Rodriguan women are determined to take action to change their situation. During this weekend, they were able to exchange their stories, reflect on their lives, and build new friendships.

In addition to personal development talks, which were facilitated by two therapists, the participants were given a space to talk to a referring HIV doctor about issues related to taking ARVs. They also benefited from an information session on HIV/AIDS.

This is a first in Mauritius, and the participants were unanimous about the outcome: "The weekend exceeded our expectations!"

PEER EDUCATORS PROGRAMME

In 2016, a logical framework was developed with several Mauritian organisations to mobilise community leaders. One of the objectives developed as a result of this activity was the creation of a network of peer educators (PE).

Indeed, the Capacity Building team as well as the organisations involved noted the need to create a structure linking the SRs' PEs. This network will organise sessions during each quarter

to share information, knowledge and experience. Through this form of self-training, the PEs also aim to find solutions to their common difficulties. The autonomy of the participants is a distinct point of this network created by and for the PEs: they define their own modalities and their agenda. The Department of Capacity Building acts only as a facilitator.

2017 PROSPECTS

Starting 2017, the PFOI, led by PILS, will receive additional support thanks to the 5% initiative (I5PC). The latter is a modality for France's indirect contribution to the Global Fund, which facilitates the implementation of subsidies in mainly French-speaking countries.

The PFOI project - "access to quality services for key populations; access to information, prevention, diagnosis and care" - will be financed by the 5% Initiative for the next three years for Mauritius and Madagascar. The aim is to create and/or strengthen

community-based mobile or fixed screening systems and sexual health facilities adapted to key populations, to strengthen care and psychosocial support systems, and to disseminate to stakeholders national and regional responses, new prevention strategies such as de-medicated and community screenings, treatment as prevention, PrEP, self-testing, etc.



ADVOCACY AND HUMAN RIGHTS

In its advocacy work, and in line with its strategic plan, PILS strives to influence laws, policies, and practices that impact on populations most at risk from HIV, including people who use drugs, sex workers and men who have sex with men.

Legislation that criminalises key populations and inappropriate services is an impediment to an effective national response to HIV and HCV. In 2016, in collaboration with its associate partners, PILS took action to change laws and services affecting sex workers and the LGBT+ community, among others. PILS also saw the need

to focus its advocacy on harm reduction (HR) and drug policy reform, following government public discourse stating that it wanted to step up the war on drugs, its users and traffickers, and impede access to harm reduction services.

INTERNATIONAL AIDS CANDLELIGHT MEMORIAL

The Candlelight Memorial is a symbolic event commemorating the memory of people who have died from the consequences of HIV infection. This international initiative also serves as a platform for advocacy on the human rights of People Living with HIV (PLHIV). This year, the Candlelight Memorial marks the 11th commemorative event in Mauritius. The event was held at the Caudan

Waterfront in Port Louis on Sunday May 15, with the participation of all stakeholders involved in the national HIV response. Its theme was to counter ignorance, stigma and discrimination, entitled 'Engage, Educate, Empower' which translates into 'Engaze, Edike, Dibout lor to lipie' in Mauritian Creole.

LGBT PRIDE MARCH

For the first time in Mauritius, the Pride March was held in the heart of the capital, at Caudan Waterfront, Port Louis.

This march - themed 'Humans Into The Pride' - was organised on the 4th of June by Collectif Arc-en-Ciel with the support of PILS and other organisations.

During the day, several activities were organised to increase the visibility and rights of the LGBT+ community such as concerts, artistic performances, the distribution of small gifts and rapid STIs tests. The event was given wide coverage by the local and international press.

INTERNATIONAL DAY TO END VIOLENCE AGAINST SEX WORKERS

This commemoration day was led by Parapli Rouz, with the support of PILS.

Held at the Jardin de la Compagnie – a prostitution central in the capital – the theme was 'Pa ziz nou kan to pa kone' ('Do not judge when you do not know', in Mauritian Creole). During the event, members of the organisation presented the

sketch "Fleurs des Jardins" ("Flowers of the Garden") in order to raise public awareness about violence and discrimination faced by SWs. Two ministers responded positively to the invitation sent by Parapli Rouz, namely the Minister of Health and Quality of Life and the Minister of Gender Equality, Child and Family Welfare.

SUPPORT DON'T PUNISH

Support Don't Punish is the flagship annual event for drug policy reform advocacy, organised in 130 cities in 69 different countries in 2016.

