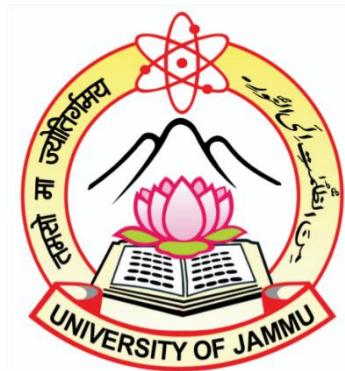


ECONOMICS



MAJOR PROJECT REPORT

SEMESTER- 3

FOUR-YEAR UNDERGRADUATE PROGRAMME

(DESIGN YOUR DEGREE)

SUBMITTED TO

UNIVERSITY OF JAMMU, JAMMU

SUBMITTED BY:

TEAM MEMBERS	ROLL NO
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UNDER THE MENTORSHIP OF

Dr Shallu Sehgal

Submitted on: _____ Februry,2025

ACKNOWLEDGMENT

We can acknowledge all those who helped and guided us during our research work. First and foremost, we thank almighty god from the depth of our hearts for generating enthusiasm and granting us spiritual strength to pass through this challenge successfully.

I sincerely thank Prof. Umesh Rai, Vice Chancellor of the University of Jammu, for his continuous support throughout our project. I also extend my heartfelt thanks to Prof. Dinesh Singh, Padma Shri awardee and Chairman of the Higher Education Council, J&K UT, for his encouragement and backing. I am deeply grateful to Dr Shallu Sehgal for their constant guidance and support at every project stage. Their knowledge, feedback, and encouragement have been a great help in shaping our research and making sure it meets high standards. I thank Prof. Alka Sharma, our Head of Department, for her unwavering support in helping us complete this project. I would also like to thank my classmates for their valuable contributions. Their willingness to share ideas, work together, and offer assistance has made a big difference in overcoming challenges and achieving our goals. Finally, I am truly thankful to everyone who supported us. Without their combined efforts, this project would not have been successful.

CERTIFICATE

The report titled "**Stray Care Initiative**" was done by Group members- (Gourav Sharma, Radhey Sharma, Shubham Sharma and Manjot Singh,). This project served as a significant undertaking for Semester 3 of their academic program. Under the supervision and guidance of **Dr Shallu Sehgal** for the partial fulfilment of the Design Your Degree, Four Year Undergraduate Programme at the University of Jammu, Jammu, and Kashmir. This original project report has not been submitted elsewhere for academic recognition.

Signature of Students

Prof. Alka Sharma

Director, SIIEDC, University of Jammu

Mentors

1. Dr Shallu Sehgal

1. Introduction

Dog bites pose a significant public health concern worldwide, leading to medical expenses, psychological trauma, and economic burdens on individuals and healthcare systems (PAM Overgaauw, 2020). In the Jammu division, the rising incidence of dog bites has sparked concerns about its financial and social implications.

This study, titled "Cost Analysis of Dog Bites: A Case Study of Jammu Division" aims to assess the direct and indirect costs associated with dog bite incidents.

The study explores various economic factors, including medical treatment costs, loss of productivity, post-exposure prophylaxis (PEP) expenses, and government expenditure on rabies control measures. Additionally, it examines the socio-economic impact on affected individuals and families, particularly in rural and urban settings of the Jammu division.

By conducting this cost analysis, the report seeks to provide valuable insights into the financial burden imposed by dog bites and suggest policy recommendations for more effective management, prevention, and resource allocation to mitigate the economic impact.

2. Objectives of the Study

- To estimate the direct and indirect costs of dog bite incidents.
- To assess the economic burden on public healthcare systems.
- To analyse government and municipal expenditures on dog bite prevention and control programs.

3. Research Methodology

This study is conducted using both **primary and secondary data** collected from hospitals, municipal authorities, and individuals directly affected by stray dog-related incidents. Primary data includes **interviews, surveys, and field observations**, while secondary data is sourced from official reports, research papers, and government records.

To analyse the economic impact, a **cost analysis framework** is applied, categorizing expenses into two main types:

- **Direct Costs** – These include medical treatments, hospitalization expenses, and sterilization programs.

- **Indirect Costs** – These cover loss of productivity, psychological stress, and the burden on public resources due to stray-related incidents.

This structured approach helps in understanding the financial implications and identifying **cost-effective, sustainable solutions** for managing the stray dog population.

4. Economic Analysis of Dog Bites

4.1 Direct Costs

Medical Expenses: Includes doctor consultations, wound treatment, post-exposure prophylaxis (PEP) vaccines, antibiotics, and hospitalization costs.

Travel & Miscellaneous Costs: Expenses related to transportation for medical treatment, food, and accommodation (if treatment is sought in another city)

4.2 Indirect Costs

Loss of Productivity: Victims, especially daily wage workers, lose income due to recovery periods.

Long-Term Health Impact: Severe bites can lead to long-term disabilities, increasing dependency and financial strain on families.

Psychological & Social Impact: Fear and trauma associated with dog bites may lead to behavioural changes, affecting work efficiency.

The number of dog bite reported in the country under Integrated Disease Surveillance Plan-Integrated Health Information Platform (IDSP-IHIP) during last five years is as under:

Year	2019	2020	2021	2022	2023
Number	72,77,523	46,33,493	17,01,133	21,80,185	30,43,339

5. Scientific Measures for Dog Population Control by JMC

JMC has undertaken a scientific approach to control the stray dog population in the city. With an estimated 51,000 stray dogs, the organization follows a structured sterilization process to manage their numbers effectively.

5.1 Sterilization Process and Centre

A single female dog gives birth to approximately five puppies. To regulate this population, stray dogs are collected from every ward and taken to Roop Nagar, which serves as the central facility for their sterilization. At this centre, dogs undergo surgery, where their reproductive organs are removed to prevent further breeding.

5.2 Scientific Approach and Measures

JMC has adopted scientific methods to control the dog population while ensuring that neither animal rights activists nor human rights organizations raise concerns. Over the past six years, their data shows:

36,000 dogs have been successfully sterilized.

15,000 dogs are currently undergoing the stabilization process.

Dog bite cases peak during the breeding season.

To mitigate aggressive behaviour, JMC is working on reducing the testosterone levels in male dogs.

5.3 Awareness Programs and Public Involvement

JMC not only focuses on sterilization but also runs awareness programs. They have put up banners in prominent areas such as Jewel and Dogra Chowk to educate people about responsible pet ownership. Additionally, they encourage residents to adopt Indian dog breeds instead of foreign breeds.

5.4 Dog Shelters and Post-Surgery Care

The sterilized dogs are housed in dedicated shelters where they receive medical attention. After surgery, they are kept under observation for 3-4 days. If a dog is deemed fit to return to its original location, JMC ensures their safe relocation. Each released dog is geo-tagged with photographs to ensure they are sent back to their respective areas.

Through these initiatives, JMC is actively working toward a humane and scientific method of controlling the stray dog population while maintaining a balance between public safety and animal welfare.

5.5.1 Table 1 Jmc 2024 Monthly Data of how many cases in 2024:

Year	Month	Stray Dog	Pet Dog	Total
2024	January	883	N/A	N/A
	February	944	N/A	N/A
	March	707	338	1095
	April	601	320	921
	May	543	355	898
	June	549	287	836
	July	603	310	913
	August	581	273	854
	September	493	252	745
	October	522	275	797
	November	476	265	741
	December	588	264	852
	Grand Total			10479

Source: Collected data through Survey.

Interpretation of the Table 1

This table provides data on the number of **stray dogs and pet dogs** recorded each month in 2024. The **total count is available for some months** while missing for January and February.

Key Observations:

1. Total Dog Count Fluctuation:

The highest total count is in March (1,095 dogs), indicating a peak in cases.

The lowest total count is in November (741 dogs), suggesting a seasonal decline.

2. Stray vs. Pet Dog Comparison:

The number of stray dogs is consistently higher than pet dogs in all months.

March has the highest number of pet dogs (338), while September has the lowest (252 pet dogs).

3. Seasonal Trends:

Stray dog counts peak in March (707 stray dogs) and dip in November (476 stray dogs).

The number of pet dogs fluctuates but remains relatively stable between 250-350 dogs per month.

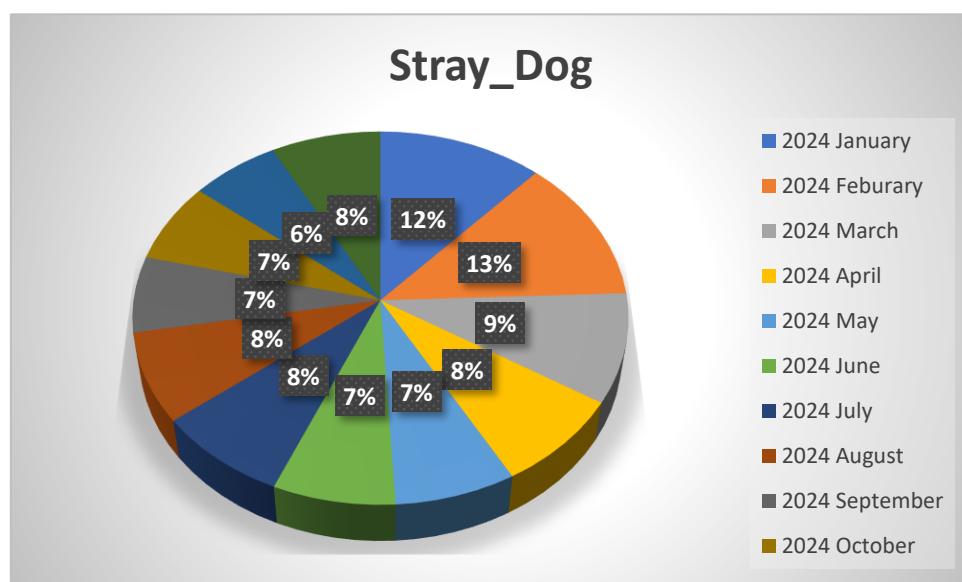
4. Data Inconsistency:

The total values for January and February are missing, requiring clarification.

Conclusion:

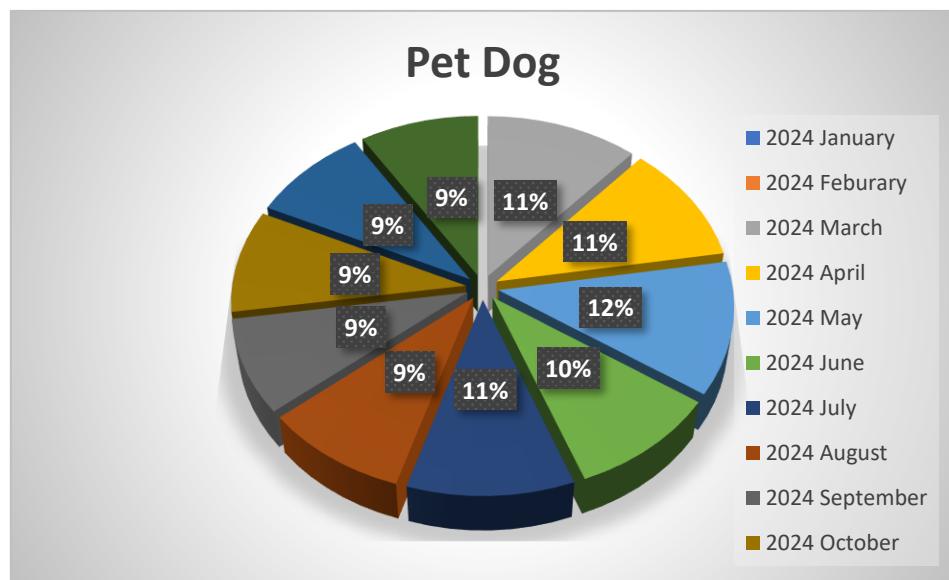
- March records the highest number of both stray and pet dogs, possibly due to increased monitoring or seasonal factors.
- November shows the lowest total count, suggesting a decline in cases.
- Stray dogs significantly outnumber pet dogs, highlighting a potential issue in stray dog management.

