

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

UNSTARRED QUESTION NO:1077

ANSWERED ON:28.11.2014

CASES OF KALA AZAR

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

- (a) the number of cases of Kala-azar and related deaths reported in the country during each of the last three years and the current year, State/UT-wise;
- (b) the steps taken/proposed to be taken by the Government to eliminate Kala-azar along with the funds allocated and utilised for the purpose during the said period, State/UT-wise;
- (c) the details of the programmes being implemented with assistance from global agencies, indicating the funds received and utilised for the purpose and the achievements made as a result thereof, project and agency-wise;
- (d) whether the Government proposes to formulate new strategy and introduce rapid diagnosis kit to combat the disease; and
- (e) if so, the details thereof?

Answer

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI JAGAT PRAKASH NADDA)

(a): The number of reported cases and deaths of Kala-azar in the country during each of the last three years and the current year, State/UT-wise are annexed.

(b): Steps taken/proposed to be taken by the Government to eliminate kala-azar are:

To meet the National goal of Kala-azar elimination target i.e December,2015, National Vector Borne Diseases Control Programme (NVBDCP) introduced two new drugs i.e Injection Liposomal Amphotericine single dose & combination treatment with Paromomycin & Miltefosine 10 days in the programme to reduce duration of treatment for Kala-azar (KA) patient which will benefit the patient and programme for ensuring better treatment compliance. Presently WHO is supplying Injection Liposomal Amphotericine to all the Kala-azar affected states free of cost.

Incentive to ASHAs @ Rs.300/- for reporting a suspected case and ensuring complete treatment.

Loss of wages @ Rs. 500/- to KA patient for treatment of patient.

Provision of free diet support to kala-azar patient and one attendant.

Intensification of supervised indoor residual spray to achieve quality spray more than 80% coverage.

Plastering of floor and cementing of wall up to six feet height as one of the innovation in Munni Tea garden, Phansiweda district, Darjeeling with the help of local authorities inhabiting sand fly vector to rest indoor.

Involvement of stakeholders, Bill & Melinda Gates Foundation (BMGF)/Cooperative for Assistance and Relief Everywhere (CARE), Drugs for Neglected Disease initiatives(DNDi), Médecins Sans Frontières (MSF), Rajendra Medical Research Institute (RMRI), All India Institute of Hygiene and Public Health(AIIPH&PH), National Polio Surveillance Programme (NPSP) for supervision & monitoring, community mobilization and service delivery in hard core areas.

The funds allocated and utilized for the Kala-azar disease during the last three years and current year is given below:

Year Bihar Jhar-khand West Bengal Uttar Pradesh

2011-12	4096.92	482.76	282.24	187.32
2012-13	5009.80	113.45	195.39	153.76
2013-14	1150.98	319.34	212.89	38.32
2014-15	2941.50	4992.99	410.49	230.33

(c): WHO & CARE have supported the Kala-Azar (KA) elimination Programme by providing Man Power, Drugs & Diagnostics. The KA elimination and achievement made resulting KA cases reduced in all high endemic States by 58% and death by 75%.

(d) & (e): Yes.

Core Group constituted for kala-azar elimination programme.

Advisories being issued at the level of MOH&FW, Dte. of GHS and NVBDCP for effective implementation of kala-azar elimination.

Intensification of Information Education & Communication (IEC)/Behaviour Change Communication (BCC).

To diagnose the KA patient the RDK (KA) has been introduced in the Programme and the same is being supplied to all the KA States as per State requirement