In Mauritius, CUT is the main association that organises this event, supported by various organisations including PILS. This year, the event was an opportunity to discuss drug-related policies with policy makers and other community partners around lunch, to meet people from different neighborhoods through door-to-door work, and to organise a congress with trade unions among others.



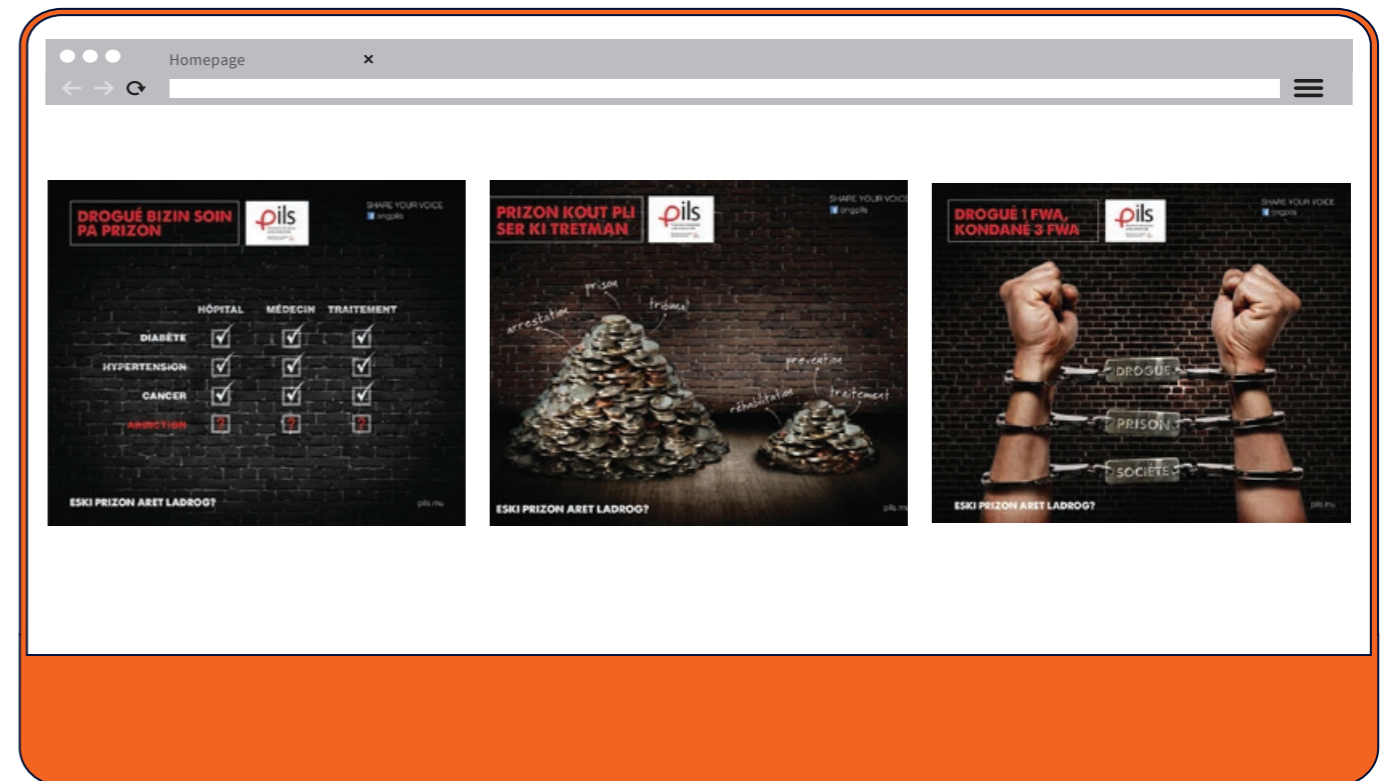
ESKI PRIZON ARET LADROG ("DOES PRISON STOP DRUGS")

With HIV prevalence of 44% and HCV prevalence of 97% among people who inject drugs, we believe that the criminalisation and incarceration of drug users places them in a situation of extreme vulnerability. No clean syringes or condoms are available in prison, which are obstacles to properly caring for individuals – not to mention the difficulty of reintegrating ex-convicts into society!

The public campaign 'Eski Prizon Aret Ladrog' aimed to encourage people to reflect on the ineffective drug policies in Mauritius. PILS is committed to reforming drug policy, because a repressive policy has an impact in terms of public health: it discourages users from having access to the prevention and care services they need.