5.5.1(a)



Source- Collected data through Survey.

5.5.1(b)



Source- Collected data through Survey.

5.5.2

Year	Total Cases
2022	7063
2023	9009
2024	10479

Source: Collected data through Survey.

Interpretation of the Yearly Total Cases Data Table 2

The given data represents the total number of cases recorded over three years (2022-2024).

Significant Growth:

In 2022, the total cases were 7,063.

In 2023, the cases increased to 9,009, marking a 27.5% increase from 2022.

In 2024, the cases further rose to 10,479, reflecting a 16.3% increase compared to 2023.

Overall Trend:

The data shows a consistent rise in the number of cases year by year.

From 2022 to 2024, the total cases have grown by approximately 48.3%, indicating a sharp increase in incidents.

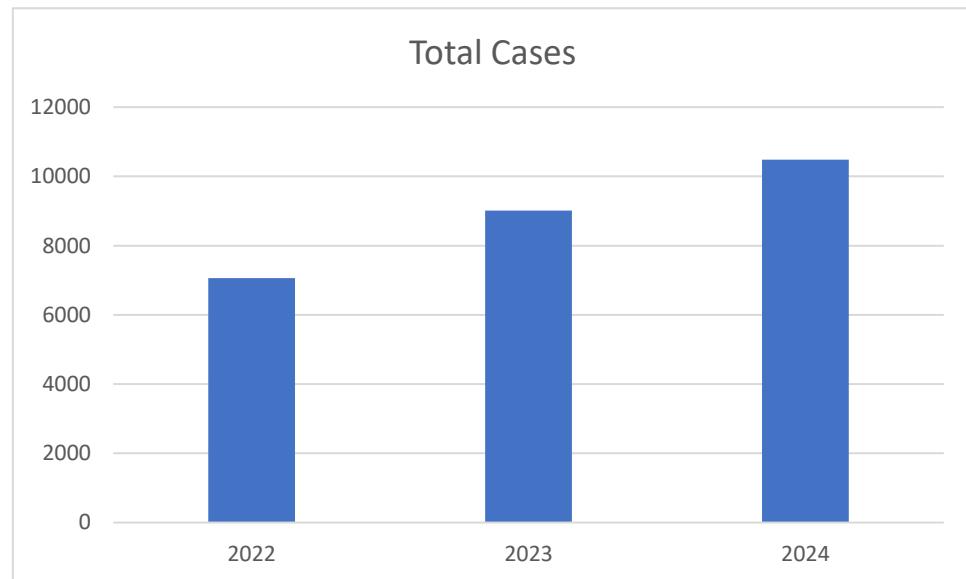
Possible Reasons for the Increase:

Improved Reporting: More cases might be reported due to increased awareness or better tracking mechanisms.

Population Growth: A higher number of cases may be due to a rise in the affected population.

Environmental or Social Factors: External factors such as urbanization, climate conditions, or policy changes could contribute to the rising numbers.

5.5.2(a)



Source: Collected data through Survey.

5.6 Government & Municipal Expenditures

Vaccination & Rabies Control Programs: Government spending on anti-rabies vaccines, sterilization of stray dogs, and awareness campaigns.

Public Health Infrastructure Costs: Costs incurred by government hospitals and clinics in treating dog bite victims.

Stray Dog Management Expenses: Funds allocated for sheltering, sterilization, and feeding of stray dogs.

5.6.1

Months	Total no of cases	Cost of one Does	Total cost
January	883	350-450	3,09,050 - 3,97,350
February	944	350-450	3,30,400 - 4,24,800
March	1095	350-450	3,83,250 - 4,92,750
April	921	350-450	3,22,350 - 4,14,450
May	898	350-450	3,14,300 - 4,04,100
June	836	350-450	2,92,600 - 4,03,200
July	913	350-450	3,19,550 - 4,10,850
August	854	350-450	2,98,900 - 3,84,300
September	745	350-450	2,60,750 - 3,35,250
October	797	350-450	2,78,950 - 3,58,650
November	741	350-450	2,59,350 - 3,33,450
December	852	350-450	2,98,200 - 3,83400

Source- Collected data through Survey.

This table provides data on the number of cases and the associated cost for each month. The cost varies between ₹350 and ₹450 per dose, leading to a range of total costs for each month.

Key Observations:

1. Fluctuation in Cases:

The highest number of cases was in March (1,095 cases), leading to the highest total cost.

The lowest number of cases was in November (741 cases).

2. Cost Variation Across Months:

Due to the variation in per-dose cost (₹350-₹450), each month's total cost also fluctuates within a range.

The most expensive month in terms of total cost was March (₹3,83,250 - ₹4,92,750).

The least expensive month was November (₹2,59,350 - ₹3,33,450).

3. Seasonal Trends:

Higher case counts from January to March, which might indicate a seasonal trend or increased need during these months.

A decline in cases during the mid-year (June-September) suggests a possible lower spread of cases during that period.

4. Overall Cost Estimation:

The total cost fluctuates significantly, from a low of ₹2,59,350 in November to a high of ₹4,92,750 in March.

This highlights the importance of budgeting based on seasonal case fluctuations.

Conclusion:

- The total cost is highly dependent on both the number of cases and the price per dose.
- March had the highest financial burden, while November had the lowest.
- A pattern of higher cases in the first quarter of the year suggests the need for better resource allocation in peak months.

5.6.2

Year	Total Cases	Total cost
2022	7063	24,72,050 - 31,78,350
2023	9009	27,47,745 - 40,54,050
2024	10479	36,67,650 - 47,15,550

Interpretation of the Yearly Total Cases and Total Cost Data

This table represents the total number of cases and their associated cost range from 2022 to 2024.

Increasing Trend in Total Cases:

The total number of cases has consistently increased over the years:

2022: 7,063 cases

2023: 9,009 cases (27.5% increase from 2022)

2024: 10,479 cases (16.3% increase from 2023)

This steady rise may indicate increasing incidents, improved reporting, or external factors contributing to more cases.

Growth in Total Cost :

The minimum and maximum cost ranges also increase proportionally with the number of cases:

2022: ₹24,72,050 - 31,78,350

2023: ₹27,47,745 - 40,54,050

2024: ₹36,67,650 - 47,15,550

The cost increased significantly in 2024, reflecting a higher financial burden due to more cases.

Key Observations:

Percentage increase in cost (minimum & maximum range):

From 2022 to 2023:

Minimum cost increased by 11.1%

Maximum cost increased by 27.6%

From 2023 to 2024:

Minimum cost increased by 33.5%

Maximum cost increased by 16.3%

The sharpest rise in cost occurred from 2023 to 2024, possibly due to higher expenses per case, inflation, or additional resource allocation.

5.7 Anti-Rabies Treatment Guide

Category III (Both Anti-Rabies Serum + Anti-Rabies Vaccine - ARV)

5.7.1. Anti-Rabies Serum (ARS)

Dosage:

Administered based on body weight.

Maximum limit: 40 kg.

Application:

Injected at the wound site.

The amount depends on the wound size.

Function:

Neutralizes the virus at the wound site.

Provides passive immunity.

Types of Anti-Rabies Serum:

Equine-Derived Serum:

Cost: ₹2000 per ml (Approx).

Monoclonal Antibody (Twin Rab):

Cost: ₹1800 per ml (Approx).

Special Considerations:

People with **comorbidities** or **allergic reactions** may require careful monitoring.

Category II (Only Anti-Rabies Vaccine - ARV)

5.7.2. Anti-Rabies Vaccine (ARV)

Dosage:

No specific criteria for administration.

Dose: 0.1 ml (Injected into the deltoid muscle).

Route of Administration:

Intradermal Injection.

Vaccination Schedule (Thai Red Cross Regimen):

Administered on Days 0, 3, 7, and 28.

Requires 4 visits in total.

Regimen for Category III

Full Course:

Requires 5 visits.

Intramuscular Injection (0.5 ml per dose).

Vaccination schedule: Days 0, 3, 7, 14, and 28.

Wound Care:

Must be followed for up to 3 months after exposure.

Booster Doses:

Recommended for Day 0 and Day 3 if necessary.

Cost of Full Treatment:

Estimated between ₹350 - ₹450.

6. Key Findings

- Daily wage earners and low-income groups face higher financial stress due to loss of productivity.

- Government spending on rabies control programs is increasing, but preventive measures remain inadequate.
- The rise in stray dog populations is a key driver of increasing dog bite cases, necessitating better urban planning and animal control measures.

7. Policy Recommendations

- **Strengthening Public Health Infrastructure:** Improve accessibility to free or low-cost rabies treatment and PEP vaccines.
- **Community Awareness & Preventive Measures:** Promotion of responsible pet ownership, vaccination drives, and public education campaigns.
- **Effective Stray Dog Population Control:** Implement large-scale sterilization programs and improve waste management to reduce stray dog dependency on urban garbage.

Through these initiatives, JMC is actively working toward a humane and scientific method of controlling the stray dog population while maintaining a balance between public safety and animal welfare.

Conclusion

The study reveals a consistent rise in dog bite cases in the Jammu division, with a 48.3% increase from 2022 to 2024. The highest number of cases was recorded in March, while the lowest occurred in November, indicating seasonal fluctuations. Stray dogs account for the majority of reported cases, highlighting the challenge of effective population control despite ongoing sterilization efforts.

The economic burden of dog bites is substantial, affecting both individuals and government resources. Direct costs include medical expenses, transportation, and hospitalization, while indirect costs involve loss of productivity, long-term health impacts, and psychological distress. Government expenditure on rabies control programs has increased significantly, with costs rising from ₹24.72 lakh in 2022 to ₹47.15 lakh in 2024, yet preventive measures remain inadequate.

Jammu Municipal Corporation (JMC) has implemented sterilization, geo-tagging, and awareness programs, successfully sterilizing 36,000 dogs. However, the rising cases suggest that these efforts need to be expanded and reinforced. Daily wage earners and low-income groups are disproportionately affected, emphasizing the need for accessible and affordable treatment.

To address these challenges, a multi-faceted approach is necessary. Strengthening healthcare infrastructure, implementing large-scale sterilization programs, promoting responsible pet ownership, and improving waste management can collectively reduce dog bite incidents. Effective resource allocation, increased public awareness, and stricter regulations are essential to mitigating the economic and social impact of stray dog bites, ensuring both public safety and animal welfare.

