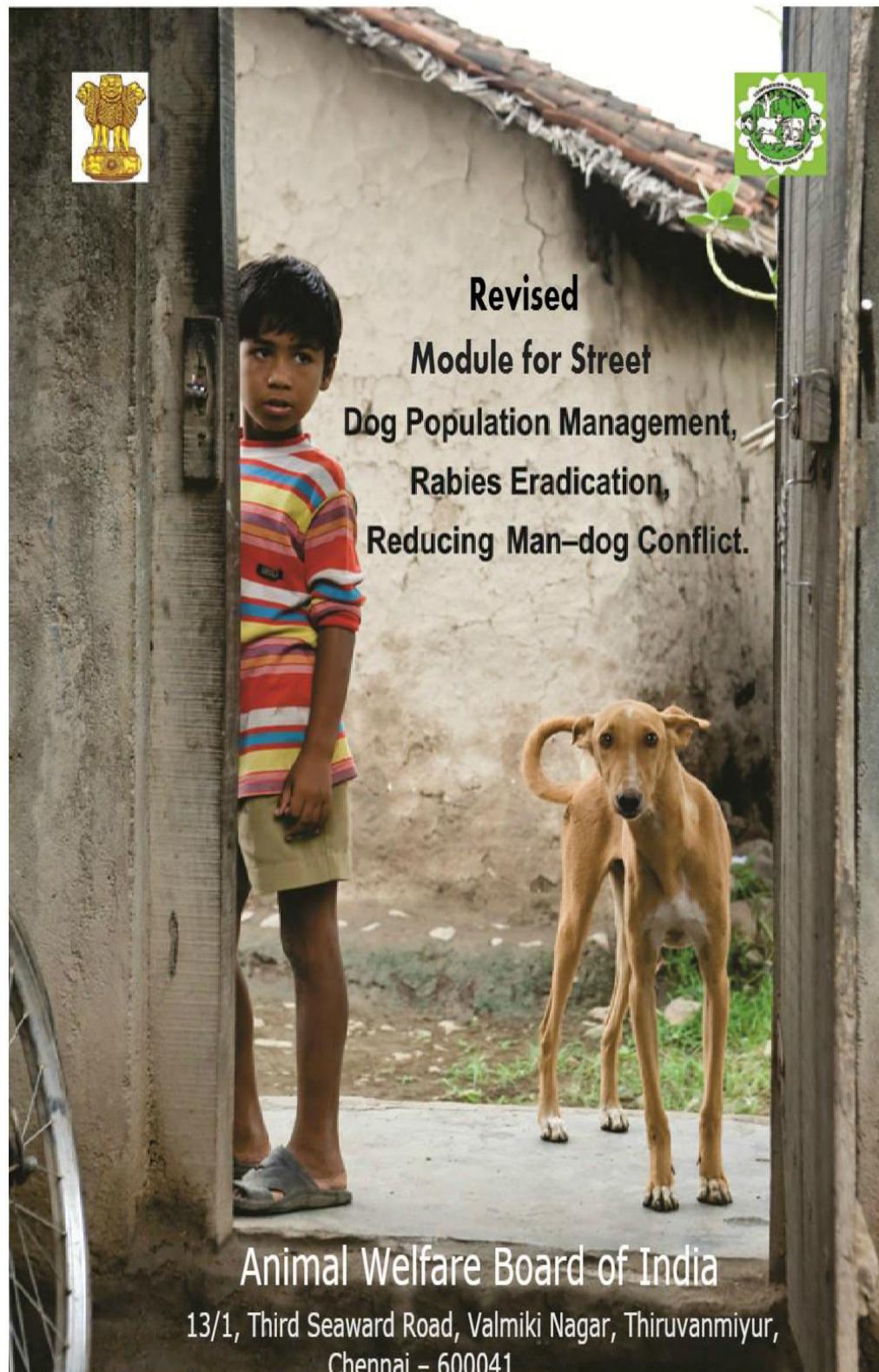


Annexure P-1



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1. Abbreviations and Acronyms

ABC	Animal Birth Control
ARV	Anti Rabies Vaccine
AWBI	Animal Welfare Board of India
AWO	Animal Welfare Organisation
CNR	Catch, Neuter and Release
FAO	Food and Agriculture Organization
MCGM	Municipal Corporation of Greater Mumbai
NGO	Non Government Organisation
NRCP	National Rabies Control Project
OIE	World Organisation for Animal Health
SARAH	Sikkim Anti Rabies and Animal Health programme
SPCA	Society for Prevention of Cruelty to Animals
SPV	Special Purpose Vehicle
UT	Union Territory
WHO	World Health Organisation

2. Summary

Street dogs have always been a part and parcel of Indian urban and rural life like many other developing countries in the world. Many of these animals live in close contact with human beings.

In India, for more than 150 years upto 2001, mass killing of street dogs through various forms, including electrocution, shooting and poisoning were seen as the only solution by the authorities to address the issue of over population of street dogs and deaths due to rabies. Some sporadic but illegal killings still continue to take place in many parts of India.

Much of the research and experiences of internationally reputed organisations such as the World Health Organisation (WHO), World Organisation for Animal Health (OIE), Food and Agriculture Organization of the United Nations, (FAO) and independent researchers suggest that killing street dogs can have no correlation with the objective of reducing their population, or reducing the number of dog-bites or deaths caused by

rabies. Much of this research is collated and included in this report.

This Module is an attempt to give answers to the following questions:

- Why do street dogs exist? What are the causes of their existence?
- What is their impact on our society?
- Why did earlier attempts at mass removal of street dogs not achieve the desired results?
- What are the existing solutions and are they adequate?
- What recommendations are necessary to enhance the work ability of the existing solutions? What other solutions can supplement existing solutions?
- Which are the successful models from India and abroad that can be replicated to achieve the desired results?

The availability of more food waste due to changes in society such as urbanization and increased human densities, combined with a lack of

responsible ownership, are leading to an apparent increase of free-roaming dogs. There is a clear need to manage street dog populations efficiently to promote human and animal health and welfare, without causing animal suffering. The solutions to address this issue need to be beneficial to both animals as well as humans, and in accordance with law.

This module lays down a road map including the following points:

- Funding for the ABC programme needs to be increased substantially to cover the whole country. Various successful Indian case studies given in this report show that a well-funded, systematic and consistent ABC programme will produce the desired results.
- Though the Animal Birth Control (Dogs) Rules were notified in 2001, they are still not mass implemented with the seriousness they deserve. Hence they need to be systematically implemented and enforced across the country, in a planned phase-wise manner in each state.

Sporadic unplanned efforts do not ordinarily show the desired results. The Module outlines an implementation framework for this.

- The One Health approach can be considered for better implementation of street dog population management and rabies control thus leading to a better co-ordination between various stakeholders and Ministries like Urban Development, Health, Animal Husbandry and Environment and Forests (AnimalWelfare).
- Focus should also be on regulating the Pet Industry and notification of the Pet Shops and Dog Breeding Rules must be carried out urgently.
- A procedure to handle street dogs with respect to which complaints of habitual biting or unprovoked aggression are received, needs to be implemented.
- The Module also enumerates few case studies from India and abroad that show, with facts and figures, the successful programmes in various states/districts and cities in India and other countries to achieve the desired results of

bringing down street dog populations, dog-bites and rabies.



3. Background : Understanding the Issue

3.1 What are street dogs?

Most free-roaming dogs belong to an ancient canine race known as the Pariah Dog. Dogs have existed all over Asia and Africa ever since humans started living in settlements. They were the first animals to be domesticated, and their loyalty and love for their care-givers is what earned them the title of man's best friend. They are, and have always been, scavengers. In India the breed has existed for perhaps 14,000 years or more. In addition to scavenging, they are widely kept as free roaming

pets by rural and urban slum households.

The word ‘stray’ is used for street dogs in the context of the animal not being an ‘owned’ dog or a ‘pet’ dog. However, all dogs whether owned or stray/street share the same characteristics of being a loyal friend, a watch/guard dog, eager to please humans and exist in harmony with them.

A large proportion of the urban street dog population consists of mongrels or mixed-breeds, i.e. dogs that have descended from pedigree dogs which have been allowed by their owners to interbreed with street dogs.

Not all street dogs are in fact stray or ownerless animals. There are street dogs which do not have owners or are feral household but may still be accepted by the neighbourhood as belonging to the community. These animals are ‘community owned’. Members of the neighbourhood assume occasional responsibility for these dogs by feeding them, treating them when they are ill and getting them vaccinated, and also by protecting them from people who intend to harm them.

3.2 Why do they exist?

The size of the street dog population usually corresponds to the size and character of the human population of the area, before an animal birth control programme is put into place. Some of the reasons which create and sustain street dog population:

3.2.1 Large amounts of exposed garbage, which provide an abundant source of food

“The abundance of dogs is dependent on the habitat, especially the availability of resources such as food, water and shelter. Access to these resources depends on settlement patterns, rubbish and waste disposal, rules for keeping animals and other cultural practices. To understand the population biology of the species, it is important to keep in mind the differences in ownership status, degrees of restriction on their movement, social interaction, reproduction and levels of dependence on human care.” (Wandeler et al, 1993). It is clear to us that the population of street dogs is directly related to the amount of food and edible waste matter in an area. Areas of the city which are kept

clean, usually because they house affluent, influential people have a very low dog population; areas of the city with dense, poor quality housing and large amounts of waste have a much higher population. The overall, ultimate answer to street dog population control is to control the availability of edible wastes.