After asking "Does prison stop drugs?" three ideas were discussed (Include Posters) :

1. The financial cost of the repressive model, its impact on the taxpayer, and the need for better management of public spending
2. The triple 'condemnation' experienced by a drug user: imprisoned by drugs, prison, and finally by society, which stigmatises him when he leaves prison.
3. The need to replace prison with effective health services for drug users.



ESKI PRIZON ARET LADROG

GLOBAL COMMISSION ON DRUG POLICY IN MAURITIUS

The goal of the Global Commission on Drug Policy is to bring an informed discussion to the table, one that is based on science, human resources and efficiency concerns in order to reduce the harm caused by drug laws to individuals and societies. The Commission comprises of public figures, mainly diplomats and former heads of state.

Whilst meeting members of the Government (including the Prime Minister, the President of the Republic, the Minister of Health) and civil society, the Commission examined the consequences of the “war on drugs” approach, and made recommendations for a constructive reform of drug laws and practices. According to Ms Ruth Dreifuss, people who use drugs should not be sent to prison, and instead should receive care if so required. She also advocated for a system of state regulation of drugs.

PILS made a plea to this body for a diplomatic visit to Mauritius, and in July this Commission - led by Ms Ruth Dreifuss, former President of Switzerland - visited our country.



INTERNATIONAL ACTIVITIES

Since 2014, PILS advocacy has been strengthened by the support of Coalition PLUS. The latter has implemented the “Decentralised Advocacy” project, which aims to bring about the presence of an advocacy officer in different parts of the world, so that all decentralised litigants work on joint international advocacy projects.

One litigant was recruited for Mauritius to support local advocacy and develop it at the international level. In doing so, the project enables the putting

into place of local reformatory actions and policies with respect to drugs, and international actions with respect to Harm Reduction.

CIVIL SOCIETY TASKFORCE (CSTF) AT THE UNGASS

The UNGASS (UN General Assembly Special Sessions) on Drugs was held this year in New York. As its name implies, the UN special sessions unite members in an effort to discuss the problems of drugs and drug policies. A working group has been set up so that the voices of civil society around the world are taken into consideration in this process.

PILS and Coalition PLUS Advocacy Officer, Ms Nathalie Rose was one of two representatives of the 27-member African civil society taskforce. The latter has conducted sessions in around ten countries in the continent, in order to raise the voices of civilians at the United Nations special assembly.

EAST AFRICAN PARLIAMENTARY ADVOCACY

Africa is a region lagging behind in the understanding and implementation of Harm Reduction (HR) programmes. Some countries in East Africa have implemented HR programmes, but most countries are not up to date, despite evidence of Opiates and Injecting Drug Use in the region.

In this respect, with the collaboration of the International Drug Policy Consortium (IDPC), PILS hosted a high-level regional meeting with parliamentarians from seven countries in the region. During this meeting, the litigator popularised the concept of harm reduction and participants exchanged best practices with those who were still reluctant to implement them. The advocate focused discussions on the need for a regional harm reduction policy to mitigate the spread of HIV among drug users in the region.

The goal of this meeting was to have the support of parliamentarians present for a statement. The Arusha Declaration, the first draft of which was prepared in partnership with IDPC, aims to serve as a basis for drafting an East African Regional Policy on Harm Reduction.

COMMUNITY SERVICES UNIT (LA TERRASSE)

FIELD TEAM

Field workers continued to follow-up with beneficiaries, including visits to the hospital, home and NDCCI. They were assisted in their efforts by a Health Care Assistant recruited during the year. In addition, two team members successfully completed their rapid HIV test training during the year and have the accreditation required to perform these tests.

In 2016, the team strengthened its outreach approach to reach key populations and PLHIV. With this in mind, we worked with the Monitoring and Evaluation team to carry out considerable work in Mahebourg and Beau Vallon. The team met with KAP members and PLHIV from these regions and organised discussion groups with them to assess their specific needs and challenges. As a result of their observations, the Mobile Infirmary Caravan is now in Mahebourg every two weeks, providing rapid HIV testing and primary care, information and counseling to the most vulnerable communities.

In addition to contacting the PWID community and those individuals involved in methadone substitution treatments, the Caravan Team turned to SWs operating in “massage parlors”. During its 48 outings, the team met about 80 new SWs, including two who were tested positive for HIV.



TESTIMONIALS



PREVIOUSLY, I USED TO BE ASHAMED

of buying condoms. I felt other people's stares. Now that I receive them freely from the Caravan, as well as other information, I take more safety measures with my clients."