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Social Innovation



Design Your Degree Stray Care Initiative Presented To

Prof. Anil Gupta

Dr. Shallu Seghal

Group Members

Gourav Sharma | Radhey Sharma | Shubham Sharma | Manjot Singh

 GPS Map Camera

Jammu

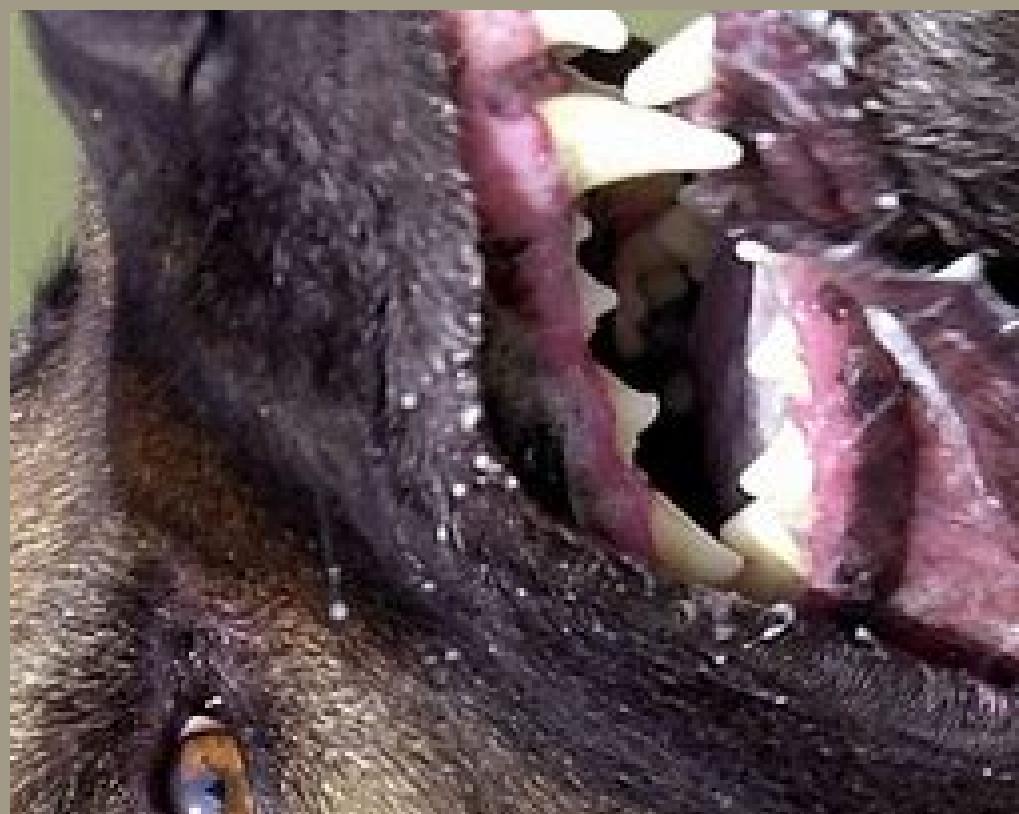
Pvp4+63q, Bakshi Nagar, Jammu, 180001,



INTRODUCTION

Stray dogs pose public health risks, safety concerns, and economic burdens on communities due to rising dog bite cases and zoonotic diseases. Managing this issue requires effective sterilization programs, medical treatments, and awareness campaigns to reduce costs and ensure public safety.

This study analyzes data from GMC & JMC to assess the economic and social impact of stray dog management, highlighting the financial strain on healthcare and municipal resources. By evaluating cost-effective solutions, it aims to propose sustainable strategies for human and efficient stray dog control.



Objectives of the Study

- 01** To estimate the direct and indirect costs of dog bite incidents.
- 02** To assess the economic burden on public healthcare systems.
- 03** To analyze government and municipal expenditures on dog bite prevention and control programs.
- 04** Understand the Impact of Stray Dogs – Analyze their effects on public health, safety, and the economy.
- 05** Develop a Practical Solution
 - Propose an affordable and effective reflective neckband to improve visibility and safety.

Understanding Stray Dogs

Definition:

Stray dogs are free-roaming dogs without direct human ownership. Often misunderstood as aggressive, many are social and coexist with communities.

Causes of Increasing Stray Populations:

- Uncontrolled breeding due to lack of sterilization.
- Improper waste management providing food sources.
- Abandonment by owners due to financial or behavioral issues.
- Lack of effective municipal intervention and policies

Challenges Faced by Stray Dogs

-Health Issues:

- Malnutrition and starvation due to lack of food.
- High risk of diseases like rabies, mange, and parasitic infections.

-Safety Concerns:

- Vulnerable to abuse, accidents, and poisoning.
- Frequent injuries from fights, traffic, or harsh weather conditions.

- Lack of Shelter & Care:

- No access to veterinary care or vaccination. Struggles for survival in urban and rural environments.

Impact on Communities

Public Health Concerns:

- Risk of rabies and other zoonotic diseases.
- Increase in dog bite cases, leading to medical and vaccination costs.

Economic Burden:

- High expenditure on dog bite treatments (data from GMC & JMC).
- Costs of municipal stray dog management programs.

Social Perceptions & Benefits:

- Fear and conflict due to stray dog aggression.
- Positive role of dogs in waste management and community bonding.

Legal Framework and Animal Rights Stray Dog Protection Laws in India:

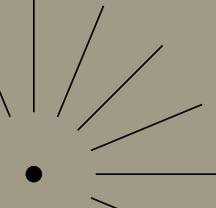
Prevention of Cruelty to Animals Act, 1960 – Prohibits abuse and mistreatment of stray dogs.

Animal Birth Control (Dogs) Rules, 2001 – Mandates sterilization and vaccination programs.

Supreme Court Rulings – Recognizes the right to feed and protect stray dogs while ensuring public safety.
Government and Citizen Responsibilities:

Municipal corporations must implement sterilization and vaccination drives.

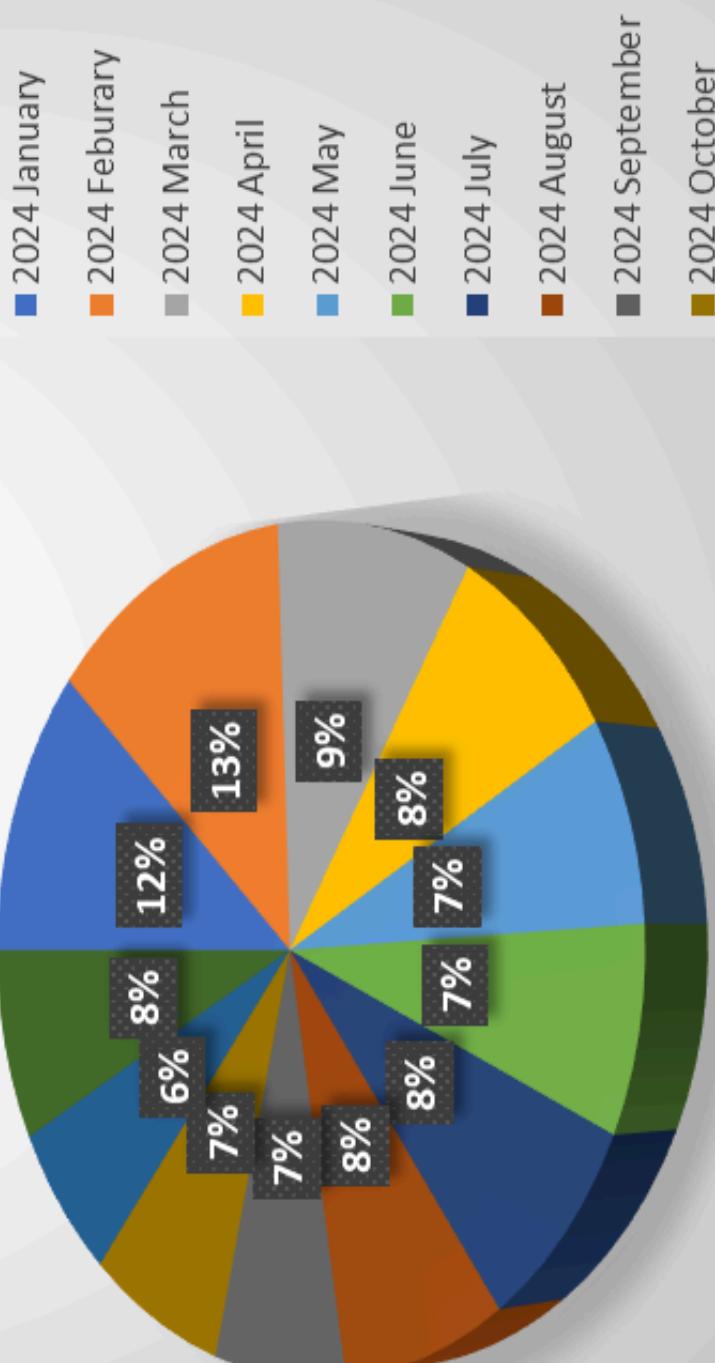
Citizens are encouraged to support humane management through feeding and adoption.



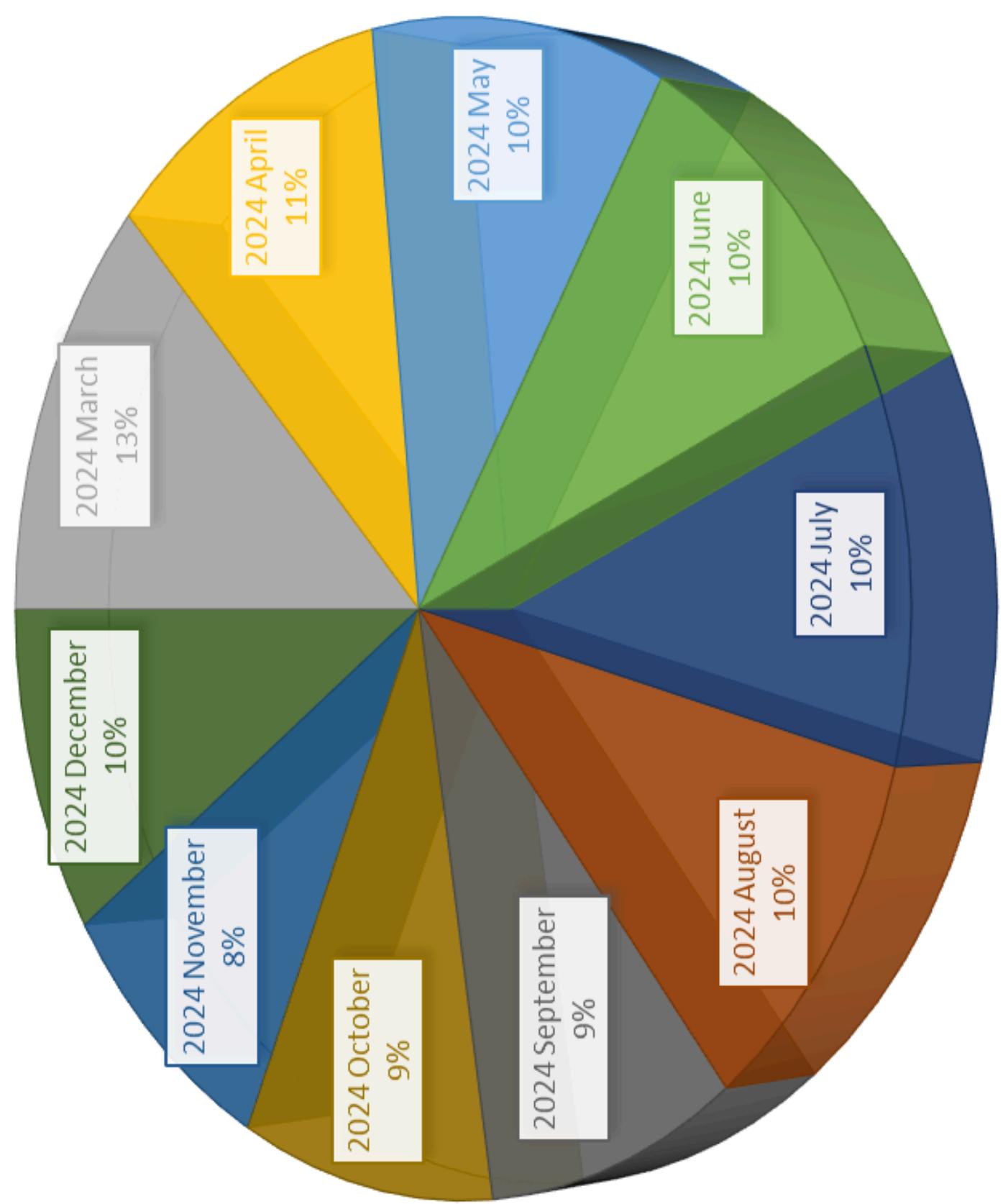
Monthly Cases Of Dog Bite (2024)