3.2.2 Large human populations living on the streets or in slums who keep the dogs as free-roaming pets/neighbourhood dogs

“In India, 60% of the dog population falls under the neighbourhood dog category” (Reece JF and Chawla SK, 2006). Food is very often provided to street dogs by local communities. In a large number of cities and towns, many people live on the streets or in slums. Such people keep street dogs as pets and also feed them. They work with animal welfare organizations to catch, sterilize, vaccinate and treat

them when they fall sick. In return, the dogs give them security, love and companionship. Such dogs become easier to catch when they have to be taken for sterilizations (ABC) and re-vaccinations against rabies (ARV).



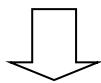


3.2.3 Irresponsible Pet Ownership

Pet dogs that are abandoned continue to live on the streets if not rescued or killed in road accidents, thus inter-breeding and adding to the existing street dog population. Abandonment is linked to the unregulated and unchecked commercial dog breeding and trading industry comprising breeders and pet shops causing the street dog population to grow. Some pet owners also allow their pets to mate with street dogs thus increasing their population.

Pet dogs abandoned on the street,





Resulting in Street dogs impregnated by unsterilized pet dogs



3.3 Their impact on humans /society

Dogs play a number of important roles in human societies: they provide companionship and are used for a variety of activities including herding other animals and guarding property. Animals live in close contact with human beings. India has a large street dog population. The four reasons for their existence

have been enumerated in 2.2 above. The availability of more food waste, due to changes in society such as urbanization and increased human densities, combined with a lack of responsible pet ownership and unregulated breeding are leading to an apparent increase of free-roaming dogs. There is a clear need to manage street dog populations efficiently to promote human and animal health and welfare, without causing animal suffering.





“The need to control the number of dogs, especially stray dogs, is motivated in part by public health concerns, particularly in relation to rabies transmission. In addition to disease transmission, dog bites and the fear of aggressive dogs also pose a risk to human health and well-being and can lead to panic and the inhumane culling of dogs. Promoting responsible dog ownership with emphasis on behaviour and basic needs and ensuring that dogs are properly vaccinated and treated against diseases are, therefore, essential. Furthermore, educational and bite prevention programmes for the public, and especially children, should always include guidance on how to interact with animals and what to do when approached by dogs, particularly those that show signs of fear and/or aggression” (FAO, 2011)

Dogs don't generally bite unless provoked.

We need to understand the reasons why dogs may bite. Animal behaviourists list out the following reasons which could be classified as provoked bites:

1. Touching a dog when it is eating or sleeping
2. Teasing or hurting a dog
3. If the dog is ill or in pain
4. If the dog perceives that it is being attacked
5. If the dog perceives that its owner is being attacked
6. If the dog is fighting with another dog over territory or mating and any person gets in their way
7. If a stranger touches a pet dog
8. A female dog will bite if she perceives that her pups are being threatened

“Dog bites were high in winter after the breeding season” (Prate et al., 2011, Reece JF, 2013) and this could be due to bites by female dogs protecting their litter.

Unprovoked bites might occur when:

1. Male dogs are chasing a female which is on heat,

and may tend to bite passers-by. Sterilisation eliminates this behavior.

2. Dogs in packs follow their leader (alpha male) and tend to behave accordingly. When the alpha male dogs are sterilized and cared for, they tend to become more friendly towards other dogs and people. In this manner, the pack usually calms down.

An extract from the research paper (Jackman, J., & Rowan, A) confirms the above theory that sterilized dogs display changes in behaviour and reduction in aggression:

“CNR programs also have the capacity to produce behavioral changes in dogs that limit bite and disease risk... Sterilization also reduces roaming and aggressive behavior in male dogs (Lockwood 1995). Fewer escaping behaviors have been reported after gonadectomy (Spain, Scarlett, and Houpt, 2004). Fewer females in heat also reduce fighting and pack formation (Help in Suffering 2003; Nolan 2006). For 60 percent of dogs in one study, castration reduced urine marking, roaming, and

mounting, and one-third of dogs showed significant decreases in aggressive behavior" (Neilson, Eckstein, and Hart 1997).

A recent research paper regarding an extended study on the behavioural ecology of free-ranging dogs in India, carried out by random sampling of dog behavior through surveys in two cities and one township of India, suggests that the general perception of these dogs as a nuisance is flawed. It suggests that the solution to man-dog conflict is not culling, but efficient management of garbage and rabies in the country, and a positive attitude towards the animals that are otherwise known to be man's best friend (Sreejani Sen et al, 2014).

3.4 Why removal of street dogs did not work

Most Indian civic bodies have been killing street dogs for decades, some since the last century. The concept was directly imported from the developed countries without any understanding of the different urban and rural conditions in developing countries. In countries such as India, where exposed garbage and slums encourage the existence of street dogs, killing or removing them has proved

ineffective in controlling rabies or the dog population.

This is because the street dogs that are removed or killed are easily replaced with new dogs from other territories. They are also highly territorial, with each dog having its fixed niche.

Here is what happens when street dogs are taken away or removed from an area:

1. Their territories become vacant and street dogs from neighbouring areas move in to occupy them
2. The street dogs which escape the catching squad continue to multiply, and therefore the territorial vacuum is soon filled again
3. Dog fights increase since every time a new street dog enters a territory he is attacked by the dogs already in the neighbourhood
4. Dog fights continue to take place over mating. Dog bites also increase as during dog fights passersby may get accidentally bitten
5. Rabies may continue to spread, if vaccinated

street dogs are removed and their place is taken by unvaccinated dogs

6. When street dogs are being removed en masse, it is usually the friendlier and sterilized dogs that get caught / killed / dislocated first. The street dogs that remain may be unsterilized and unfriendly. This unintended trait selection may lead to an overall change in behavior of the street dog population in that area.

Thus this only creates an unstable, constantly changing, rapidly multiplying and rabies carrying dog population. Man-dog conflict ultimately and invariably increases in areas from which street dogs are dislocated / removed / killed.

Listed below are some research papers and case studies that support the above mentioned theory of removal having no impact on street dog populations or the number of human deaths due to rabies:

1. "It is pertinent that mass dog vaccination has repeatedly been shown to be effective in controlling canine rabies. On the other hand, there is no evidence that removal of dogs has a

significant impact on the dog population density or the spread of rabies” (WHO,2013)

2. “In fact, removal of dogs from their territories will open up the habitat for the entry of new, unvaccinated dogs which would become vectors for rabies if infected”.(Clift on M,2011)
3. “Consultation expressed its appreciation of the long-term engagement of WHO to contribute to developing methodologies related to dog ecology and dog population management. Considerable experience has been gained in projects coordinated by WHO in Ecuador, Nepal, Sri Lanka and Tunisia and other ecological studies conducted in South America and Asia. However, data collection needs to be continued in other areas and in countries with different social and ecological conditions. There is no evidence that removal of dogs alone has ever had a significant impact on dog population densities or the spread of rabies. The population turnover of dogs may be so high that even the highest recorded removal rates (about 15% of the dog population) are easily compensated for by increased survival rates. In

addition, dog removal may be unacceptable to local communities."(WHO, 2005).

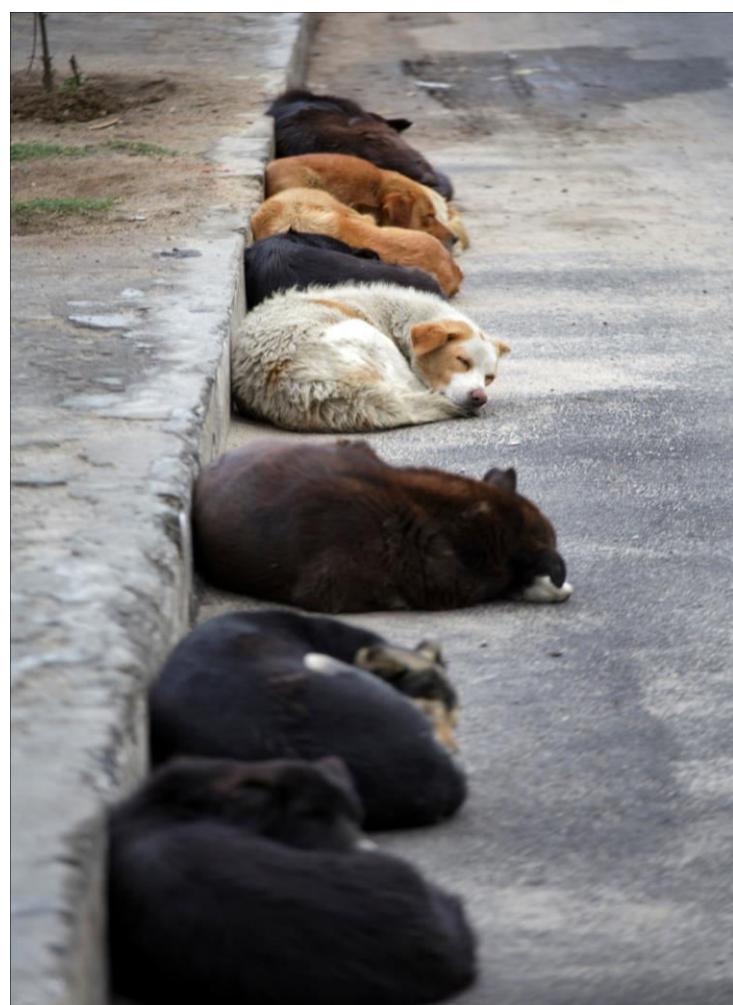
4. "Elimination of dogs would also increase fecundity of remaining adult dogs due to better nutrition, giving rise to more puppies, and their increased survival, resulting in a population with a younger age structure that is not immune to rabies" (Vindya Kumarapeli, Tamara Awerbuch-Friedlander, 2009)
5. "In countries such as Denmark, Korea and Israel, rabies was controlled through a vaccination programme when culling did not prevent the outbreak of rabies" (Morters et al., 2013)
6. "In Guayaquil, Sri Lanka, elimination level ranging from 12% to 55% of the estimated dog population did not durably affect the size of the dog population or the dog rabies incidence." (Kumarapeli V and Awerbuch-Friedlander T, 2009).
7. "The removal rate of 15% of dog population is easily compensated for by increased survival

