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# Evaluation of national Kala Azar surveillance system – India, 2016

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**Introduction:** Kala Azar (KA) or visceral Leishmaniasis is a neglected tropical disease with 100% case fatality, if untreated, and causes 1.6 million illnesses worldwide annually. India accounts for 50% of global burden. We described and evaluated 'national vector borne disease control programme's (NVBDCP)' KA surveillance system (KASS) to identify strengths, weaknesses and to provide recommendations.

**Methods:** We reviewed 2016 annual report and evaluated KASS attributes. We interviewed all staff about clarity of guidelines, ease of reporting, data processing, data flow and feedback receipt to evaluate simplicity. We calculated proportion states used standardized formats and web-portal to evaluate acceptability. We calculated proportion state monthly reports received by due-date and proportion national monthly line-list and web-portal with missing data to evaluate timeliness and completeness, respectively. We calculated proportion public and private institutions reported to NVBDCP to evaluate representativeness. We enumerated times reporting guidelines changed, web-portal disrupted, hotspots detected and indoor residual activities conducted to evaluate flexibility, stability and usefulness, respectively.

**Results:** KASS targets four states prioritized for KA elimination. It includes monthly passive surveillance and quarterly active surveillance through camps and house-to-house searches in hotspots. Of all staff, 88% (8/9) reported guidelines to be clear, however, ease of reporting, data processing, data flow and feedback receipt were 22% (2/9), 33% (3/9), 44% (4/9) and 22% (2/9), respectively. In 2016, 25% (1/4) states used standardized formats and 50% (2/4) used web-portal. Only 29% (14/48) reports were timely, 33% (4/12) line-list and 16% (2/12) web-portal data were complete. All public but no private health institutions reported. Reporting guidelines changed from monthly to weekly recently, web-portal had six disruptions and four hotspots detected followed by indoor residual activities.

**Conclusions:** KASS is flexible and useful; however, needs improvement in simplicity, acceptability, timeliness, completeness, representativeness and stability. We recommended training staff about standardized surveillance and guidelines. Consequently, by October 2017 timely standardized reporting improved and nine hotspots were identified.

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