Sofia, SW (modified name)



THE CARAVAN SAVED MY LIFE,

with all the information I receive. Without it, today I would be living with HIV."

Arunah, 32 years old, SW (modified name)

MEDICAL FOLLOW-UP AND CARE

The PILS Infirmary offers rapid HIV testing to the general public. Those tested positive are referred to the NDCCI for a confirmation test. All users of the association benefit from primary care, coupled with therapeutic education sessions, and some of them receive dietary supplements, vitamins and fortifying supplements through the

Clinique Nutritionnelle (Nutritional Clinic) programme. 60 patients were also treated at the “Foot Clinic”, which was set up in 2014 to treat leg abscesses. While these injuries heal poorly, many recipients say they are reluctant to go to the hospital for their daily dressing because of the stigma they suffer from.

SEXUAL HEALTH CLINIC

Set up at the start of the year, the Sexual Health Clinic for key populations is an important milestone for PILS. A physician operates on a part-time basis and provides primary care including HIV and STI testing, voluntary counseling and testing (VCT), and therapeutic education on treatment and

nutrition. He is assisted by the PILS nurse who has received accreditation for the screening and management of Hepatitis C and syphilis during the year. The Sexual Health Clinic has proved to be an excellent platform for linking and retaining beneficiaries reached by PILS and its sub-recipients.

GROUP SESSIONS

Psychological group sessions were continued throughout the year. 11 sessions were held for the women's group (the "Pretty Women"), while the group of children and teenagers ("Les Jaguars") met on a bi-monthly basis at La Terrasse. Topics such as HIV, sexuality, treatment and treatment literacy were discussed. In addition to being a platform

where the recipients can freely ask questions and express their expectations, these groups are intended to consolidate their self-esteem, sense of autonomy and confidence. Thanks to the AIDS Unit's collaboration, group sessions were also organised in the different NDCCIs across the island.

COMMUNITY BREAKFAST

The community breakfast is a fun way to meet the users of the association. The breakfast is the perfect setting for exchange and discussion, during which themes such as treatment, follow-up, nutrition and so forth can

be approached in a warm atmosphere. The community breakfast was organised three times a week, from January to November 2016, for people in extreme poverty living with HIV. On average, 25 users have benefited from this program.

SOCIAL SUPPORT

Social support consists of helping the association's users in terms of administrative procedures, the search for work or housing. Social workers guide the users through

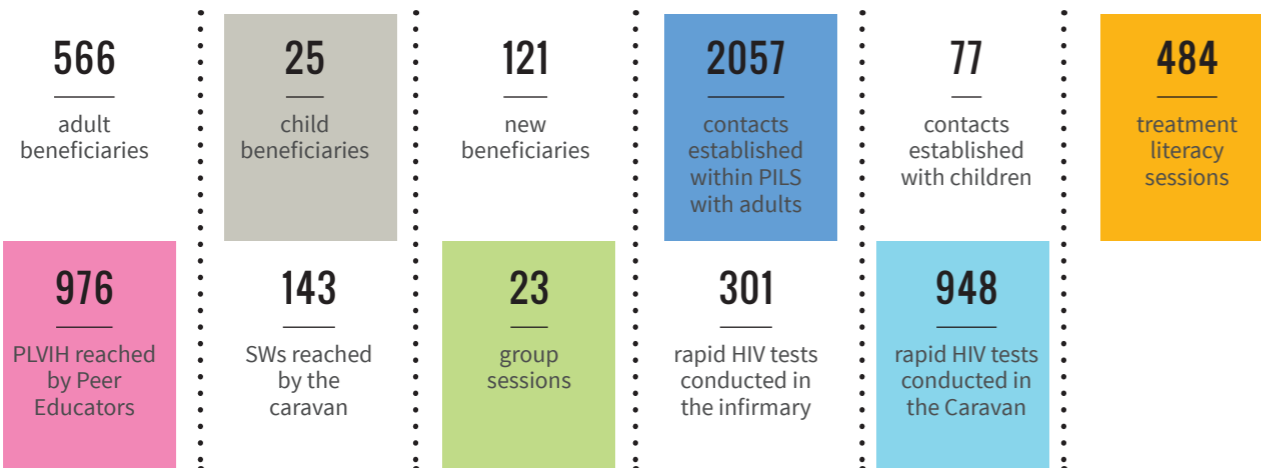
the administrative process, refer them to the institutions concerned, and follow up with these institutions to ensure that the steps taken are successful.