rates as the remaining dogs would have greater access to resources in the same area” (World Health Organisation Expert Consultation on Rabies, 2004).

3.5 Dog Demographics

“Despite the fact that street dogs do not live in households, the distribution and number of street dogs found in a community is highly dependent on human behavior. Various studies examining dog population dynamics have found that the dog population size is a function of human factors” (Morters et al., 2014; Garde et al., 2012). Garde et al (2012) radio collared un-owned street dogs in Puerto Natales, Chile to assess home ranges and found that the majority spent most of their time clustered around human houses and the places where humans provided food. Morters et al studied free-roaming dog populations in Bali, Indonesia and Johannesburg, South Africa and found that the majority of the street dogs were considered owned by survey participants (99% and 88% respectively). “Dog populations (counting both pets and street dogs) around the world vary from 0.1 dogs per 100

humans to 50 dogs per 100 humans. This very large range is not caused by differences in dog reproductive capacity (which would be more or less the same across the globe)”. (Andrew N Rowan, PhD & Tamara Kartal, 2015)



4. The Solution: Animal Birth Control programme

The Animal Birth Control (ABC) Program is mandated by the Animal Birth Control (Dogs) Rules, 2001. The Supreme Court and several High Courts have, in their judgments, emphasized on the need for implementation of the ABC Rules, 2001, in letter and spirit. This section lays out various actions (Section 4.1 - 4.7) that need to be taken as part of the ABC program. Implementation of these actions will lead to:

1. Reduction in incidence of dog bites and rabies
2. Reduction of dog population
3. Tackling complaints related to dog (nuisance) issues from general public
4. Effective management of dogs at sensitive locations like airports and hospitals
5. Monitoring and impact assessment of the programme

Sections 4.1 - 4.7 outline various ingredients of this programme.

Based on empirical as well as observational data, it has been found that ABC conducted in the prescribed manner works effectively for the following reasons:

1. Street dogs are sterilized and put back in the same territory.
2. Since territories are not left vacant, new dogs will not enter.
3. Mating and breeding also cease.
4. With no mating and no puppies, street dog fights and accidental bites to humans also becomes scarce.
5. The street dogs are immunized and hence they cannot spread rabies.
6. Over time, street dogs die a natural death and their numbers dwindle.

As a result, the street dog population becomes stable, non-breeding, more friendly and rabies free, with a gradual decrease in numbers over a period of time.



4.1 Capture and Handling

4.1.1 General Principles



- The catching method used by the ABC Implementing Agency should be humane and gentle. The street dogs must be treated with

kindness to minimize stress to the animals. The catching method used for each street dog should be the least invasive, most humane method possible that can be safely applied for that particular animal and situation.

- Street dog catchers employed by the ABC Implementing Agency need to be trained for atleast one month by a Training Agency recognized by the Animal Welfare Board of India in order to become skillful at catching the street dogs humanely. Staff should be regularly monitored while catching street dogs.
- Street dog catching staff must be vaccinated against rabies.

4.1.2 Catching Techniques

The technique used depends on the street dog, the situation and the expertise available.

The following four methods are acceptable for catching street dogs:

- By Hand
- Sack and Loop Method

- Use of Dog-catching hoops with nets (Butterfly Nets)
- Use of the Balinese pole-net

Use of tongs, wires and chains to catch street dogs are strictly prohibited, since these cause injuries and extreme stress to the animal. Cruelty and cruel treatment are an offence in law.

4.1.3 By Hand Technique

Most ABC programs in India currently catch street dogs by poles, tongs (which are prohibited), nets or sack method. A pilot project in the city of Jamshedpur, from 2013-2016, demonstrated that approximately 40%-70% of street dogs, with variations between communities, will respond positively to offers of food and can be caught by hand with minimal use of force. Hand-catching technique should be used as the first Entry & Engagement phase of the project before transitioning to the use of nets in the latter phase.

Hand-catching promotes compassion and positive human-street dog interactions. It is a demonstration of the street dogs' potential to be safe companion animals in the community. Owners and caregivers of semi-owned "community" dogs are also more likely to support and engage with the ABC program when they see gentle and humane handling. It is also recommended that community participation be encouraged in the ABC programme.

In addition, street dogs do not run away from the catchers. In fact, more dogs appear when they

realize there is food on offer, and it is therefore possible to catch a higher number of street dogs in a shorter period of time.

Hand-catching requires patience, good understanding of street dog behavior, and a compassionate heart. The best handlers are people who genuinely like dogs. The handler's main purpose is to convince the street dog that he is a friend to be trusted through offer of food and physical contact (petting). The trust established through humane handling then continues from catching, to transport, to handling in the clinic and the kennels, to release. The aim of the humane handling protocol is to ensure the highest standard of animal welfare and to promote positive human-street dog interactions in the community at the end of the ABC process. This is the most preferred method for catching dogs.





4.1.4 Sack and Loop Technique

In this technique, a specially designed gunny bag that has a rope at one end, which works like a draw string, is used. The sack is thrown over the street dog and the rope is pulled at one end, thus sealing the gunny bag and trapping the street dog inside the bag. The sack is then lifted into the van and the rope loosened, gently releasing the street dog into the van.

Advantages

- The chances of injury to the street dog by this method are minimal.
- It is not so distressing for onlookers to watch street dogs being caught in this way.

Disadvantages

- It is sometimes difficult to catch running street dogs using this method.
- Dogs may struggle a lot when placed inside the sack.

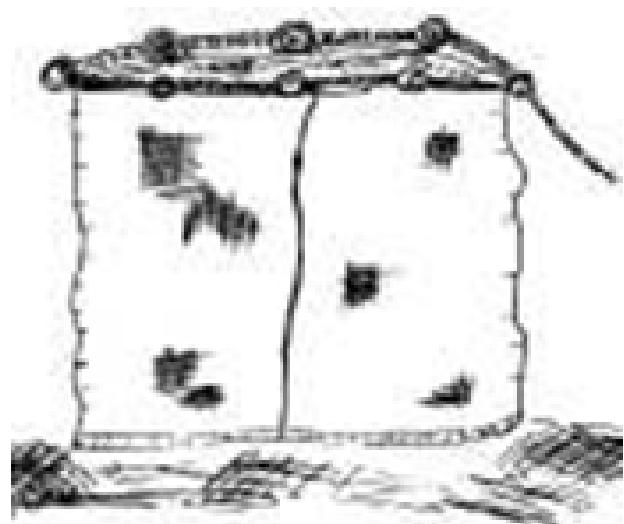


Illustration showing gunny bag with a rope attached at the top that works like a draw string

4.1.5 Dog-catching Hoops with Nets (Butter fly type Nets) Technique

Large, deep, 2 ply polypropylene nets of about 5 feet in depth and 3 feet in diameter, secured to circular metal (preferably made of a light alloy) rims, attached to long handles may be used to ‘scoop up’ the street dogs. The street dog is then caught inside the net by twisting the mouth of the net. Once the street dog is securely placed inside the net, the pole can be used to carry the street dog in the net. The street dog should then be gently placed into the dog catching van.

Advantages

- Once practiced correctly, the chances of the street dog being injured while being caught by this method is minimal.
- It is a safe and effective method for catching street dogs since in this method the safety of both, the street dog and the dog catcher is taken care of.
- This method is particularly useful for catching street dogs moving in large, open spaces and for

also catching running street dogs.

Disadvantages

- If not practiced correctly this method can cause injuries to the street dogs. The nets may require frequent repairs and have to be disinfected after every catch.
- This technique can be practiced only by catchers that are able bodied and physically fit.

4.1.6 Balinese Pole Net Technique

The Balinese net is essentially a very robust pole net and was originally designed, in 1998, by Mr. Nana Prayoga, a veterinary technician, who works for the Balinese Animal Welfare Society 'Yudisthira Street Dog Foundation'.