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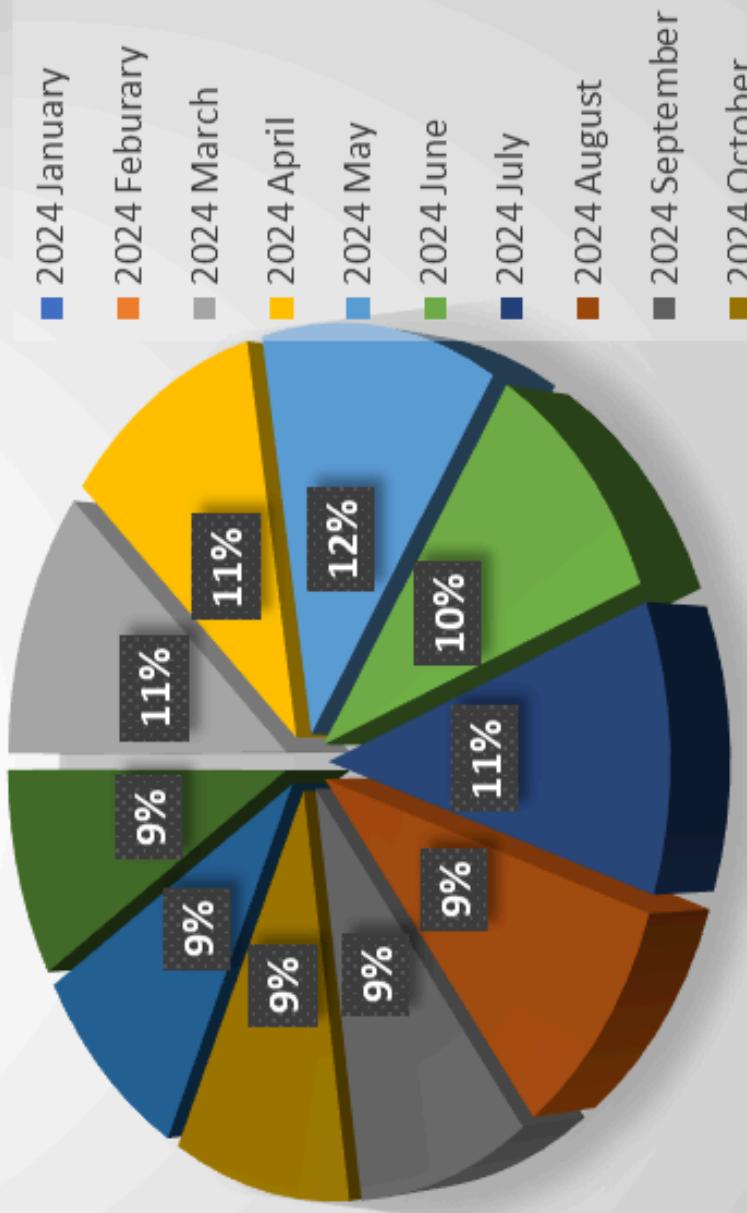
Stray_Dog



TOTAL

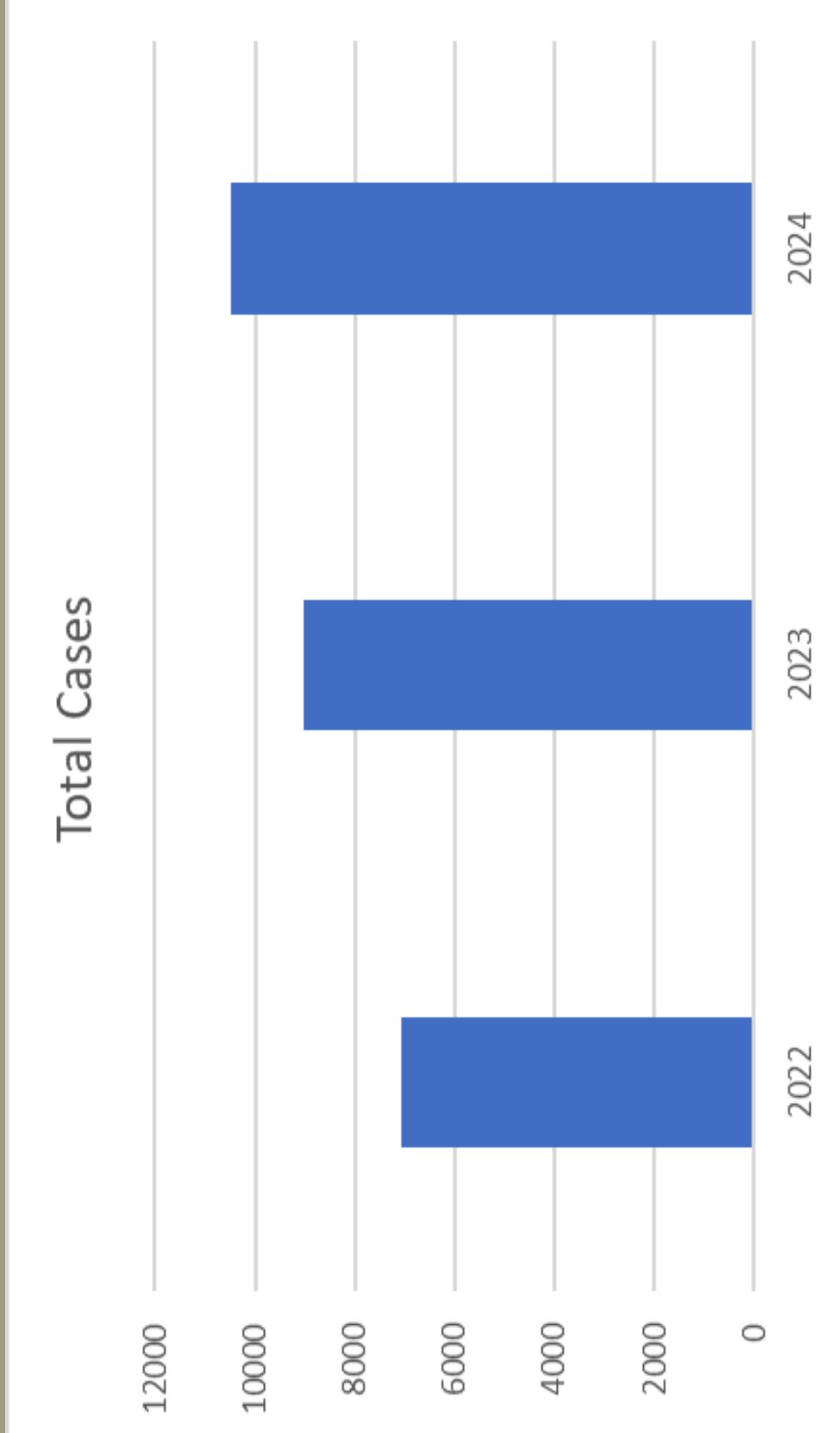


Pet Dog



Yearly Data

Year	Total Cases
2022	7063
2023	9009
2024	10479



Cost of Anti-Rabies Vaccines (ARV)

Months	Total no of cases	Cost of one Does	Total cost
January	883	350-450	3,09,050 - 3,97,350
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July	913	350-450	3,19,550 - 4,10,850
August	854	350-450	2,98,900 - 3,84,300
September	745	350-450	2,60,750 - 3,35,250
October	797	350-450	2,78,950 - 3,58,650
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Yearly Cost of Anti-Rabies Vaccine (ARV)

Year	Total Cases	Total cost
2022	7063	24,72,050 - 31,78,350
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Dhananjay Mahapatra / TNN / Updated: Mar 10, 2016, 16:46 IST



Dog bites in Mumbai accounted for more deaths in 20 years than the combined toll in two deadly terror strikes in the city-the 1993 serial bomb blasts and 26/11 attacks.



Since 1994, a total of 429 people, bitten by stray dogs, have succumbed to rabies (Representative picture)

MUMBAI: Dog bites in Mumbai accounted for more deaths in 20 years than the combined toll in two deadly terror strikes in the city-the 1993 serial bomb blasts and 26/11 attacks.

Brihamumbai Municipal Corporation (BMC) made this startling disclosure before the Supreme Court on Wednesday. Since 1994, a total of 429 people, bitten by stray dogs, have succumbed to rabies and during the same period dog bites injured 13.12 lakh people.

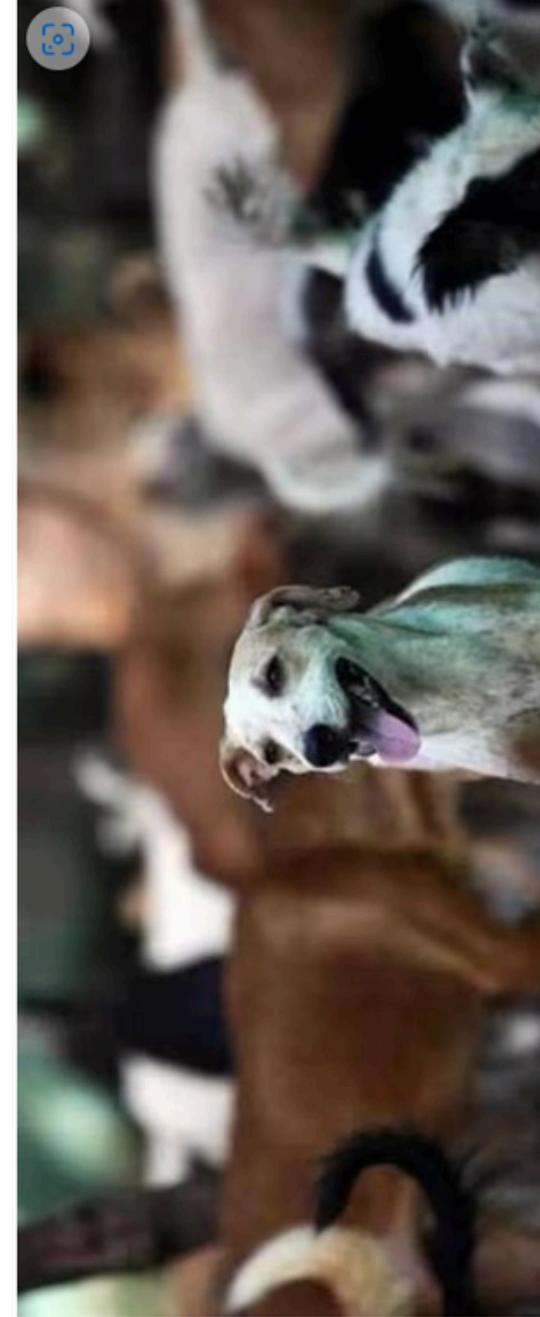
Ghaziabad boy hides dog bite from parents, dies of rabies a month later

Business News / India News / Ghaziabad Boy Hides Dog Bite From Parents, Dies Of Rabies A Month L

The boy was bitten by his neighbour's dog one-and-a-half months ago but hid it from his parents out of fear.