LEGAL SUPPORT

Cynthia's case was a key point this year, in terms of legal support. This young Cameroonian woman wishing to study in Mauritius was threatened with expulsion because

of her positive HIV status. In addition to advocacy work, legal action was initiated so that she could obtain the court's permission to live and study here.

COMMUNITY SERVICE: SOME STATISTICS



COMMUNICATIONS AND FUNDRAISING

COMMUNICATIONS PRESS CONFERENCE ON THE 1ST OF DECEMBER 2016

The 1st of December is World Aids Day, and PILS' 20th anniversary. The association held a press conference in its offices to mark both events and take stock of the HIV situation in Mauritius, while recalling the importance

of a solid collaboration between all actors of the fight against AIDS in order to ensure a coherent and effective response to HIV.

LAUNCH OF THE NEW WEBSITE

December 2016 marked the launch of the new PILS website. It aims to remind the public of the organisation's purpose: while the former portal mainly provided educational content on topics such as HIV, STIs, drugs, screening and sexuality, the new platform

provides the user with access to information such as the services offered by PILS, its clusters, its partners and its Strategic Plan. The layout has also been recreated in favor of streamlined graphics and smartphone-compatible design.

FUNDRAISING CSR

The fundraising team mainly focused on CSR during the year, notably through its pool of projects. The local donors were able to take note of the different projects carried out by PILS and choose to allocate their

donations to the organisation itself as well as to the project of their choice. The funds raised through the CSR helped fund, among other things, community activities for children living with HIV.