Originally intended for the small to medium sized (around 15 kg) dogs found in Bali, it has become more popular after a group of Balinese catchers went to Sri Lanka shortly after the Tsunami to assist with disaster relief. Balinese nets have been successfully introduced into India, especially in Ahmedabad and Jodhpur, where this technique of

catching dogs has become quite popular.

Method: Catching is carried out by placing the ring, or hoop, over the street dog that then, usually, moves into the bottom of the net. The net is then continually twisted until the street dog is totally restrained.

Advantages:

- The unique aspect of the Bali net is that the pole of the net can then be removed and placed through the netting, this acts as a lock to secure the street dog, and serves as a handle to carry the street dog safely to the waiting transportation vehicle.
- Through this method, it is easier to sedate or vaccinate unfriendly street dogs that are difficult to approach with a pole or long reach syringe, as many street dogs can be caught and vaccinated through the netting.
- It is safest to catch suspected rabid dogs by the Balinese pole-net and the butterfly type nets.

Disadvantages:

- The net method may not be suitable for all situations or all catchers, but could be regarded as an additional tool to enable maximum capture of street dogs in the ABC programme.
- If the quality of the netting used for the net is not very good, then the net may tear while catching the street dog and dog catching may not be possible by using this technique.

4.1.7 Dos and Don'ts with regard to catching of street dogs

- All street dog handlers and catchers must be given prophylactic vaccinations against rabies.
- Street dogs should be caught and released preferably in the early morning hours to avoid heat stress and to prevent the dog-catching vehicle being delayed by traffic jams.
- The street dogs must be released at the point of capture, ideally following the GPS app which is widely available in India. It is advisable not to release dogs amid heavy traffic.
- Street dogs must be handled gently. Tongs, wires and chains are not to be used at all for catching or restraining the dogs.
- The street dogs that are caught should not be under 6 months of age.
- Street dogs that are 6 months and above may be caught for sterilization.
- Old street dogs and visibly pregnant bitches should not be caught.
- Street Dogs with severe mange or scabies or those with signs of possible infectious diseases

should not be caught along with healthy street dogs. It is recommended that these street dogs be treated on location, if possible, or captured for treatment at a facility having adequate space and infrastructure for the same. Additionally, these ailing street dogs should be housed separately from the street dogs that are caught for the Animal Birth Control Programme. If the ABC Implementing Agency does not have facilities for treating the street dogs that are ailing, such dogs should be transported to the nearest animal welfare shelter with veterinary facility, or to a veterinary hospital where proper treatment and care can be provided.

- A street dog that is scared and not very friendly is perceived to be aggressive and is usually branded as a street dog that may bite. However, this may not be the case and such street dogs need to be handled by specially trained veterinary staff and dealt with patience and compassion.
- If a street dog showing clinical signs of rabies is caught, then the most important point to be noted is the safety of the dog catcher and

ensuring that they use proper wound treatment if bitten, followed by post-exposure treatment. A suspected rabid street dog must always be transported separately and not with other healthy street dogs. Once the dog is transported the transportation van must be disinfected. A suspected rabid street dog must immediately be admitted to the quarantine ward of the ABC facility / campus. No street dog can be pronounced rabid unless a scientific test is conducted to establish the same.

- The ABC Implementing Agency catching street dogs for ABC must work systematically and catch such street dogs covering one area at a time. This would help in systematic combing of the area and the results of the programme will soon be visible.
- While planning an ABC programme for any city, town or village, the most effective technique of instituting rabies control as well as street dog population control would be to use a ‘periphery to centre approach’ of catching street dogs. The reason being that, it is often the border areas of a city or town, i.e. those areas in close contact with neighboring forests, where the chances of rabies

outbreaks occurring are most likely.

- Females that are lactating should not be caught, as unweaned puppies will starve if the mother is removed for sterilisation whilst she is still visibly lactating. Instead, the location of the lactating female dog should be noted and an effort should be made to ensure that she and her offspring are friendly and therefore easy to catch for ABC when the puppies are older. Periodic feeding by catchers or local people willing to help the dog catchers can facilitate this.

4.2 Transportation

Key Concerns during Transportation of Street Dogs:

Once caught, the street dogs must be safely transported to the Animal Birth Control facility / campus. The type of vehicles to be used will depend on the organisation involved and the areas from which the street dogs are to be caught. The vehicle must be easily able to navigate small lanes and byways in cities and towns.

4.2.1 Vehicular design considerations

- The vehicle should be robustly constructed to hold and transport street dogs. Attention should

be paid at the time of assembly and during maintenance that the street dog holding section of the vehicle is free from sharp edges, protruding screws, etc. so that the chances for injury during transport are prevented.

- The vehicle design needs to be such, that street dogs can be placed in the vehicle without allowing street dogs already within, to escape. For this purpose, a horizontally hinged, inward swinging, flap door has been found to be effective.
- The street dogs should also be transported in a manner that they do not fight with one another.
- The vehicle must be adequately ventilated.
- The vehicle must be cleaned, watered and disinfected on a daily basis. The material chosen for modification of the vehicle must be suitable for long use.

4.2.2 Basic specifications for dog catching vans

- The dog van should have a closed body with windows (fitted with grills) on both sides for ventilation
- The van should have two separate

compartments, i.e. the driver's compartment and the street dog holding compartment.

- The driver's compartment should be able to accommodate a minimum of two street dog handlers, in addition to the driver.
- A sliding window at the back of the driver's seat should be fitted to allow the street dogs being caught and transported to the dog holding area to be viewed.
- It is recommended that at least one handler is seated with the street dogs so as to prevent dog fights.



4.2.3 Dog Transportation: Dos and Don'ts

- Street dogs must be picked up and released in the early morning hours to avoid heat and undue stress to the animals.
- There must be no over-crowding in the vans, both during pick up and during release.
- If the travel time is more than three hours, a stop on the way to provide water for the dogs is mandatory.
- An attendant must periodically check the dogs in the vans when in transit.
- Dogs must not be tied to rings in the van.
- Vehicles must be cleaned and disinfected after every use for transporting dogs.
- Great care must be taken during loading, transportation and unloading. Rubber matting around the edges of the loading gate/ flap / floor can assist in protecting the dogs when loaded.

4.3 Infrastructure for ABC Programmes

Basic infrastructure for ABC Programmes:

Before an ABC Programme can be carried out, care must be taken to ensure that minimum standards of housing, feeding, hygiene and veterinary care are

provided for the street dogs. The preparation room and operation theatre must be well equipped with necessary instruments, equipments and medicines to adequately handle the volume of work as well as to ensure that surgery carried out on the dogs is free of any untoward complications. Care must also be taken to ensure that adequate number of personnel are available on duty to run the ABC Programme efficiently. There must be provision for a doctor's room, pre-operative preparation room, post-operative recovery room, kitchen, medicine stock room, attendants' quarters, suitable kennels, quarantine facility with a separate entrance etc.

4.3.1 Housing

It is essential that in addition to the general housing arrangement made for the street dogs selected to undergo the ABC Programme, arrangements are also made to provide a separate quarantine area to house dogs suspected to be rabid. Besides this, the ABC facility / campus must also have a separate isolation area to house individual dogs that show symptoms of illness. Arrangements must be made to ensure that the drainage system is kept separate in the areas where

the suspected rabid or other ailing dogs are housed for observation or treatment.

i. General Considerations

Open kennels in which a large number of dogs are kept loose is not a satisfactory arrangement.

Care must be taken to ensure that dogs that fight must not be housed together.

- During the period of stay at the kennels, the dogs must be provided with access to clean water at all times, and adequate food at least twice a day.

Adequate shelter from climatic extremes must be ensured.

ii. Kennels

The kennels for individual dogs should be at least 3 feet wide, 4 feet deep and at least 6 feet high. The kennel should be provided with a door or gate of vertical iron bars. The gaps between adjacent bars should be no more than 2 inches.

Adequate roofing is necessary to provide shade and shelter from inclement weather and also to prevent the dogs from escaping. Care should be taken while designing the kennel to ensure that

there is sufficient cross ventilation of air through the kennels.

iii. Doors, Windows, Doorways, Walkway & Verandah:

Doors (and windows, fences, etc.) should be made of iron welded rods and bars. Doors should open both inwards and outwards as this enables easier kennelling of dogs and easier checking of dogs post-operatively. Doors should be secured by bolts. Adding metal bolt hole plates on the door jamb to prevent bolt holes becoming enlarged is helpful as dogs attack the doors. The hole in the bolt hole plate should not be circular in shape but of an elongated shape running vertically which will provide better support in the event that the door drops on its hinges over time. Rather than using angle iron for the door frames, it is recommended that masonry pillars be used, which is why bolt hole plates are needed. A disadvantage of using angle iron is that, the doors can then be opened one way only. The walls and surrounding fences should be designed to make climbing difficult. No gap should exceed 2 inches to prevent pups escaping. This includes gaps between door frame and floor. Two

inches is measured from the edge of one bar to the adjacent edge of the next bar, i.e. does not include the thickness of the bar.