Written by India News Desk

September 6, 2023 09:44 IST



India sees 1.75 million dog bites every year, yet we face up to 80% shortage of anti-rabies vaccines

The government is dragging its feet over controlling dog population, vaccinating them or even making enough shots available for victims



Initiative Strategies and Programs

Animal Birth Control (ABC) Program

- A humane and effective method to control stray dog populations.

- Process:

1. Capture: Stray dogs are safely caught.
2. Sterilization: Spaying/neutering prevents reproduction.
3. Vaccination: Rabies vaccine administered to prevent disease.
4. Recovery & Release: Dogs are monitored post-surgery and released back.

- Benefits:

- Controls stray dog population without culling.
- Reduces aggression and territorial fights.
- Lowers rabies transmission and medical costs.
- Promotes peaceful coexistence between humans and strays.

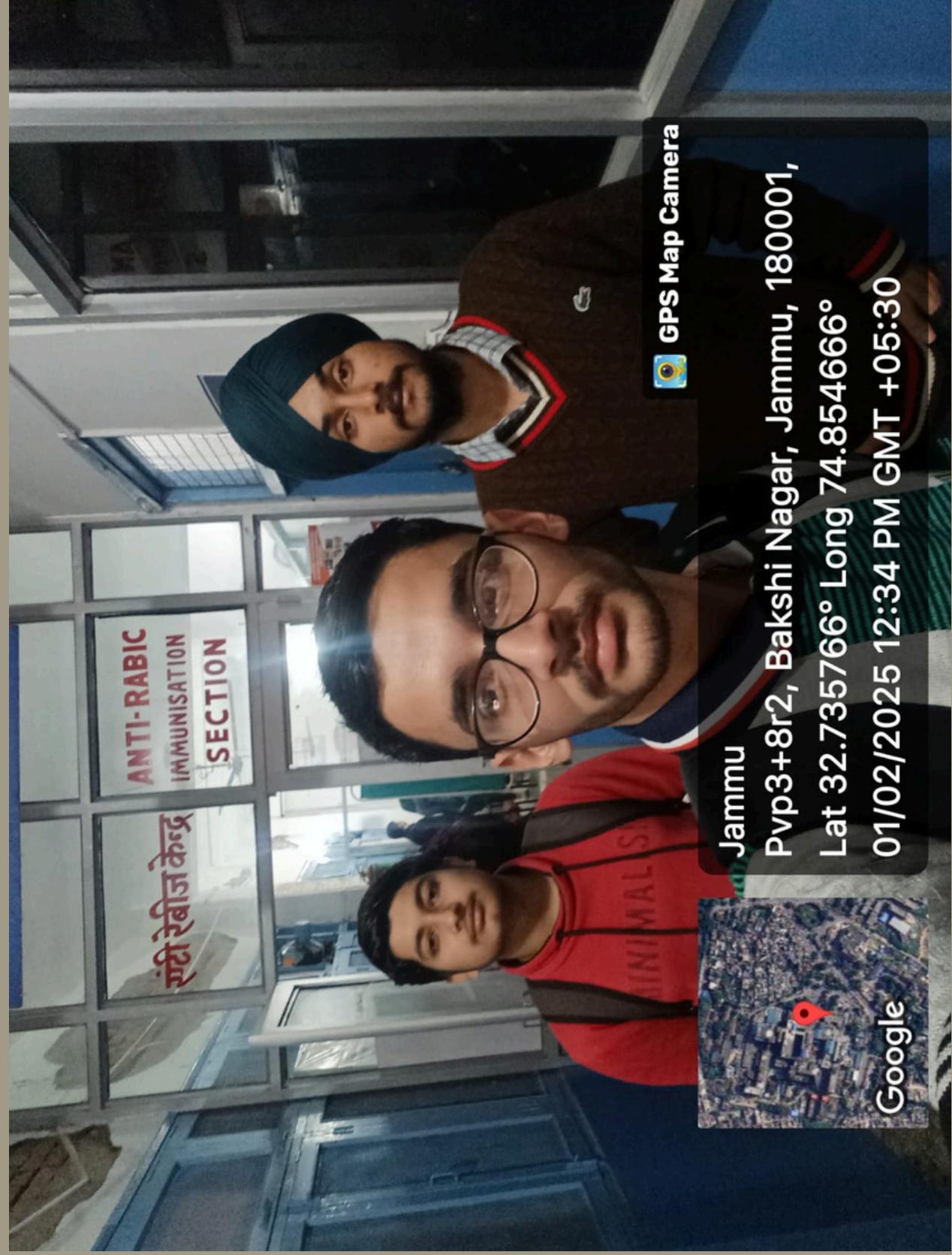


The purpose of controlling wild dogs population

1. Improve the health and well-being of the dog population.
2. Reduce the number of stray dogs to an acceptable level.
3. Promoting responsible animal ownership.
4. Assist in the creation and maintenance of rabies-free or rabies-free dog populations.
5. Managing other risks to human health (e.g. worm parasites, ectoparasites)



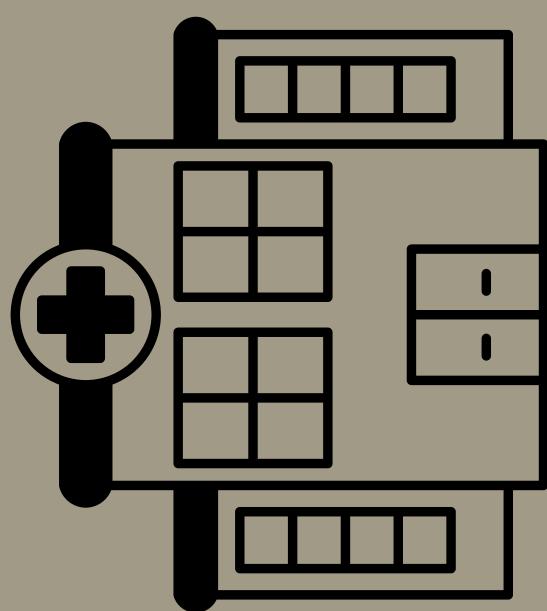
Visits



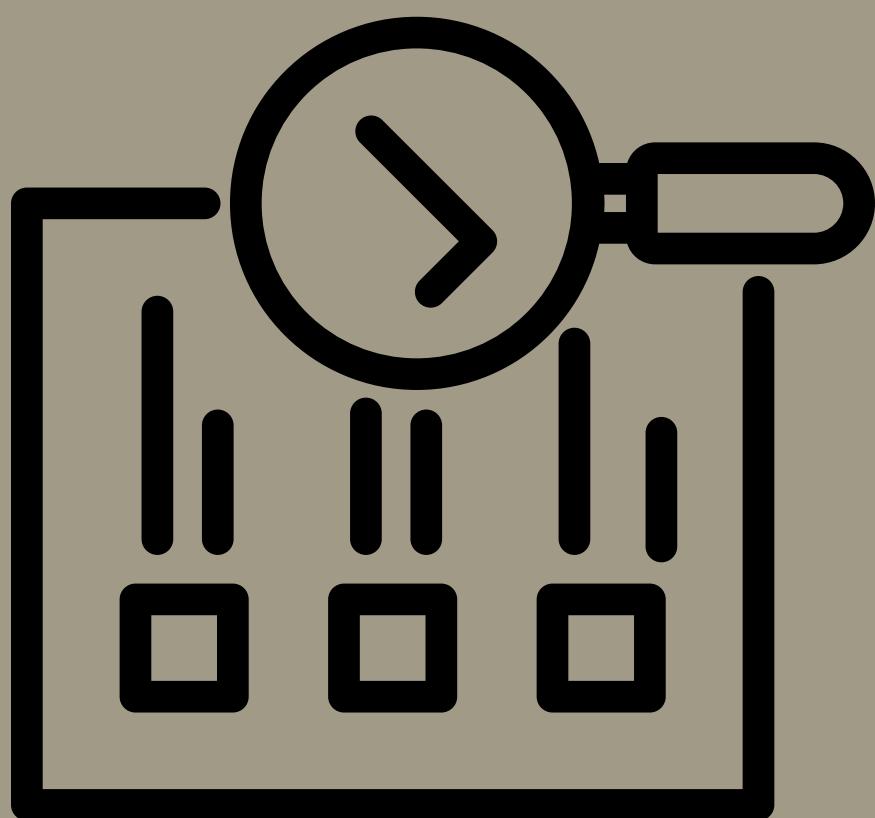
Jammu
Pvp3+8r2, Bakshi Nagar, Jammu, 180001,
Lat 32.735766° Long 74.854666°
01/02/2025 12:34 PM GMT +05:30



Data Collection



Year	Mounth	Stray Dog	Pet Dog	Total
2024	January	883		
2024	Feburary	944		
2024	March	707	338	1095
2024	April	601	320	921
2024	May	543	355	898
2024	June	549	287	836
2024	July	603	310	913
2024	August	581	273	854
2024	September	493	252	745
2024	October	522	275	797
2024	November	476	265	741
2024	December	588	264	852
Grand Total				10479



Office of the
Returning Officer
Assembly Constituency
78-Jammu West
is at 3rd Floor

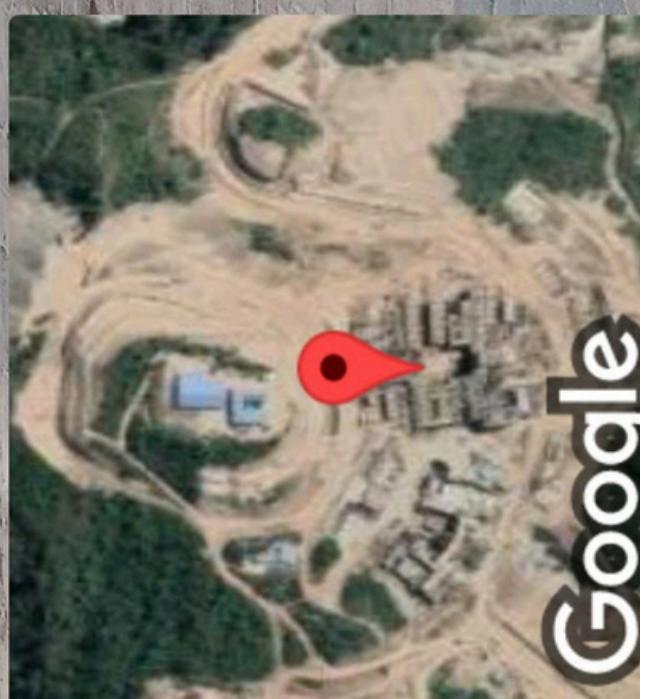
Office of the
Returning Officer
Assembly Constituency
76-Jammu East
is at 3rd Floor

SALE CONTE
यहां पर शहर फॉलो से यहां अम्बरनगरी क्रूज़ के
गो. अस्फ. कर्म कर्मपोर्ट ग्राहित वित्तिक निर्ग. उपल.