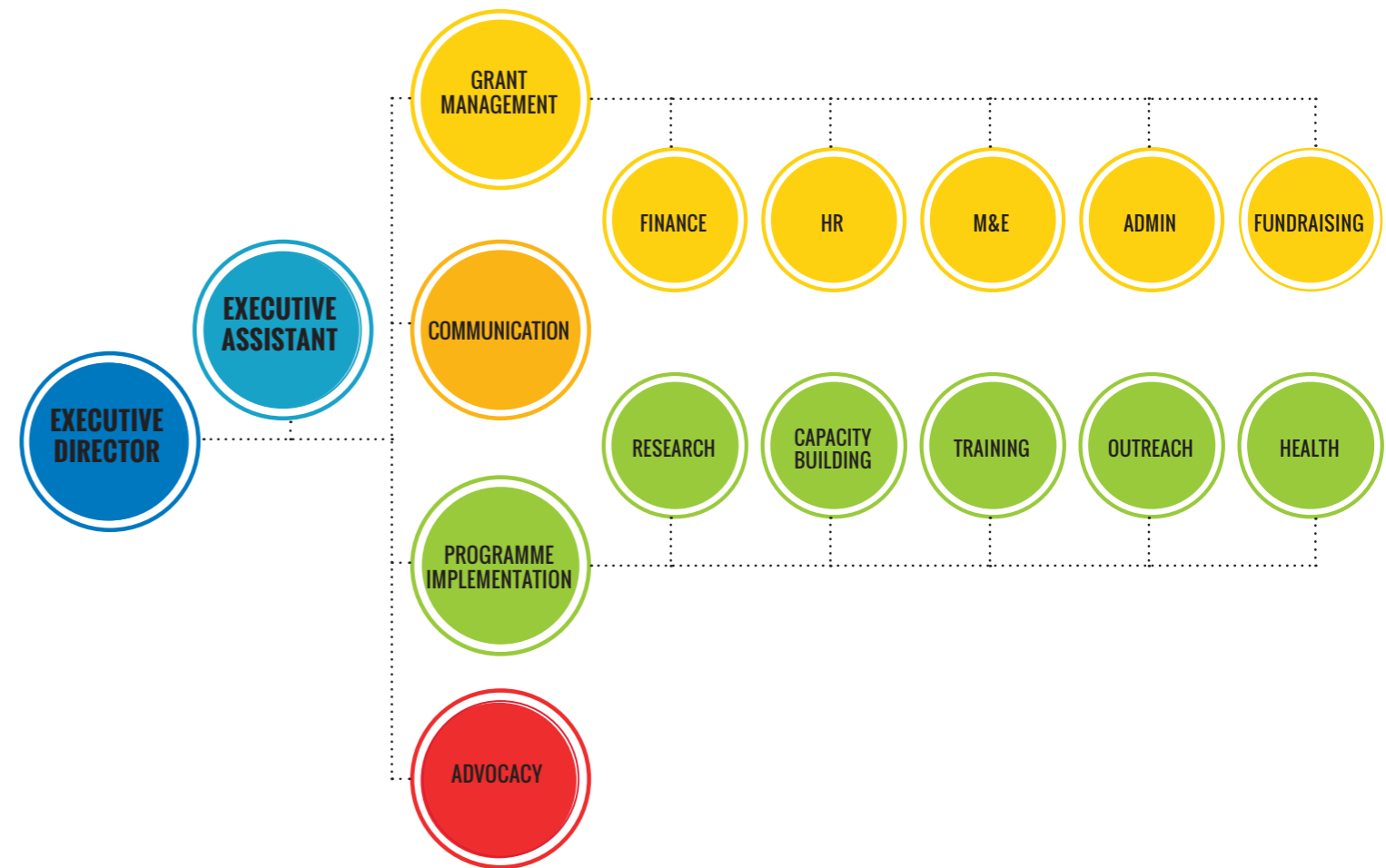
ANNUAL COLLECTION

Every year, to commemorate World Aids Day, PILS organises a fundraising collection from the 1st to the 3rd of December around the island. 180 volunteers

participated in this event, which enabled PILS to collect over Rs 150,000.



ORGANISATIONAL CHART (2017)



THE TEAM

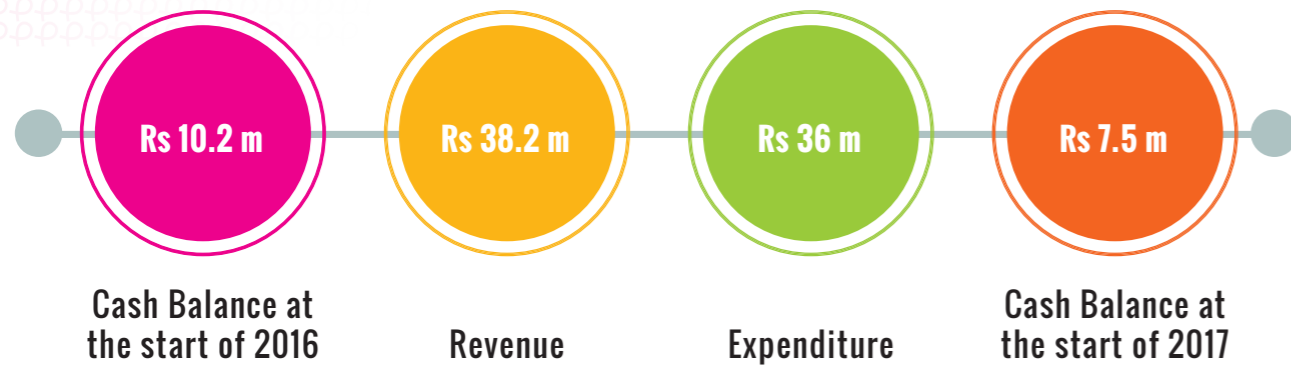
Salaried Staff

38 salaried members of staff comprise the PILS team as per December 2016. PILS staff are able to apply for new vacancies, and some of the recruitments during the year were done internally. All candidates applying for the various jobs advertised internally or externally go through the same recruitment process.