Windows

Rear windows (barred as for doors with an inter-bar space of 2 inches) improve ventilation and light. If possible, such windows should have bars so positioned that there is no window ledge within the kennel. Again depending on location, windows may need verandahs / overhangs to prevent sun or rain entering the kennel. If rear windows are not possible, then air vents should be incorporated to allow inflow of fresh air.

Doorways

Doorways should be of adequate height to allow easy access and exit for the personnel of the ABC implementing agency. Gates from kennel areas should open into the kennel enclosure and should be fitted with spring closing mechanisms to limit the possibility of dogs forcing the gate open, or of them being left open inadvertently. Bolts securing the outside gates should have chains so that the bolt may be secured in the closed position to prevent the

dogs from moving the bolt.

Walkway

Outside the kennels, a walkway of concrete is needed. Slope of the walkway should be away from the kennel.

Verandah

Depending on the situation kennels should have an adequate verandah to shade the kennel from the sun.

Example: The example given below is from the kennels constructed at the Help in Suffering Shelter in Jaipur, Rajasthan and may be used as a guide to build the Kennels

Dimensions of the two designs of kennels used at the Help in Suffering Shelter are given below:

'A' Kennel block (outside) Width: 4ft 10 in.

Depth 5ft

Height 7ft 6in.

Doors 3ft wide (total aperture) Platforms depth (front to back) 2 ft. height (above floor) 1 ft 5 in. (but would be better at 4 inches)

'N' Kennel block Width: 3 ft 6in Depth: 4 ft 6 in
Height: 7 ft 6 in Doors 2 ft 5 in (total aperture)
Platforms depth (front to back) 1ft 9 in. height
(above floor) 4 in

Fencing of Enclosure: Fencing generally: 6 ft 10 in.
high Fencing at unloading area, and between
shelter and street: 8 ft 3 in (with last foot as inward
facing overhang)

iv. Flooring:

The floor should be of concrete to facilitate easy
cleaning and should be sealed with a sealing
material like Bondcrete or any other equivalent. The
kennels should be designed to have a raised area at
the rear of the kennel so that the dog may lie down
comfortably there.

v. Drainage:

The floor must be designed with a slight slope so
that fluids can be easily drained out and cleaning
the floor of the kennel is easy. Drains must be
covered by a secure, rust resistant grill or jaali.
Drainage channels or pipes should be straight.
Each kennel should have a separate drain (covered

with jaali) leading to a main effluent drain. Drains should be kept straight and have well designed chambers with access from surface at frequent points to allow cleaning. PVC pipes of at least 4 inches diameter may be better than ceramic pipes. Adequate access chambers to drainage pipes are required for cleaning purposes. Run-off water from roofs should drain out separately and should not be allowed to enter the kennels.

Care should also be taken to ensure that all plug points, electrical switchboards and cables are located at a sufficient height above the ground. Dogs are naturally curious animals and have a tendency to bite wires and play with pieces of tubing. This should be taken into consideration when constructing kennels.

4.3.2 Unloading Areas

Separate areas for unloading dogs from vehicles and to allow secure examination of dogs must be provided.

4.3.3 Kennel Management

i. Cleaning:

Proper arrangements should be made to ensure the kennels are efficiently cleaned. Cleaning and sanitizing products that are non-toxic should be used. The kennel should be thoroughly disinfected after releasing one patient and before admitting another one. Complete fumigation and disinfection of the kennels and the drains is recommended at least once a month to prevent parasites and communicable diseases from spreading.

ii. Water:

Supply, Storage and Drainage Arrangements for adequate water supply and sufficient number of storage tanks, taps and pipes should be made. Drains from each kennel and linking up to the common corridors and other spaces should be designed in such a way that they can be easily cleaned. Limiting the number of bends in drainage pipes will facilitate easier cleaning. While designing the drainage system, care should be taken to ensure that access chambers are provided to allow access to the drains and to facilitate thorough cleaning of the drains in case there are any blocks. Kennel management requires the use of large volumes of water. Hence, good rain water harvesting

and storage systems should be set up. Besides, the staff should be encouraged to follow good water conservation practices.

iii. Food Supply, Storage, Preparation and Distribution:

Dogs must be fed nutritionally balanced food that is free of adulterants and obtained from a reliable food supplier / raw material supplier. It is recommended that dogs undergoing the ABC surgery be given only vegetarian food at least two times a day. Well balanced, nutritious food that combines a proper blend of carbohydrates, proteins and fats and is rich in vitamins and minerals should be fed to the dogs twice a day.

iv. Storage:

The food grains and cereals used for feeding the dogs must be stored in clean, air tight, moisture free containers so that no spoilage or contamination by fungi, yeast or bacteria can occur.

v. Cooking and Washing:

The utensils used for cooking and serving must not be washed in the same sink or place where the

surgical instruments and drapes used for surgery are washed. This is because of the risk of transmission of infections, either via the surgical instruments or through the food utensils. The wash sinks for the food utensils must be separate and at a sufficient distance from the wash sinks for the surgical instruments and drapes. After washing, the surgical drapes must be dried in a sunny, well ventilated area.

vi. Ventilation:

Making provision for large windows and open corridors can also improve the circulation of air and increase the ventilation inside the ABC facility / campus. However, if the ABC Implementing Agency is working in a place where the climate is very cold, then care should be taken to keep the ABC facility / campus well insulated and warm.

vii. Number of Kennels:

While planning the ABC program, the population of the area to be covered must be calculated. Going by the estimate of dog population to be 3:100, the estimated number of dogs should be calculated. Considering that the area needs to be completely

covered within 2 years, i.e. all dogs need to be sterilized, and each dog needs to be kept in the kennel for post operative care for 3 days, a total number of kennels required may be arrived at.

Calculating the number of kennels needed (with an example):

A town with a population of 1,00,000 will have approximately 3,000 dogs.

To cover 3,000 dogs in 1 year, 250 dogs will need to be sterilized every month.

Considering that surgeries will be done for 25 days every month, at least 10 dogs every day will need to be sterilized.

If 10 surgeries are conducted daily and the dogs are hospitalized for at least 4 days pre and post-operatively in individual kennels, then approximately 40 kennels will be needed to house the dogs which are recuperating after surgery. A further 10 kennels will be required to house the next batch of street dogs that is brought in for ABC. Additionally, at least 5 kennels will be required as a

separate quarantine facility. Not every dog may be ready for release at the end of 4 days, and may require a longer period to recover from the surgery. This needs to be factored in while calculating the number of kennels to be constructed.

A set of 10 spare, individual kennels must be available to house those dogs that fall ill after surgery as well as the dogs that take a longer time for healing. These spare kennels can also help the ABC Implementing Agency in dealing with emergencies.

Adherence to sound surgical protocols, especially aseptic technique is mandatory and will reduce the duration of post-operative hospitalization.

4.3.4 Operating Facilities

The operation theatre must be separate from the preparation room and both the operation theatre and preparation room should be adjacent to one another. The preparation room should have an adequate source of water supply as well as good lighting. Besides, the room must be secure to

prevent the dogs from escaping.



i. Minimal requirements of a preparation room

- Cupboard to store sterilized surgical packs, sterile surgical instruments, sterile surgical gloves, mask, cap and gown
- Cupboard for storing suture materials, gauze bandages, anesthetics, analgesics, antibiotics and other essential medicines and a weighing machine
- Washing sink with adequate water taps with elbow activated handles
- Good ventilation and lighting
- An autoclave (at least 20 litres) that can sterilize at least 8-10 surgical sets at a time. It would be best if the autoclave were to be kept in a separate room or at least in a well ventilated space to

minimize the chances of injuries in case of explosion. The use of autoclave indicator tape should be encouraged. The settings for the autoclave will depend on the manufacturers' instructions.

ii. Requirements of an Operation Theatre

Well equipped: The Operation Theatre and associated preparation room should be well equipped with the basic surgical requirements necessary for the ABC Implementing Agency to function efficiently.

The Operation Theatre must have the following basic equipment:

- Steel surgical operating table
- Shadowless lights for each operating table
- Instrument trays
- Kidney Trays
- Trolleys for instruments
- Cupboards to stock essential medicines
- I/V stands
- UV lamps
- Air conditioning systems efrigerators

- Emergency medicine kits
- Surgical scrub sinks and wash taps
- Surgical waste bins



Other Key Requirements Appropriate protocols

Both the Preparation room as well as the Operation Theatre should be kept as free of clutter and extraneous furniture as possible to ensure that the highest standards of hygiene are maintained. Conditions of asepsis and sterility must be maintained at the highest levels.

Good lighting:

The rooms should be adequately lit so that surgery can be carried out comfortably. Shadowless lights must be used for each O.T. table. Provision must

also be made for power backup in the event of electricity failures.

Adequate water supply:

Care should also be taken to make sure that the operation theatre and preparation room have a sufficient number of functional sinks and taps, with an adequate water supply. This is vital so that the surgical team can carry out ‘scrubbing up’ procedures diligently. In case, water supply is restricted to specific hours of the day, provision must be made for storing a sufficient volume of water in overhead tanks.

iii. Minimal Equipment needed to carry out the ABC Programme

There should be sufficient sets of surgical equipments available. These may be calculated with reference to the number of surgeries to be performed per day. A minimum of one pack per operation is required. Colour coding of surgical packs to distinguish between those used for spaying female dogs and those used for castrations may be helpful. Instruments used will

depend on the surgeon's preference but sufficient instruments should be available to cope with any emergency that may occur while undertaking sterilization surgery. Colour coding of the different fenestrated surgical drapes used for spays and castrations is recommended. Adequate facilities should be available to clean the surgical equipments. An autoclave is essential to sterilize instruments for surgery. The use of autoclave indicator tape is recommended to ensure that instruments are adequately sterilized. Surgical instruments and surgical drapes must be thoroughly washed and cleaned prior to autoclaving.



