Visceral Leishmaniasis (Kala-azar) is a vector borne disease caused by obligate intra-macrophage protozoan parasites. It is an old, largely unknown, a forgotten and neglected disease yet is a public health problem, a debilitating disease causing an estimated 500,000 new cases each year, and a tenth of these patients will die in the predisposed areas. The actual toll death from the disease may be higher than this estimate considering the existence of its unidentified foci. Since 1993, the regions that are Kala-azar endemic have expanded significantly, accompanied by a sharp increase in the number of recorded cases. The increasing number of people infected with the disease, poses a major health challenge because it is a silent killer, invariably killing almost all untreated patients. Currently, estimates also suggest an overall prevalence of 12 million people infected with Kala-azar in an at risk population of 350 million, suggesting more than 2 million new infectious each year with the figures including only cases with the overt disease. The new trend risks causing a public health crisis in weak Africa economies like Kenya since the vaccine for the disease is non existent. In Kenya it is common in arid and semi – arid regions of North Eastern and Rift valley provinces, especially the Kacheliba Division of West Pokot District that has a prevalence of 30% amongst other areas of Turkana District, Machakos, North Eastern, Marigat and Baringo East. The study was conducted between December, 2007 and February, 2008. Descriptive cross- sectional research design was used to determine socio demographic characteristics, economic and cultural factors, health seeking behaviour, the disease morbidity and mortality, local peoples knowledge, perception and behaviour towards the existence of Kala-azar in the area. Simple random sampling technique was used to identify study subjects in the purposively selected Kacheliba Division. A sample size of 323 respondents who were household heads or adult members and the health facility workers were randomly sampled. The data collected were processed and analyzed using the Statistical Package for Social Sciences (SPSS). The chi – square test was used to
compare the relationship between variables. The key factors associated with the community being predisposed to Kala-azar include: Age, gender, educational level, presence of large number of termite mounds all over the area (76.4%), low usage of bed nets (25%), inaccessibility to health services and lack of proper knowledge on transmission of the disease. Also, human activities such as hunting and deforestation (53.3%), resting or sitting near termite mounds (80.2%) and dancing at night -Adong,0 (62.5%), when the sand flies are active. There was a significant association between age (P= 0.001, df=2, x²=14.462) and being predisposed to Kala-azar, gender (p= 0.001, df=4, x²=61.04), educational level (p=0.001,df=9,x²=149.55), presence of large number of termite mounds (p=0.001,df=8,x²=39.821) and resting or sitting near termite mounds (p=0.001,df=2,x²=17.67). The study concludes that Kala-azar is still prevalent in the area, low economic status, inaccessibility to health services, abundant presence of termite mounds that harbour sand flies and the community’s different beliefs about transmission are risk factors. The study recommends the need for enhanced general health education and awareness on the transmission cycle of Kala-azar. Community participation as well as culturally appropriate behaviour change communication activities should be emphasized to enhance strategies targeting vector control. In addition, integrated disease surveillance response to be implemented to avert the disease situation.