

**GOVERNMENT OF INDIA
HEALTH AND FAMILY WELFARE
LOK SABHA**

UNSTARRED QUESTION NO:5175
ANSWERED ON:26.04.2013
ELIMINATION OF KALA AZAR
Thamaraiselvan Shri R.

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

- (a) whether the Government has missed the target to eliminate Kala-azar by the year 2010;
- (b) if so, the reasons therefor along with the revised target for elimination of Kalaazar;
- (c) the extent to which the said target have been achieved in eliminating the disease, State/UT-wise;
- (d) whether the Government has recommended changes in treatment procedure from administering injection to oral drugs and if so, the details thereof; and
- (e) the other measures taken/proposed by the Government to eliminate Kala-azar in the country, particularly in the areas where the incidents of the disease are high?

Answer

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABIAZAD)

(a) to (c): National Health Policy, 2002 envisaged the target to eliminate Kala-azar by 2010 i.e. less than 1 case per 10,000 population at sub-district level, which could not be achieved. Kala-azar is a vector borne disease and its elimination from the community depends on various environmental, socio-economic and health systems related factors.

The cases of Kala-azar are showing declining trend since 2012, which is due to scaling up of Rapid Diagnostic Kits, effective Oral Drug and better monitoring and supervision. In 2012, out of 574 Kala-azar endemic blocks, 383 blocks are showing cases less than one per 10,000 population. The number of cases reported (State/UT-wise) since 2008 is annexed.

(d): Yes. The injectable has been replaced by oral drug as first line of treatment.

(e): The Government has issued advisory & guidelines from time to time to monitor/supervise situation through ASHA/Health workers. Adequate Rapid Diagnostic Kits for quick diagnosis of suspected Kala-azar patients and effective Oral Drug are provided for treatment. Two rounds of DDT spray are being carried out for breaking transmission cycle. Special attention is given for increased supervision and monitoring of spray quality in high endemic kala-zar districts. Effective Behaviour Change Communication /Information Education and Communication (BCC/IEC) campaign is carried out throughout the year for sensitizing the community on prevention & control.

In addition, the following steps have also been initiated:

Incentive to Kala-azar activist/health volunteer/ASHA @ Rs.200/- [Rs.50/- for referring a suspected case to nearest health centre and Rs 150/- for ensuring complete treatment].

Introduction of patient wise anti-kala-azar treatment boxes and supervised treatment on DOT pattern.

Incentives @ Rs. 50/- to Kala-azar Patient for loss of wages and free diet to Kala-azar patient and one attendant during the period of treatment.

RMRIMS, Patna is imparting training to Vector Borne Disease Consultants (VBDCs) and Kala-azar Technical Supervisor (KTS) for strengthening monitoring & supervision.