The Surgical pack for female dogs should have at least the following:

- Straight scissors - 1
- Metzenbaum scissors - 1
- Adsons tissue forceps - 1
- Babcock tissue forceps - 1
- Kelly / Carmalt / Mosquito hemostatic forceps - 3 pairs of any one
- Spay hook - 1
- Towel clips - 4
- Mayo-Hegar needle holder - 1
- Scalpel handle No 3 - 2
- Scalpel blades No 10 – 2
- Sterile gauze swabs: 8 pieces
- Curved needle – 1
- Straight needle - 1
- Allis tissue forceps - 2

Suture material:

- Catgut – 1-0
- Vicryl – 1-0 and Vicryl - 2-0

The Surgical pack for male dogs should have at least the following:

- Straight scissors - 1
- Metzenbaum scissors - 1
- Adsons tissue forceps - 1
- Babcock tissue forceps - 1
- Kelly / Carmalt / Mosquito hemostatic forceps - 3 pairs of any one
- Towel clips - 4 > Mayo-Hegar needle holder - 1 Scalpel handle No 3 - 2
- Scalpel blades No 10 – 2
- Sterile gauze swabs: 4 pieces

Suture material:

- Catgut – 1-0
- Vicryl – 1-0

The Emergency Kit should contain at least the following:

- Atropine 1 ml ampoules (10) / 10 ml vial (1 box)
- Yohimbine (Xylazine reversal agent) 10 ml: if available

- Adrenaline 1 ml ampoules (10) / 10 ml vial (1 box)
- Ringers lactate (450 ml) – 5 bottles
- Dextrose normal saline (450 ml) – 5 bottles
- Dexamethasone 2 ml ampoules (10) (1) / 30ml – (1 vial)
- Diphenhydramine maleate - 30 ml - (1 vial) > Terbutaline sulfate- 1 ml ampoules (10)
- Doxapram - 20 ml - (1 vial)
- Methylprednisolone sodium succinate - 20 ml - (1 vial)
- Sodium bicarbonate 8.4% solution - 100 ml (5 vials)
- Styptic like Botropase 2 ml ampoules (10)
- Chlorpheniramine maleate – 30 ml vial (1)
- Gauze Rolls (sterilized) – 10 cm – 10
- Cotton Rolls - 1
- Swabs - 20
- Disposable syringes (10 ml) - 2
- Povidone iodine – 450 ml bottle – (1)
- Disposable Syringes (25 ml) (Disposable) – 2
- Disposable Syringes (5 ml) (Disposable) – 2
- Disposable Needles – (22 gauge) – 1 dozen

- Butterfly needle with scalp vein – 2
- I/V sets – 2
- Torch – 1 - Paper tape - 1 roll - Stethoscope
- Forceps – 2 Pairs - Scissors – 2 Pairs - Thermometer

At least two sterile surgical kits must always be available to carry out any emergency surgeries.

iv. Personnel:

The number of people to be employed by the ABC Implementing Agency must be calculated based on the volume of work that is to be done.

For example, an ABC Implementing Agency that undertakes 200 ABC surgeries and 200 anti-rabies vaccinations per month, the following personnel should be employed:

1. One Veterinary Surgeon who can do the FTE (full time equivalent) work of 40 hours /Week.
2. One Veterinary Surgical Assistant, para-vet, Veterinary Nurse or an experienced Veterinary Assistant.
3. At least two dog handlers or attendants who will

attend to the catching, transportation, feeding, exercise and post-operative care of the dogs.

4.3.5 Anti-Rabies Vaccines

i. Vaccination

It is vital that all staff involved in an ABC programme are properly vaccinated against rabies. A pre-exposure prophylactic course consisting of tissue cell culture vaccine should be given on days 0, 7 and 21 or 28.

Yearly boosters are recommended.

ii. First Aid for dog bites

The dog handling staff should be well trained in following proper guidelines on cleaning and dressing dog bite wounds.

The dog bite should be cleaned in the following manner:

Step 1: The most important step is to allow a gentle stream of running water to flow through the dog bite wound, to allow for mechanical removal of any virus

particles, if present.

Step 2: Then, the wound must be given a thorough wash with a disinfectant soap, detergent or povidone iodine. This should be followed by washing of the affected area or swabbing the area with a gauze dipped in an iodine based compound like povidone iodine or a chlorehexidine wash. Applying spirit on a raw area can cause a strong burning sensation.

Step 3: An immediate visit to the doctor for the relevant post-bite treatment with vaccines and immunoglobulins should be followed as per the WHO recommended regime.

iii. Vaccine Storage

It is important to remember that for the anti-rabies vaccine to work effectively, the vaccine must be refrigerated. If the vaccine is kept at room temperature for more than a few minutes, the quality of the vaccine will deteriorate and it will not be effective. Care should be taken to ensure that the vaccine is kept refrigerated at all times, except just before use.

Provision for a continuous supply of power must be made in the ABC facility / campus, with special regard to vaccine storage.

4.4 Animal Birth Control (ABC) Programme – Key Elements

4.4.1 Identification of street dogs while being caught

It is mandatory that the vaccinated and sterilized street dogs are released back to the exact location from where they were caught. This is the only way to ensure that the ABC programme is effective. Releasing the dogs at the very same locations from where they were originally caught, also prevents territorial adjustment issues and dog fights. A robust and foolproof system is thus required to ensure that each animal caught is correctly identified and released back into the territory that it belongs to.

The following methods of identifying the dogs at various stages of the ABC programme must be adopted:

i. Numbered Tagging

In this system, each dog receives ‘a unique number identification tag’ at the time of ‘catching’. This number is then recorded in a log book along with details of the exact location from which the dog bearing that number came from.

ii. Written Descriptions

Each animal caught is identified based on tag number, coat coloring and type, sex and approximate age and these are recorded along with the detailed description of the location from where the dog was caught. Individual record sheets are mandatory for each dog that is brought to an ABC facility / campus. Catching history, particulars of referral care-giver, tag number, coat coloring and type, sex and approximate age, general health details, etc. must be mentioned in the record sheet. The same record sheet must be used to enter the details of ABC surgery and pre and post-operative treatment. Entries in the record sheets with respect to surgery, treatment and medication must be signed by a qualified and trained veterinarian. Date,

place and time of release must also be entered in the same. Record sheets must also be maintained for street dogs that are kept under observation in quarantine wards / kennels.

iii. Permanent Identification

The identification methods referred to above serve to establish a correct association between the dogs caught and the locations from where the dogs were caught. A permanent method of identifying dogs is vital to prevent the same animal from being caught and subjected to surgery twice. This is especially essential with the female street dogs as no outward sign of the sterilization surgery will be visible once the animal has recovered fully and the coat has regrown.

Ear Notches



Illustration of notch on the pinna of the ear

Permanent identification of sterilized and vaccinated dogs in an ABC program must be done by making a distinctive 'V' shaped notch on the pinna / border of the right ear, immediately after the sterilization surgery while the animal is still under general anaesthesia. This identification can be easily done by using sterile surgical clamps and a sterile surgical blade. A thermocautery device must be used to cut and seal the notch. Ear notches should be visible but should not be too large so as to affect the anatomy of the pinna. The notched ear should receive daily antiseptic dressing.

4.4.2 Record Keeping

i. General Considerations

It is imperative to maintain proper records to ensure that the ABC program being undertaken by the ABC Implementing Agency is functioning at the highest levels of integrity, discipline, dedication and efficiency. Records must be maintained on a daily basis with all the data filled in accurately.

Records also enable specific aspects of the ABC

programme to be examined in detail.

ii. Essential records that must be maintained by the ABC Implementing Agency are listed as below:

- Pick up and release records
- Operation Theater records duly signed by a qualified and trained veterinarian
- Post-operative care records
- Quarantine facility records
- Records of post mortem examination in the prescribed format for any dog deaths that may occur at the ABC facility / campus, duly signed by the jurisdictional veterinary officer
- Medicine inventory records
- Stock inventory records
- Attendance records and particulars of all persons working at the ABC facility / campus

All records must be updated daily. The concerned veterinarians must sign the Operation theatre records as well as the Pre and Post-operative care records daily. Invoices of all medical, surgical and other consumable items purchased must be maintained separately.

iii. Accounting Records

In addition to clinical records that detail out the progress of dogs through the ABC programme, medical stock records should be maintained and a suitable transparent and traceable system should be developed for recording the supply of medicines from stock. Accounts must be maintained and the monthly and yearly accounts must be drawn up according to the highest standards of accounting ethics and protocols.