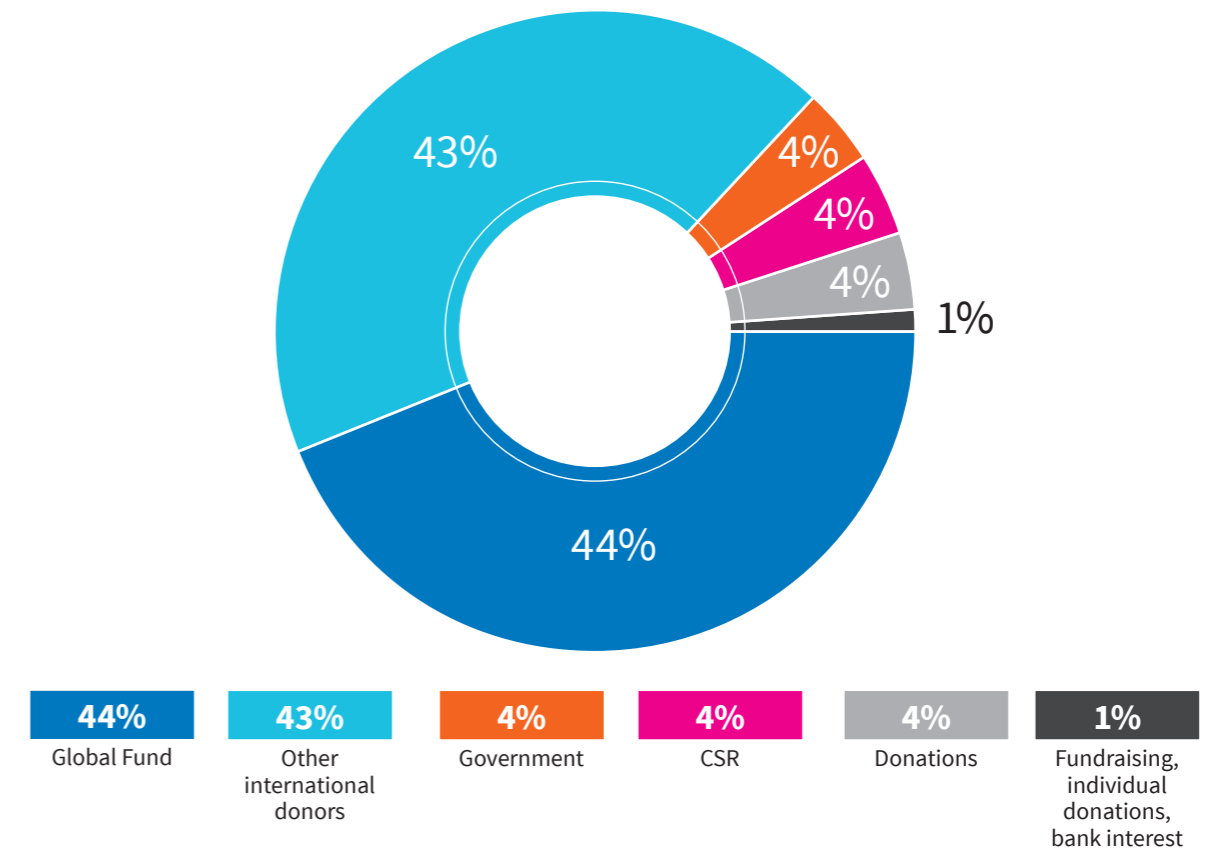
- PRESIDENT**
 Dhojaven (Nilen)
 VENCADASMY
- VICE PRESIDENT**
 Christine
 HARDY
- SECRETARY**
 Ashik
 MUDDOO
- ASSISTANT SECRETARY**
 Patrice
 MONVOISIN
- TREASURER**
 Jyoty
 SOOMAROOAH
- DEPUTY TREASURER**
 Sultan
 BEEHARRY
- MEMBER**
 François
 TADEBOIS
- MEMBER**
 Christopher
 PARK
- MEMBER**
 Thierry
 AREKION
- CO-OPTED MEMBERS**
 Rachel CONSTANTIN
 DE SOUSA NETO
 et Steeve BATOUR

