



Photo: James Pursey



**Elizabeth Glaser  
Pediatric AIDS  
Foundation**

## **DRC: MALAMU PROJECT**

Supporting Women, Children, and Families with Comprehensive HIV Services

### **ABOUT THE MALAMU PROJECT**

In 2010, the Elizabeth Glaser Pediatric AIDS Foundation's (EGPAF) country program in the Democratic Republic of the Congo (DRC) began a partnership with the United States Centers for Disease Control and Prevention (CDC) to provide a comprehensive continuum of care program to support HIV service delivery in DRC. The project offers prevention of mother-to-child health services in antenatal care (ANC) and labor & delivery wards, in accordance with the DRC national guidelines. Additionally, EGPAF is introducing syphilis testing and treatment, screening for victims of sexual and gender-based violence and post-exposure prophylaxis, and referral for surgical treatment as required.

### **EGPAF IN DRC**

EGPAF began supporting critical prevention services in the DRC in 2001, providing funding and technical assistance to prevention of mother-to-child transmission of HIV (PMTCT) programs implemented by the Kinshasa School of Public Health (KSPH) and the University of North Carolina (UNC). In subsequent years, EGPAF has added support for care and treatment programs, early infant diagnosis, and sexual and gender-based violence services. By 2012, EGPAF supported 126 sites in eight of the country's provinces.



## KEY MALAMU PROJECT APPROACHES AND STRATEGIES

- **Zonal Approach:** The zonal approach emphasizes health systems strengthening and collaboration with zonal teams to ensure programmatic sustainability and rapid expansion of high-quality, integrated services that are consistent with national guidelines and are adapted to local settings. This approach builds upon EGPAF's global success in building technical and management capacity of district health teams, expanding service delivery, and providing ongoing supportive supervision and mentoring to ensure the quality of services.
- **Peer-to-peer Site Strategy:** This strategy consists of organizing health facilities into service delivery networks in order to implement PMTCT services in the most cost-effective manner within the targeted health zone. Under this model, high volume, high capacity sites become linked with partner sites in a network of mentorship, supportive supervision, and collective data use and program quality improvement.
- **Monitoring and Evaluation & Quality Improvement:** All PMTCT sites are provided with data collection tools and providers trained on how to collect and analyze data, using it for routine program improvement.

## YEAR ONE ACCOMPLISHMENTS

In the first year of the project, the Foundation focused on project start-up; initiating prevention of mother-to-child transmission of HIV (PMTCT) services at sites in Kinshasa; and integrating sexual and gender-based violence (SGBV) screening, treatment, and referral into routine PMTCT services.

## YEAR TWO ACTIVITIES

In Year Two of the Malamu Project, the Foundation will expand on the comprehensive PMTCT services in Kinshasa by initiating activities in Katanga Province. The Foundation will add pediatric care and treatment services to the project in Kinshasa and Katanga. In addition, the Foundation will continue to support the national level PMTCT working group and the MOH in finalizing the National Elimination Plan for Pediatric HIV and AIDS and in expanding service coverage and quality to meet the national goals outlined in the plan.



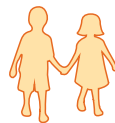
### PARTNERS

The activities described above are made possible by the generous support of the American people through the United States Agency for International Development (USAID) and the U.S. Centers for Disease Control and Prevention (CDC) under the U.S. President's Emergency Plan for AIDS Relief (PEPFAR), and through the generous support of other EGPAF supporters. The content included here is the responsibility of the Elizabeth Glaser Pediatric AIDS Foundation and does not necessarily reflect the views of CDC, the United States government, or other EGPAF sponsors. The 2014 budget for EGPAF's DRC program totals \$6.8 million.

## WHY IT MATTERS



**35 MILLION** people in the world live with HIV. **3.2 MILLION** of those infected are children.



Nearly **600 CHILDREN** are infected with HIV everyday.



Without diagnosis and treatment, almost **50% OF HIV INFECTED INFANTS WILL DIE** before their 2nd birthday.



90% of child infections are from **MOTHER-TO-CHILD TRANSMISSION**. 100% of these infections are preventable.

**To find out more about EGPAF's work to eliminate pediatric AIDS, visit [www.pedaids.org](http://www.pedaids.org).**

*Elizabeth Glaser acquired HIV in 1981 through a blood transfusion and unknowingly passed the virus on to her daughter Ariel and her son Jake. Following Ariel's death in 1988, Elizabeth joined with two close friends with one goal: to bring hope to children with AIDS. The foundation that now bears Elizabeth Glaser's name has become a global leader in the fight to eliminate pediatric AIDS, working in 15 countries and at more than 7,300 sites around the world to prevent the transmission of HIV to children and to help those already infected with the virus. EGPAF's global mission is to implement prevention, care, and treatment; further advance innovative research; and give those affected by HIV and AIDS a voice - bringing dramatic change to the lives of millions of children, women, and families worldwide.*