4.4.3 Emphasis on systematic area wise efforts and female sterilization



Female community dog

i. Area-wise Effort

While carrying out the ABC Programme, sterilizations must be carried out in a well planned, area wise, systematic manner. Evidence suggests that ABC programmes will be most effective if undertaken area by area in a town or city rather than spreading the same efforts, thinly over all areas. Area-wise catching allows for more efficient utilization of staff, vehicles and fuel resources during the coordination of both the catching as well as the release of the street dogs.

ii. Female-centered Approach

- In order to rapidly control the population, an ABC programme should concentrate mainly on sterilization of the female street dogs. A ratio of 70% female sterilizations to 30% male sterilizations is advised.
- Notwithstanding the female centred approach advocated above, some males may need to be castrated to limit rivalry and fighting, especially during the breeding season, and to reduce the incidence of transmissible venereal tumour.
- Sterilization effort on females that are very fertile

and known to regularly produce a large litter every breeding season will yield faster results for the ABC programme.

- Every street dog that is sterilized must receive anti-rabies vaccination.

4.4.4 Monitoring Programme Effectiveness

Monitoring the ABC Programme is critical to understand and evaluate the performance of the ABC Implementing Agency.

This can be done at two levels: at the individual street dog level and at the dog population level

i. Individual Monitoring

a. Monthly Average of Recovery Time:

Records should be maintained of all pertinent aspects of every dog's admission at and release from the ABC facility / campus. These should be compiled from the records mentioned above that have mandatorily to be maintained. Monthly average recovery time in days (i.e. admission to release) should be calculated. These figures must then be plotted graphically by sex and critically examined. By doing so, patterns or problems can be

seen as they arise.

b. Recovery Time of dogs operated by individual Veterinary Surgeons:

The ABC Monitoring Committee should review the surgeries that each individual Veterinary Surgeon has carried out periodically. Such reviews must be carried out on a quarterly basis. An excellent way to monitor the success of the ABC Programme from a surgical perspective would be to calculate the average recovery times of male and female dogs separately for each surgeon. The surgeries carried out by different veterinary surgeons should be reviewed separately to mark out clear differences in performance efficiency between different veterinary surgeons conducting the ABC surgeries. For the ABC Implementing Agency carrying out the ABC Programme, such a review can serve as a sound clinical audit to evaluate efficiency at the operating table. The audit reports for such quarterly reviews must be sent to the AWBI and the Veterinary Council of India for record.

c. Performance of Paravets and Veterinary Assistants:

Training, attendance and performance records must also be maintained of the involvement of the paravets and veterinary assistants participating in the ABC surgeries, whether as scrubbed operation assistants, or in the role of handlers. This should be done because if one of the paravets participating in the ABC Programme does not follow prescribed conditions of asepsis, then the chances of abscesses and delayed wound healing occurring during his or her participation in the ABC surgery may be higher than a paravet who is following all the standard norms of hygiene and asepsis. By carefully analyzing these records therefore, it may be possible to determine the cause of problems interfering with the smooth conduct of the ABC programme, such as increased incidence of ear notch abscesses. Once the cause of the problems is identified, appropriate must be taken to rectify them.

d. Post Mortem Examinations:

All dogs that die at the ABC facility / campus before, during, or after the surgery should be subjected to a post mortem examination. This helps in ascertaining whether the death can be attributed to the surgery (through surgical error), to the

anaesthetic, or due to improper handling, housing, feeding, or some underlying or pre-existing disease.

Reviews of surgical and other techniques must take into account, the results of such post mortem examinations.

ii. Monitoring of the Population

This is done through regular population surveys and other methods to collate information about the population and the effects of the ABC programme upon it.

a. Breeding Information:

By recording the incidence of pregnancy, breeding, and litter size, some information on the breeding behaviour of street dogs in each targeted area can be obtained.

b. Migration Data:

It may not be entirely uncommon to see that dogs that have been sterilized in one area have migrated to another area. Sometimes, the ABC Implementing Agency may catch the same dog again by mistake. If this happens, it should be used as an opportunity to note the identification number and correlate the data with the release site and release date of the

dog. By recording this information, it may sometimes be possible to make inferences about the reasons for the possible migration of the dogs to different areas.

c. Population Monitoring:

The ABC Implementing Agency conducting the ABC programme should carry out regular annual dog population counts in the areas where it is conducting the programme, to gauge the efficiency of the ABC programme, and its impact on dog population figures in the targeted areas.

d. Rabies Monitoring:

Records of the number of rabies cases reported in each targeted area should be maintained by the Health Department of each state, and these records must be analyzed annually to assess whether the incidence of rabies in the area has declined. Such analysis must be communicated to both, the AWBI, and the Veterinary Council of India for record. Case histories must be recorded accurately, and it must be noted whether the animal in question was a pet dog, or a street dog, or any other animal. All suspected cases of Rabies must be confirmed

through due procedures and tests.

e. Education and Public Awareness Monitoring:

If the outreach and public awareness regarding the ABC Programme by the ABC Monitoring Committee has been successful, there will be a marked increase in the number of volunteers, donors and members of the community visiting the ABC facility / campus to volunteer their time and resources.

Besides, when an awarenesss programme has been successful, with each passing year a steady increase in the number of care-givers in the targeted areas will also be seen.

4.5 Surgery and Associated Procedures

Vital Checkpoints: Pre-surgical Checks, Pre-operative Preparation and Fluid Therapy

It must be ensured that the street dog selected to undergo the surgery is over six months in age, and is not pregnant, or suffering from any disease or otherwise ailing.

If any street dog displays visible clinical signs of illness, such as extreme emaciation, pallor,

weakness or skin conditions like mange, the dog should be first treated for the condition.

Every street dog must be subjected to a thorough check-up prior to the ABC surgery. This will also aid in filtering out the dogs that are unhealthy and are not fit for surgery, thus minimizing the chances of post-surgical deaths and delayed post-surgical healing.

Fluid loss during surgery can cause a great deal of stress to the animal and may cause severe dehydration and shock, even leading to death if there has been severe hemorrhaging from any of the ligated blood vessels. Giving an adequate quantity of fluids intravenously during the surgical procedure will help ensure that the dogs' tissues are adequately perfused, thus minimizing the risk of surgical shock.

4.5.1 Preliminary Checks

Prior to commencing ABC surgery, the veterinary surgeon must ensure

- that the physical description of the dog matches with the corresponding records;
- the clinical condition of dogs for surgery;

- the preparedness of the operation theatre and preparation room;
- the sterility of surgical instruments and equipment;
- the availability of the required medications and;
- the physical environment in which the anaesthetized animals will recover because hypothermia is a severe problem in anaesthetized animals and it is essential that the dogs are kept warm during the immediate post-operative recovery period.

If any of the above is found wanting or deficient, steps should be taken to improve the situation, or the surgeries should be postponed until the conditions are made acceptable.

4.5.2 Pre-Surgical Checks

Each dog must be examined prior to surgery to ensure that the concerned animal is in a state of fitness to undergo surgery.

The key clinical parameters to be monitored are as below:

- Temperature

- Respiration
- Pulse
- Color of the mucus membranes
- Palpation of regional lymph nodes
- Auscultation of chest to rule out any infection of the lungs as well as to identify cardiac rate and rhythm abnormalities
- Signs of external injury e.g. fractures and wounds, skin conditions like mange, etc.
- Abdominal palpation to rule out pregnancy, ascites, liver and splenic condition.
- It is only after the veterinary surgeon has confirmed that the above parameters have been checked and found to be normal, that the dog can be considered, ‘ready for surgery’.
- Dogs assessed to be incurably ill or mortally wounded shall be dealt with in the manner prescribed in Rule 9 of the Animal Birth Control (Dogs) Rules.

4.5.3 Pre-Operative Preparation

i. Preparation of surgical packs:

- Dry instruments should be laid on a dry wrap. A useful technique is to feed one of the handles of all

instruments with finger-loops, other than the towel-clips, through the shaft of the longest instrument (frequently the needle-driver)

- An appropriate number of swabs should be included in the kit. The swabs should be folded over the ends of the instruments to avoid puncture of the wrap.
- The wrap is then folded once, longitudinally.
- A hand towel is then laid.
- The final folding is performed and the wrap secured with a small piece of autoclave tape.
- Ideally this inner-wrap is then covered with a second wrap, and the autoclave tape applied as before.
- The pack is identified and dated (by writing on the tape) and placed in the autoclave.
- Time / temperature relationships for steam under pressure :

The following are times at which materials being sterilised must be maintained at the target temperature. This does not take into account time for penetration by steam or 'heat-up lag'.

3 minutes at 134 C (273.2 deg F) 29.4 psi

15 minutes at 121 °C (249.8 deg F) 15 psi

ii. Preparation of the patient prior to surgery and withholding of food

The dogs selected to undergo surgery should not be given food for 12 hours to reduce the dogs' risk of vomiting and pulmonary aspiration. A shorter fasting time for weak dogs and puppies is recommended. Water must be made available to the dogs.

Pre-medication

Prior to anaesthesia, the dogs should receive pre-medication with a sedative agent. Doing so will help to reduce the total amount of anaesthetic that is required and will also help to keep the animal calm and suitable for induction.