ESTD. 15.06

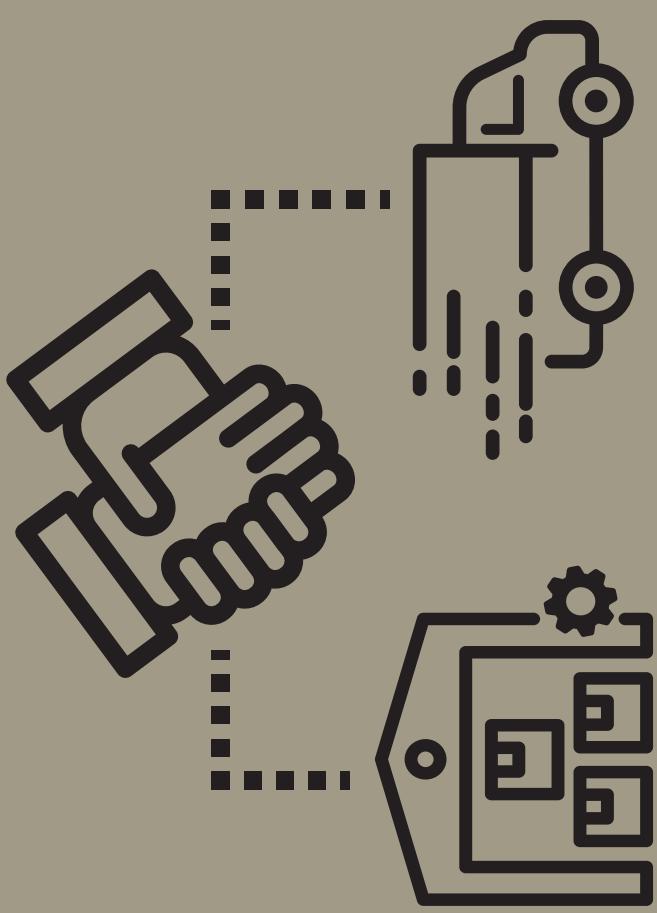


Nagrota, null, null
Rv2r+jj2, Road, Jagti,
Lat 32.801982° Long 74.891832°
27/11/24 04:42 PM GMT +05:30



Google

JMC Jammu Office

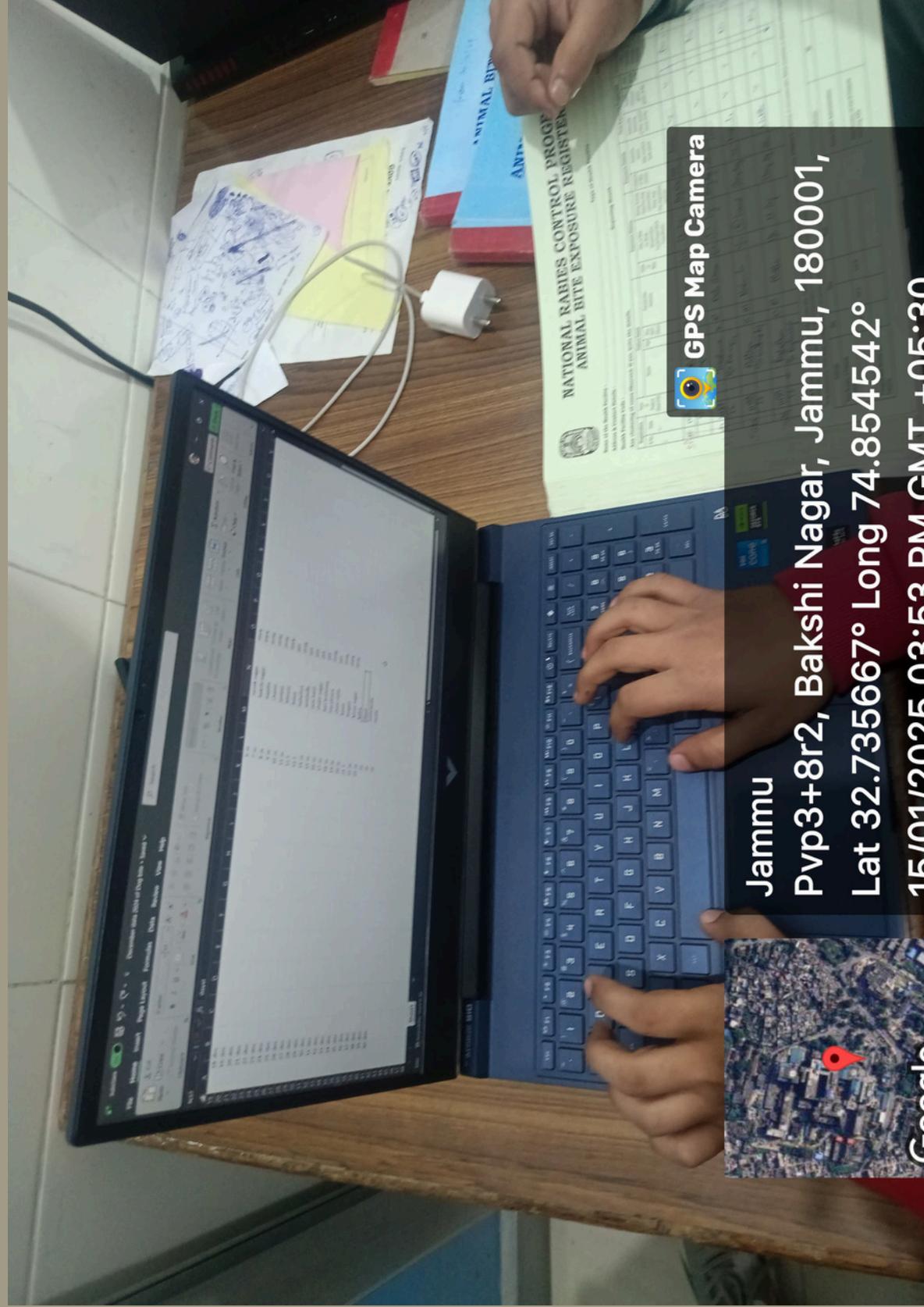


Data Feeding

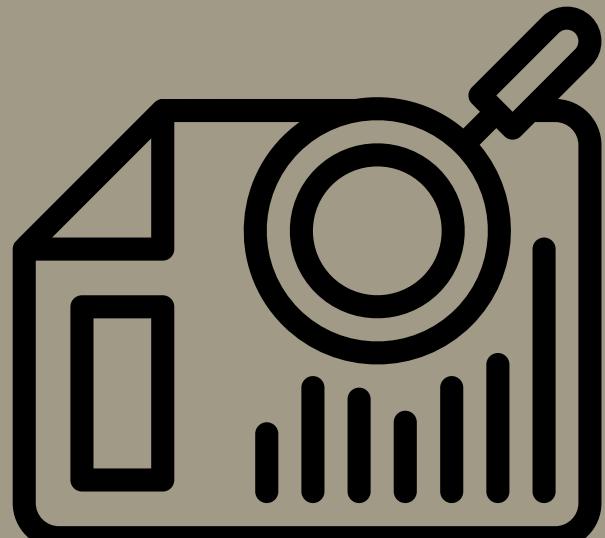
ANIMAL BITE EXPOSURE REGISTER											
Type of Health Facility : Facility Code : Number of cases Observed: If yes, write the details.		Reporting Month :									
On	Type of Patient (New/Old)	Patient Detail		Exposure History		Exposure Details		Post Exposure Prophylaxis		Date:	
		Name	Age (M/F/ Other)	Residential Address	Date of Bite	Site of Bite (Extremities/ Trunk/Head/Neck/ Face/Back)	Biting Animal Species-dog/ cat/mongoose/ Stray dog/ Pet dog/bear/ monkey/ Cat/gorilla/ Dog/johns (specify)	Category of Bite (I/II/III)	Antibiotics Administered	Washing of bite wound	ARV Schedule given (Y/N)
	Jyoti Sharma	50 F	Krishna Nagar	16/12	Rt. foot	Cat	I	-	Y	N	N
	W/D Parwan Sharma										NT -
	Ashay	19 M	Balaji Nagar	16/12	R thigh	Dog	I	-	Y	Y	N
	S/O Ravinder Chander										NT -
	Mamta	40 M	Bawali Brahmana	17/12	R knee	Dog	II	-	Y	Y	N
	S/O Rukhsar	21 M	Doda	9/12	L thigh	Dog	II	-	Y	Y	N
	Absar										Arvic

Legend:
 I: Licks on intact skin; Contact of intact skin with secretions/excretions of rabid animal/human case, Category II;
 II: Nibbling of uncovered skin; Minor scratches or abrasions without bleeding, Category III;
 III: Scratches, licks on broken skin: Contamination of mucous membrane with saliva (i.e. licks)
 IV: Health facility providing treatment to animal bite cases. Summary

Indicator	Total		
	Route of ARV Administration	Total Number of Cat III Patients receiving ARS	Others
Old	New		
Cat I	Cat II	Cat III	



Jammu
Pvp3+8r2, Bakshi Nagar, Jammu, 180001,
Lat 32.735667° Long 74.854542°
📍



RABIES POST EXPOSURE TREATMENT CARD

NATIONAL RABIES CONTROL PROGRAM RABIES POST EXPOSURE TREATMENT CARD (Patient Copy)

Name and address of the health facility

Patient Reg. No			
Name Age / Sex	Name <u>Kyle</u> Age <u>12</u>		
Patient Residential Address & Contact No	Res. No. <u>12018</u>		
Category of Exposure			
I.	Touching or feeding of animals Licks on intact skin Contact of intact skin with secretions / excretions of rabid animal / human case	<input type="checkbox"/>	
II.	Nibbling of uncovered skin Minor scratches or abrasions without bleeding	<input checked="" type="checkbox"/>	
III.	Single or multiple transdermal bites or scratches, licks on broken skin Contamination of Mucous Membrane with Saliva (i.e) Licks	<input type="checkbox"/>	
Biting Site: Extremities / Trunk / Head-Neck Face / Back	Biting Site: Extremities / Trunk / Head-Neck Face / Back		
Date of Exposure / bite (DD/MM/YYYY) Site of Bite / Bites	Date of Exposure / bite (DD/MM/YYYY) - <u>26/12/24</u> Site of Bite / Bites - <u>Face</u>		
Type of animal Dog <input checked="" type="checkbox"/> Monkey <input type="checkbox"/> Cat <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/>	Biting animal status Alive <input type="checkbox"/> Dead <input type="checkbox"/> Specify whether Partial / Complete		
Date treatment started (DD/MM/YYYY)			
Wound Management			
Washed immediately with water () Yes <input type="checkbox"/> No <input type="checkbox"/> Antiseptic application () Yes <input type="checkbox"/> No <input type="checkbox"/>	Wound washed at facility () Yes <input type="checkbox"/> No <input type="checkbox"/> ARS Infiltration () Yes <input type="checkbox"/> No <input type="checkbox"/>		
Post exposure vaccination record Route of Administration () ID <input type="checkbox"/> IM <input checked="" type="checkbox"/> IM			
Period	Date due	Date given	Signature
Day 0	<u>24/12/24</u>	<u>26/12/24</u>	
Day 3	<u>30/12/24</u>	<u>31/12/24</u>	
Day 7	<u>31/12/24</u>	<u>01/01/25</u>	
Day 14 (for IM only)	<u>01/01/25</u>	<u>05/01/25</u>	
Day 28	<u>25/1/25</u>	<u>28/1/25</u>	
Outcome: PEP Complete / Incomplete		Signature	

