



## SUCCESS STORY

### WV AXxes Integration into Roll Back Malaria Program in Kolwezi District



LLINs at WV AXxes Depot in Kolwezi before distribution in Health Zones



**Mama Mujinga with her children under LLIN**

Mujinga Ilunga, a mother of 3 children under five was thankful to Project AXxes for providing her with 4 LLINs for herself and the children. "Before we started using LLINs, I was always seen in this health center (Kinsanfu) almost every other week because my children were getting fever from malaria" she said."

According to WHO, malaria is the leading cause of death of children under the age of five in Africa. It is estimated that 3,000 children under the age of five years fall victim to malaria each day. Malaria also affects pregnant women who are particularly vulnerable. The disease also takes an economic toll because of reduced productivity. Malaria is a significant threat in DRC where the most aggressive species, Plasmodium Falciparum is endemic and a significant cause of morbidity and mortality.

As a strategy to respond to this challenge, World Health Organization and other UN agencies introduced the Roll Back Malaria (RBM) program in 1998 with the goal of halving the global burden of malaria by 2010.

Kolwezi District, like many other areas in the developing world has a high incidence of Malaria. It is located in South-Eastern part of the Democratic Republic of Congo (DRC) in Katanga Province. The population is estimated at approximately 750,000. Kolwezi District has 8 Health Zones; two urban and six rural, all supported by Project AXxes.

In Kolwezi District, almost 85% of transfusions in children under 5 years and 40% of miscarriages are due to malaria (*National Malaria Control Program Report, 2007*). RBM control strategy includes effective treatment of malaria, use of Insecticide Treated bed Nets (ITNs), implementation of vector control activities and use of preventive treatment (TPI) for pregnant women. Before AXxes project began its work in the area, RBM activities concentrated on treatment only. There were no partners to support other activities especially distribution of ITNs.

As a result of AXxes interventions, all of the RBM components have been reinforced including use of ITNS where WV AXxes has distributed more than 47,000 LLINs for pregnant women and children under five years since project inception.

"Since September 2007, we have noticed that malaria episodes in children are decreasing" said the Medical Doctor in charge of Dilala Health Zone, DR. Ngoy Peke Josee. Thank you Project AXxes!