FINANCE

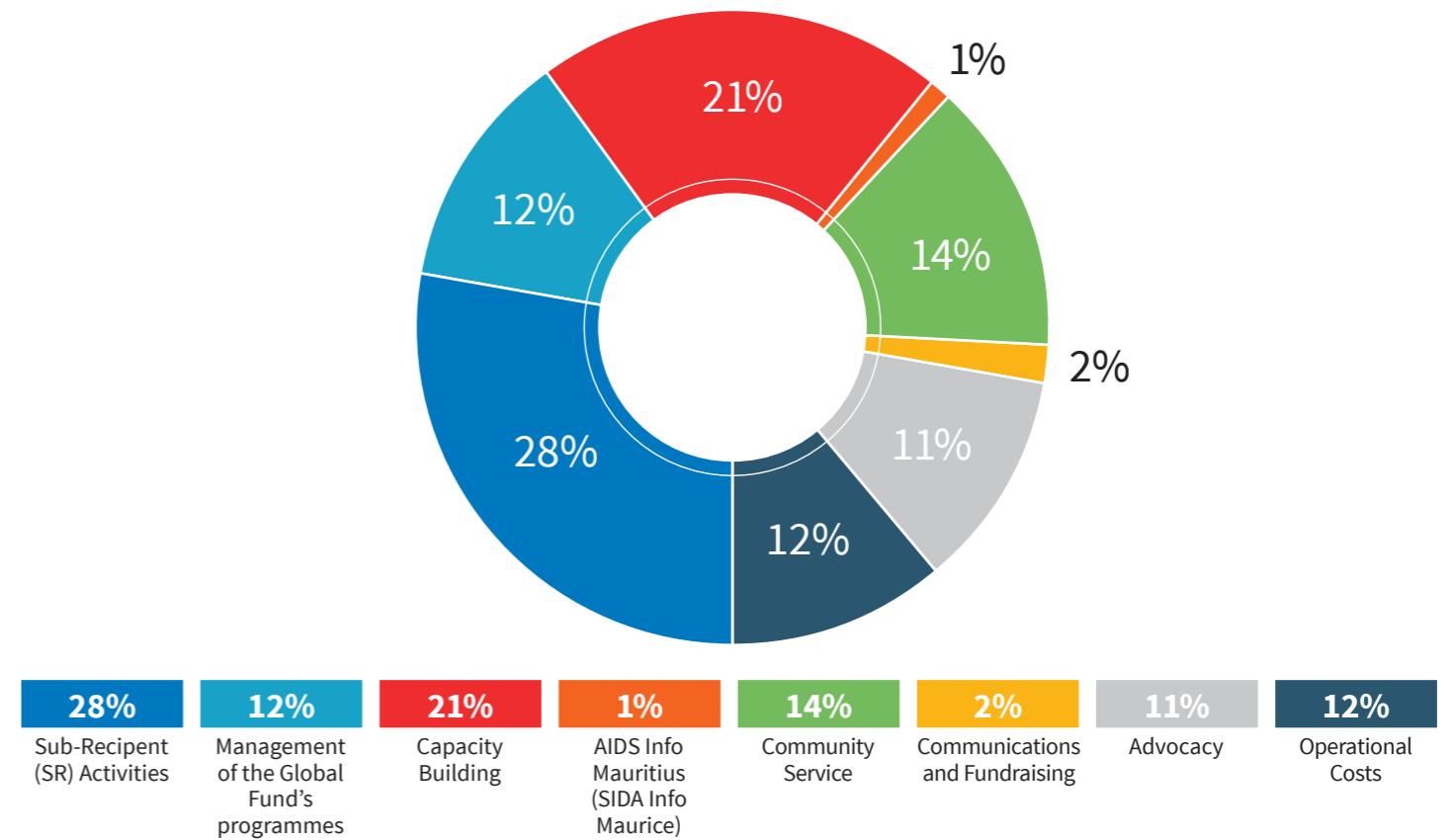
RECEIVED FUNDS VS. FUNDS SPENT 2016



FUNDING SOURCES 2016



DISTRIBUTION OF EXPENSES PILS 2016



THANKS AND ACKNOWLEDGEMENTS

We would like to thank all our partners who helped us in one way or another to carry out our projects in 2016.

Thank you for your support and solidarity, which pushes us to strive further and further in order to accomplish our mission.

The PILS team

LOCAL PARTNERS:

- AILES
- Collectif Arc-en-Ciel (CAEC)
- Collectif Urgence Toxida (CUT)
- Parapli Rouz
- Young Queer Alliance (YQA)
- Visa G
- Centre Idrice Goomany
- Lacaz A
- Kinouete

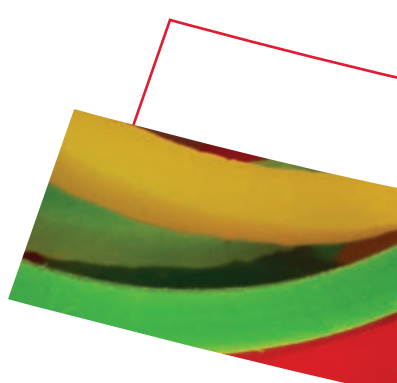


INTERNATIONAL PARTNERS:

- ARASA
- AIDES
- Coalition Plus
- DCP
- Fight AIDS Monaco
- The Global Fund to Fight AIDS, Tuberculosis and Malaria
- Global Commission on Drug Policy
- International Drug Policy Consortium
- Law Enforcement and HIV Network
- ONUSIDA
- Sidaction
- World Hepatitis Alliance

CSR :

- HSBC
- Inconek
- Jetha Tulsidas
- Leal Group
- Maureva Ltd
- Mauritius Oil Refineries Ltd (Moroil)
- P.O.L.I.C.Y Limited C/O Abax Administrators
- Stock Exchange of Mauritius
- Toyota Mauritius Ltd



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