

**GOVERNMENT OF INDIA
MINISTRY OF HEALTH AND FAMILY WELFARE
DEPARTMENT OF HEALTH AND FAMILY WELFARE**

**RAJYA SABHA
UNSTARRED QUESTION NO. 2856
TO BE ANSWERED ON 20TH MARCH, 2018**

ELIMINATION OF KALA AZAR

2856. PROF. M.V. RAJEEV GOWDA:

Will the Minister of **HEALTH AND FAMILY WELFARE** be pleased to state:

- (a) whether Government has been unable to fulfil its commitment of eliminating Kala Azar from India by the end of 2017;
- (b) if so, the reasons therefor;
- (c) the revised deadline by which Kala Azar would be eliminated;
- (d) the measures being taken to eliminate Kala Azar and details thereof; and
- (e) whether specific measures are being taken to eliminate Kala Azar from West Bengal, Bihar, Jharkhand and eastern Uttar Pradesh which see high cases of prevalence of the said disease?

**ANSWER
THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND
FAMILY WELFARE
(SHRI ASHWINI KUMAR CHOUBEY)**

(a) to (c): As against elimination target of less than 1 case of Kala-Azar per 10,000 population at block level in all the endemic blocks, till 2017, out of 633 endemic blocks, 559 (88%) blocks have achieved the elimination target and 74 remaining blocks (49 are from Bihar and 25 from Jharkhand) could not achieve elimination, due to the following reasons.

1. Reporting of cases from newer foci.
2. Longer incubation period of about 2 years.
3. The endemic blocks located in difficult geographical terrain.
4. Indigenous health seeking behaviour in ethnic, poor and marginalised community.

Continuous efforts are underway under National Vector Borne Disease Control Programme (NVBDCP), a part of the National Health Mission (NHM), a flagship programme of the Government, with an objective to eliminate the disease within a short span of time

(d): For elimination of Kala- Azar, the following measures are being taken in the endemic states:

- I. Early detection and complete treatment of Kala- Azar & Post-Kala- Azar Dermal Leishmaniasis (PKDL) cases through surveillance.
- II. Indoor Residual Spray (IRS) with Insecticide Synthetic Pyrethroid (SP) in all 54 endemic districts.
- III. Capacity building
- IV. Intensified IEC/BCC activities
- V. Monitoring and supervision

In addition, the other steps taken by Government are detailed below:

- Treatment with single day single dose Ambisome injection of Kala Azar patient since 2015. This has improved treatment compliance.
- Loss of wages incentives to Kala- Azar patients.
- No stock out of drugs and diagnostics is ensured.
- Intensification of surveillance activities for early identification of cases & prompt treatment.
- Active case searches in all endemic blocks
- Use of Synthetic Pyrethroid insecticide and Hand Compression Pumps for IRS
- Two rounds of IRS with Synthetic Pyrethroid on regular basis and focal spray as per guideline.
- Incentive to health volunteer/ASHA at Rs. 300/- for referring a Kala-Azar case and ensuring complete treatment and Rs. 100/- during each round of indoor residual spray i.e. Rs. 200/- for both the rounds of spray for generating awareness for acceptance of spray by the community.
- Government of Bihar & Jharkhand States have provisioned Rs. 6,600/- as wage loss to Kala-Azar patients from Chief Ministers Kala-Azar Relief Elimination funds.

(e): Since Kala-Azar is endemic only in 4 States namely Bihar, Jharkhand, West Bengal & Uttar Pradesh, the elimination measures, as mentioned above, are targeted to these states. Kala-Azar Elimination is being reviewed at the highest level of administration in addition to regular reviews by Central and State Government officers. Monitoring and supervision by Central Government officials has been intensified to help the States in reducing the incidence of Kala-Azar to elimination level.