NATIONAL RABIES CONTROL PROGRAM RABIES POST EXPOSURE TREATMENT CARD (To be retained at Anti Rabies Clinic)

Name and address of the health facility

Patient Reg. No			
Name Age / Sex	Name <u>Kyle</u> Age <u>12</u>		
Patient Residential Address & Contact No	Res. No. <u>12018</u>		
Category of Exposure			
I.	Touching or feeding of animals Licks on intact skin Contact of intact skin with secretions / excretions of rabid animal / human case	<input type="checkbox"/>	
II.	Nibbling of uncovered skin Minor scratches or abrasions without bleeding	<input checked="" type="checkbox"/>	
III.	Single or multiple transdermal bites or scratches, licks on broken skin Contamination of Mucous Membrane with Saliva (i.e) Licks	<input type="checkbox"/>	
Biting Site: Extremities / Trunk / Head-Neck Face / Back			
Date of Exposure / bite (DD/MM/YYYY) Site of Bite / Bites	Date of Exposure / bite (DD/MM/YYYY) - <u>26/12/24</u> Site of Bite / Bites - <u>Face</u>		
Type of animal Dog <input checked="" type="checkbox"/> Monkey <input type="checkbox"/> Cat <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/>	Biting animal status Alive <input type="checkbox"/> Dead <input type="checkbox"/> Specify whether Partial / Complete		
Date treatment started (DD/MM/YYYY)			
Wound Management			
Washed immediately with water () Yes <input type="checkbox"/> No <input type="checkbox"/> Antiseptic application () Yes <input type="checkbox"/> No <input type="checkbox"/>	Wound washed at facility () Yes <input type="checkbox"/> No <input type="checkbox"/> ARS Infiltration () Yes <input type="checkbox"/> No <input type="checkbox"/>		
Post exposure vaccination record Route of Administration () ID <input type="checkbox"/> IM <input checked="" type="checkbox"/> IM			
Period	Date due	Date given	Signature
Day 0	<u>24/12/24</u>	<u>26/12/24</u>	
Day 3	<u>30/12/24</u>	<u>31/12/24</u>	
Day 7	<u>31/12/24</u>	<u>01/01/25</u>	
Day 14 (for IM only)	<u>01/01/25</u>	<u>05/01/25</u>	
Day 28	<u>25/1/25</u>	<u>28/1/25</u>	
Outcome: PEP Complete / Incomplete		Signature	

Signature

STRAY DOGS



Pakistan: Hundreds of stray dogs poisoned in Karachi as part of government's culling measure

In a shocking case of cruelty against animals, over 700 stray dogs have been poisoned to death by officials in southern Karachi in Pakistan. The move has been dubbed as an effort to curb their

<https://tribune.com.pk/story/1155921/800-stray-dogs-poisoned-death-karachi>



Disgusting: Kerala Protesters Kill Stray Dogs, Parade Them On Poles In Public



Exclusive:

The brutal dog eating festival that sees hounds beaten to death and blow torched

<https://timesofindia.indiatimes.com/city/kochi/Youth-leaders-kill-10-stray-dogs-in-Kerala/articleshow/54558629.cms>

<https://au.news.yahoo.com/we-are-taking-away-peoples-livelihoods-inside-the-controversial-yulin-dog-festival-091909041.html>

Solution



GPS Map Camera

Jammu
Shop No. 37 Dry Fruit Market Jewel Chowk Jewel,
Shalamar, Resham Ghar Colony, Jammu, 180001,

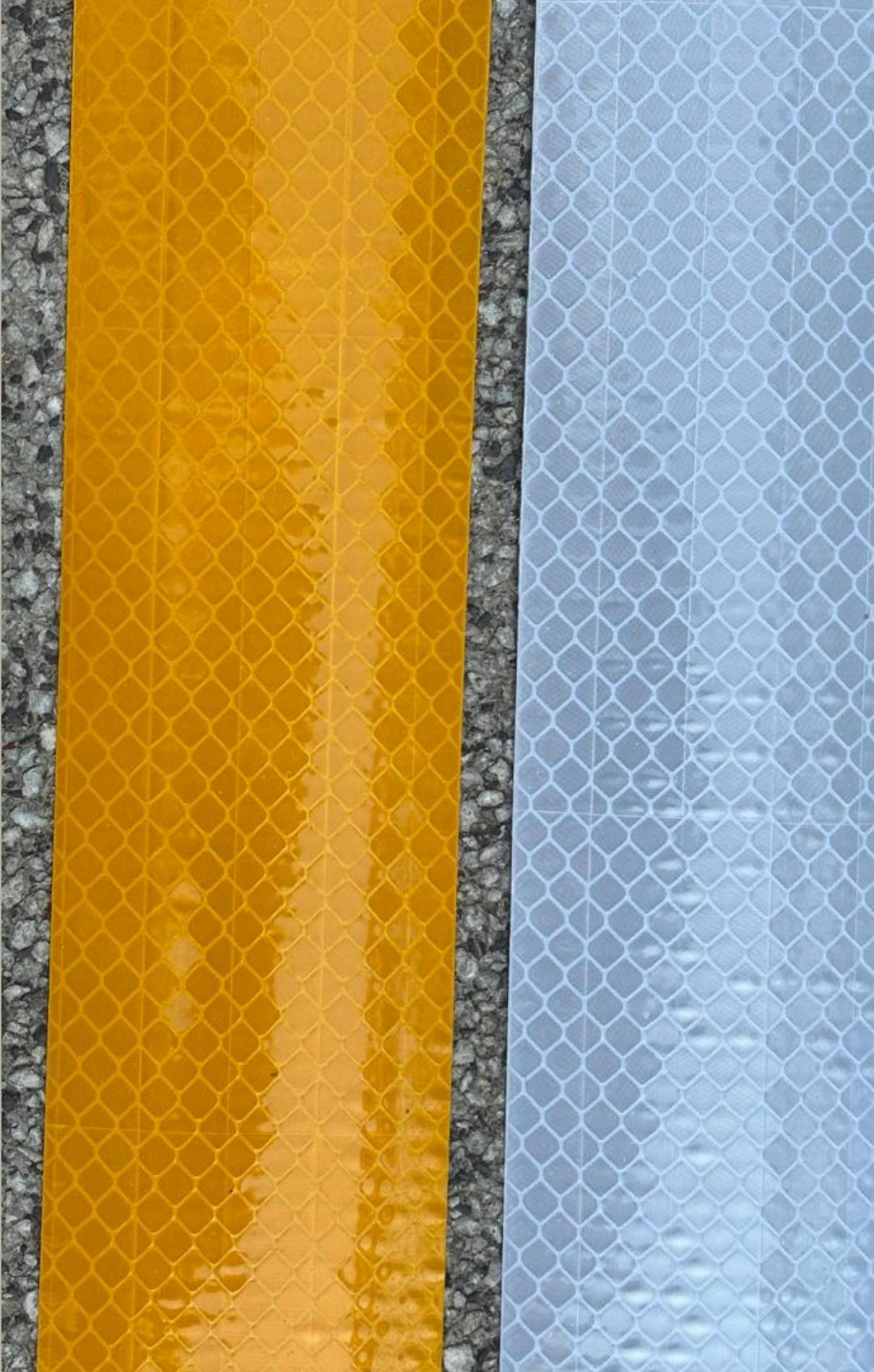


GPS Map Camera

Jammu
13, Gummatt Bazaar Rd, Shalamar, Gummatt, Resham Ghar
Colony, Jammu, 180001,



Red for Aggressive Dog



Different colours belt

Challenges and Proposed Solution

Challenges:

- Difficult to track stray dogs, especially at night.
- Limited resources for monitoring and care.
- High risk of accidents due to low visibility.

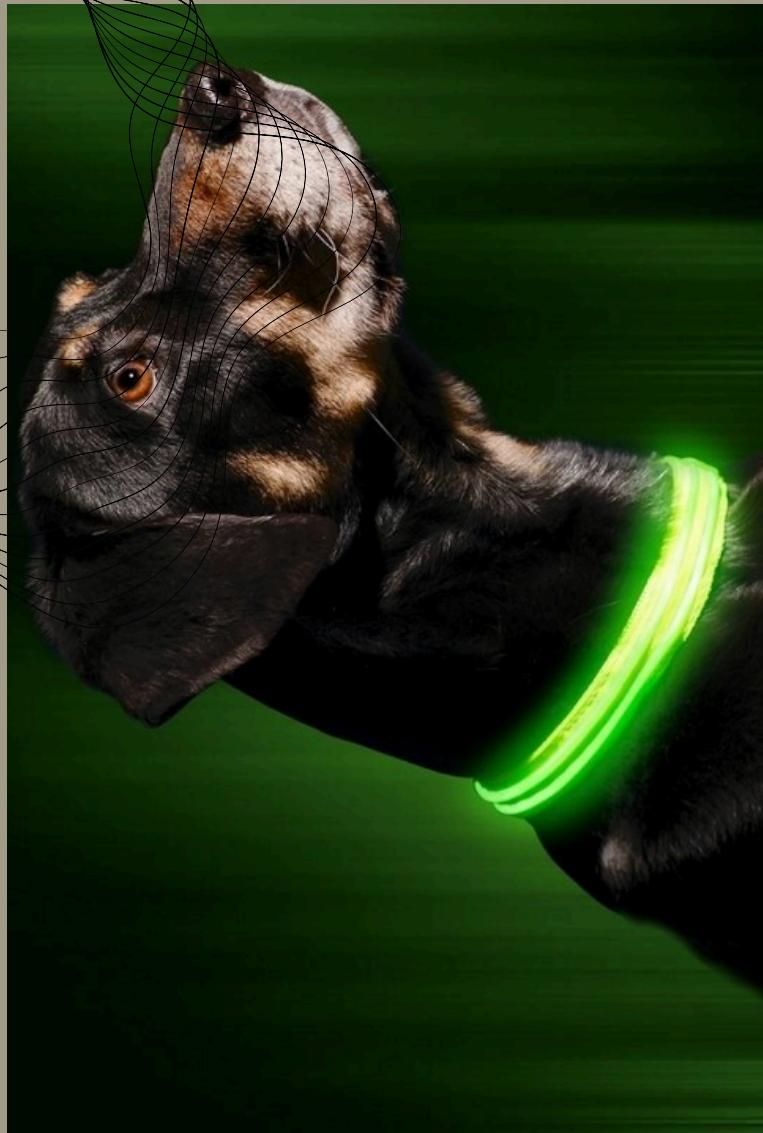


Proposed Solution: Reflective Neckband

- ✓ **Improves Night Visibility** – Reflective material and LED indicators help avoid accidents.
- ✓ **Affordable & Durable** – Cost-effective for large-scale use.
- ✓ **Easy Implementation** – Can be distributed in high-risk areas first.
- ✓ **Community Involvement** – Encourages public awareness and participation.

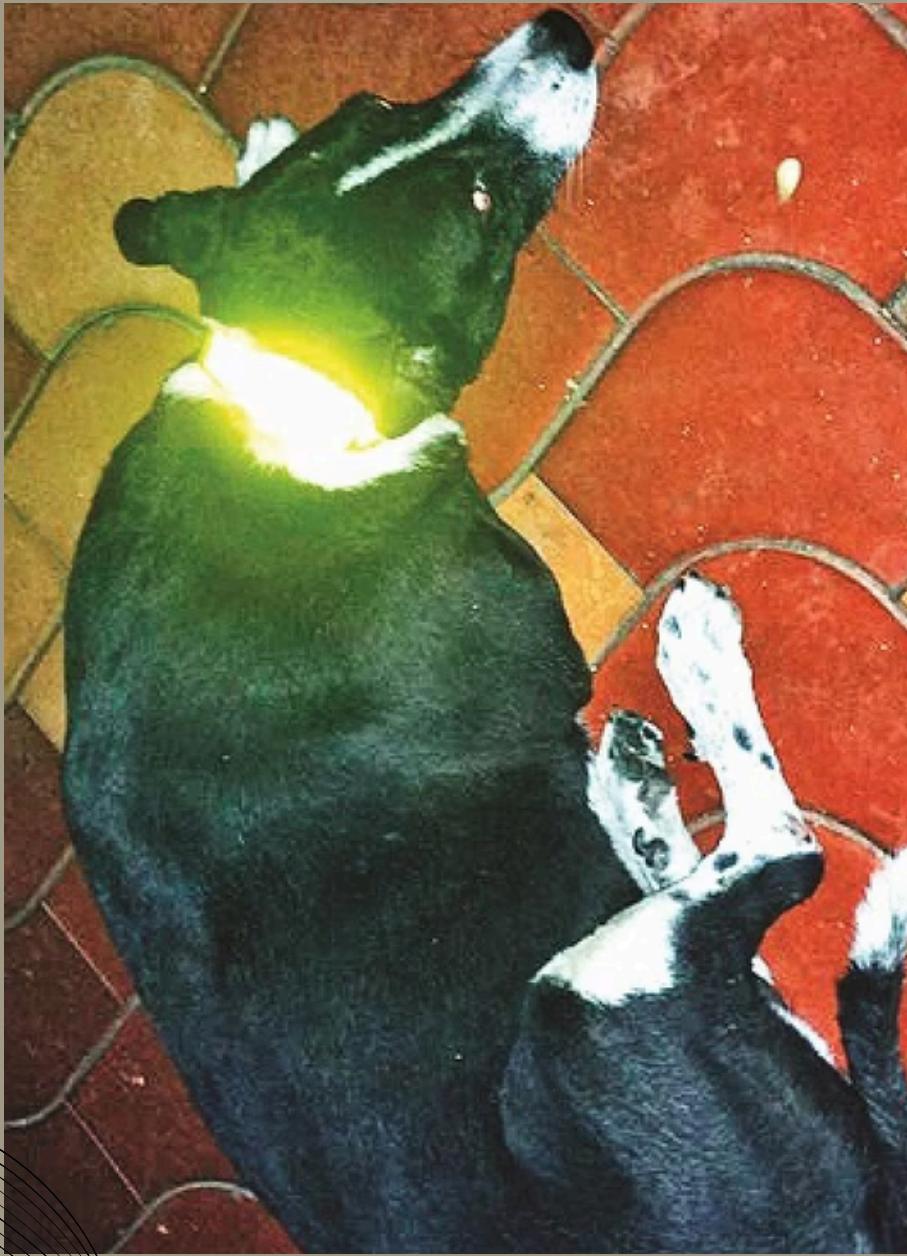
Impact:

- ✓ Fewer accidents at night
- ✓ Better monitoring & safety
- ✓ Increased public awareness



Rethinking Safety

We designed a reflective safety belt for stray dogs, ensuring they are visible at night to prevent accidents. When we presented it to the Jammu Municipal Corporation (JMC), they appreciated our effort but highlighted a crucial issue—as puppies grow, the belt could become too tight, posing a danger. If a dog goes missing, adjusting or removing the belt becomes impossible. This feedback made us rethink our design,

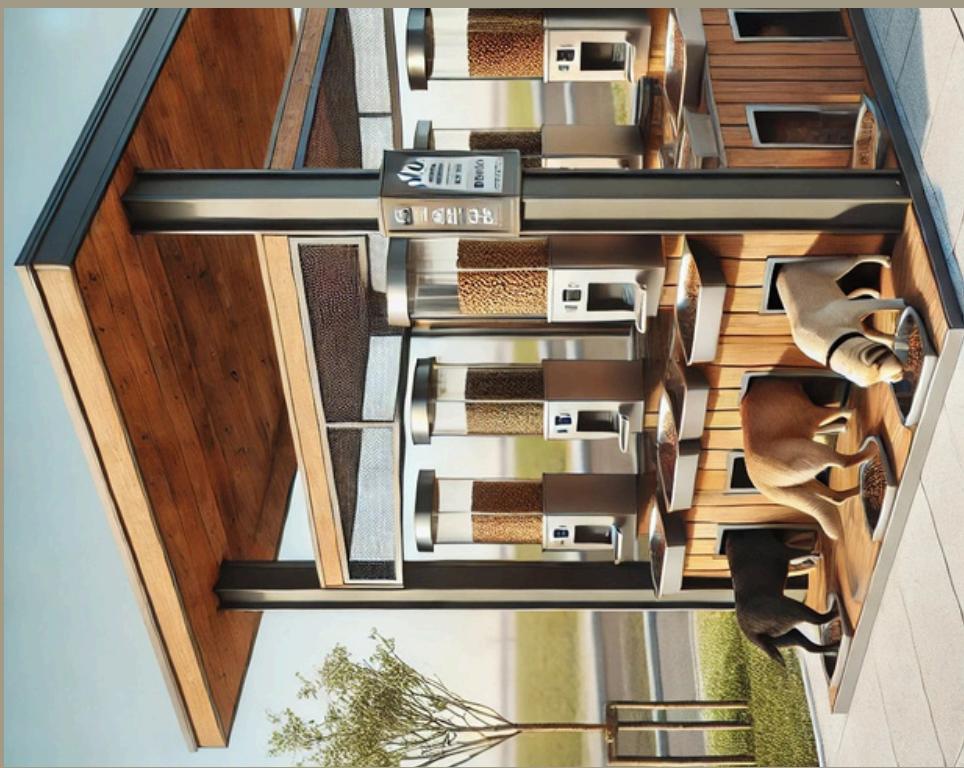


Future Scope

A Heartfelt Approach to Feeding & Waste Management

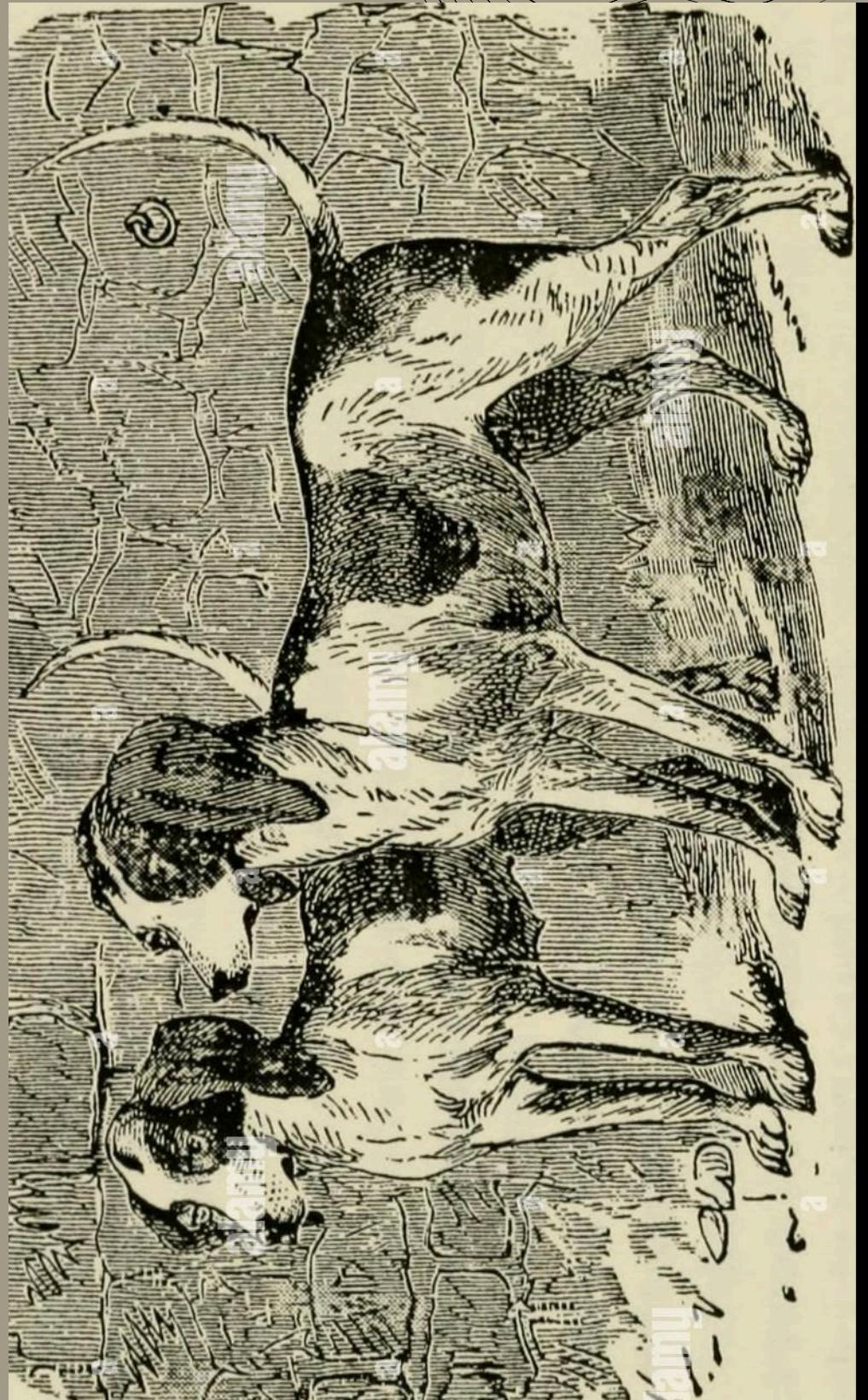
Stray dogs struggle to find food, while households generate waste that often goes unused. Our solution is a community food station where dogs can get regular meals. A smart plate monitors food levels, lighting up green when full and red when empty, with a buzzer alerting when food runs out.

Additionally, a section for green waste disposal allows households to contribute vegetable scraps for cows or composting. This initiative not only helps stray animals but also promotes waste reduction and sustainability, creating a kinder, cleaner community.



Conclusion

1. Stray dog management is a major issue affecting public health, safety, and the economy.
2. Tracking and visibility challenges make accidents and injuries more common.
3. Our reflective neckband solution offers a simple, low-cost way to improve stray dog safety.
4. Community support and municipal collaboration are key to making this solution effective.
5. Implementing such initiatives will create a safer environment for both people and stray dogs.



Thanks