Analgesia

Prior to surgery, pre-emptive analgesia such as meloxicam should be administered. This is because pain relief given before painful stimuli is experienced, is more effective than pain relief given after pain has begun.

Antibiotic use

Pre-operative use of antibiotics can be considered.

For sterilization surgery done under suitable conditions of asepsis, the use of antibiotics may not be necessary. In less than ideal conditions, a long acting antibiotic could be considered. The use of antibiotics has to be done judiciously and should be decided on a case by case basis by the veterinary surgeon.

General Anaesthesia

General anaesthesia should be administered and the dog must be monitored continuously to ensure that an adequate depth of anesthesia is reached so that the surgery can be safely performed. Once anaesthetized, and throughout the anaesthesia, the patient must be protected against hypothermia. The maintenance dose should be kept ready for the long time procedures, or in case any complications occur.

4.5.4 Preparation for Surgery

i. Patient Preparation for Surgery

- A clinical record sheet must be maintained for each dog, which must contain the physical information related to the dog in correlation with

the drugs and dosage administered. This record sheet must be kept with the dog as it moves from anesthesia, to preparation room, to surgery room, in order to ensure that an accurate and comprehensive record of medicines, dosage and treatment is maintained.

- Anaesthetic induction, shaving and prepping must be performed on a separate table other than the surgery table, to minimise contamination.
- If intravenous fluids are to be administered, the catheter site should be shaved and prepped as described for the surgical site below. The catheter is then inserted and the primed intravenous line connected.
- The bladder should be palpated and expressed if necessary and genitalia examined for presence of Transmissible Venereal Tumour (TVT).
- The surgical site should be widely and carefully shaved, avoiding trauma to the area because even small cuts can lead to wound infection.
- The site should be thoroughly cleaned with Chlorhexidine solution. Multiple pieces of cotton

wool should be used in turn, commencing at the centre of the area and moving towards the periphery of the shaved area, and NEVER back into the centre, otherwise the wound will be re-contaminated.

- Avoid wetting non-shaved areas of the patient.
- Once the shaved area appears free of gross dirt and hair, and the pieces of cotton wool used come off the skin with no staining, then the site can be considered clean, but NOT disinfected at this point.
- Chemical disinfection of the site is achieved using three spray - applications of surgical spirit - one minute between applications. A final spray of Povidone iodine solution may also be applied, but only once after the spirit has evaporated and the skin is dry. Do not touch the skin during this process, otherwise adequate disinfection will not be achieved. Once again, avoid wetting the non-clipped areas as this may lead to 'run-off' and contamination of the site.

The patient is then transferred to the surgery table. In sodoing, take care not to contaminate the prepped area with your hands or non-disinfected

parts of the patient.

- The prep table should then be carefully cleaned with an appropriate disinfectant, such as Lysol solution.

ii. Preparation of Operating Table for Surgery

- A clean, fenestrated plastic sheet (previously sprayed on both sides with surgical spirit, and allowed to dry) is then placed on top of the patient. Care must be taken to ensure that the plastic does not come in contact with the prepared area.
- If the surface of the table is exposed where the surgical kit is to be placed, a second sheet of plastic should be laid, overlapping with the first. This is to stop ‘strike-through’ contamination of the surgical instruments (especially with urine or faeces).

iii. Preparation of the Surgeon for Surgery

- Clothing: the surgeon should wear clean and fluff-free, loose-fitting clothing, the top must be short-sleeved to enable appropriate scrubbing as far proximally as the elbow.
- Ideally a surgical hat and mask should be worn;

at the very least, long hair must be tied-up and facial hair closely-trimmed.

- Finger nails must be cut short.
- Should the surgeon have an infected wound or sore on the hands or forearms, it is preferable that surgery be postponed until such time as this has healed.

iv. Surgical Scrub

An acceptable germicidal preparation, e.g. Chlorhexidine or Betadine, must be used and scrubbing should be carried out for a minimum of 3 minutes with Chlorhexidine, followed by scrubbing with Povidone Iodine.

Scrubbing:

- The hands and arms are washed first with the scrub mixture to remove any gross contamination.
- The nails are cleaned next, before the scrubbing procedure begins
- A sterile brush is used to scrub the fingers, the hands, and finally, the arms- in that order. Scrubbing over a period of no less than 3 minutes.

Once the brush has been used on the arms, it should not return to the fingers. Each finger should receive ten strokes on each surface, making a total of forty strokes per finger. The fingernails and both surfaces of the hands should receive twenty strokes. The number of scrubbing strokes is far more important than the time spent scrubbing.

Rinsing:

When scrubbing is completed, the hands, arms and the brush should be rinsed in water, allowing the water to drip from the elbows to prevent contamination of the hands with drips from upper arms.

Drying of hands:

Two sterile hand towels are provided. The first towel is unfolded and used to dry thoroughly the fingers, hand and forearm (in that order) of one arm, taking care that the fingers of the hand holding the towel do not contact the skin of the other arm. The second towel is used to dry the other hand and forearm in identical fashion.

Alcohol Spray:

With the hands held above the level of the elbows, surgical spirit should then be sprayed on the hands and then the forearms, and allowed to dry.

4.5.5 Opening of instrument pack

A non-scrubbed assistant will then present the kit to the surgeon in one of two ways, depending on whether the kit was double (preferable) or single-wrapped:

Double-wrapped: the outer wrap will be held and opened by the assistant; the surgeon will then remove the pack, handling only the inner wrap, place it on the plastic sheeting covering the table and patient and then unwrap the kit. Care must be taken, at all times, not to touch the plastic, the table or the patient as these are not sterile areas.

Single-wrapped: the assistant will place the kit on the plastic covering the table and will unwrap the first fold only. The surgeon may then completely unfold the wrap, taking care to handle only the sterile aspect of the wrap.

4.5.6 Preparation of surgical site

A large area around the site of the proposed surgical incision should be shaved (or clipped) and cleaned

using chlorhexidine or povidone iodine solution.

Thorough cleansing should be repeated a number of times before placing the fenestrated drapes.

4.5.7 Fluid Therapy Protocol

A careful inspection of the veins on the forelimb and hind limb must be made. Once the vein to be used has been selected, the area around the vein must be thoroughly swabbed and cleaned with surgical spirit or povidone iodine. Care should be taken to see that the selected vein is properly dilated. It is a good practice to use a catheter.

An intravenous line can also facilitate additional quantities of anesthetic to be administered as and when required, without any time loss. The exact dose of the pre-medications, analgesic, antibiotics and i/v fluids given should be at the professional discretion of the veterinary surgeon, based upon local conditions and experience.

Intra-operative intravenous fluid administration:

This generally works out to an average volume of 150-200 ml of Ringer's lactate solution or 0.9% Normal saline. Giving I/V fluids during surgery is recommended as it will minimize the risk of surgical

shock.

Surgical shock may occur in the following cases:

- Debilitated patient
- Very young patient: poor homeostatic response
- Prolonged procedure
- Procedures associated with high risk of intra-operative complication
- Procedures likely to require intra-operative administration of intravenous medications

NB: Ideally fluids should be administered at body temperature

Choice of fluid: Lactated Ringers Solution

Rate of administration: Routine procedure: during surgery: 20-40ml/kg/hour

4.5.8 Anesthetic & Surgical Protocols

The particular combination of anesthetic and pre-medicant to be used is a choice that should be made by the Veterinary Surgeon in charge of the ABC Programmes at the Animal Welfare Organization.

i. **Good anesthetic protocol should achieve the**

following:

- Loss of consciousness that permits surgical procedures to be carried out
- Sufficient degree of sedation, analgesia and muscle relaxation
- Maintenance of adequate cardiac function at optimal levels
- Adequate ventilatory and respiratory support

The cephalic vein of the forelimb or the saphenous vein of the hindlimb may be used to give intravenous anesthesia while medications to be given intra-muscularly may be given in the cranial thigh muscles, so as to avoid sciatic nerve injury.

Administration of Meloxicam @ 0.1 - 0.2 mg/kg bw by intravenous route 20 minutes prior to induction of anesthesia can help to significantly reduce post-operative pain.

ii. Anaesthetic protocols:

Some recommended combinations are listed as below:

Anesthetic Protocol 1

Xylazine-Atropine-Ketamine-Diazepam Pre-medication.

- Xylazine @ 1mg / kg bw (administered intramuscularly - maximum dose 1 ml)
- Atropine @ 0.04 mg / kg bw (however, there is increasing evidence that atropine should not be given as a premedicant and should only be administered following induction to maintain cardiac output)

Induction:

To be given ten minutes after administration of Xylazine and Atropine

Ketamine @ 2.5 mg / kg bw + Diazepam @ 0.25 mg / kg bw

Mix equal volumes of ketamine (50 mg/ml) and diazepam (5mg/ml) and in the same syringe Dose: 1 ml of the mixture per 10 kg bw, given slowly intravenously to effect, to premedicated dog

(Ref: BSAVA Manual of Small Animal Anaesthesia & Analgesia)

Maintenance:

Increments to be given at half the induction dose
Fluid Therapy

Ringer's Lactate should be administered by I/V route throughout the surgical procedure.

Respiration:

Open mouthed with gag and spontaneous respiration / via endotracheal tube. Endotracheal tube inserted and cuff inflated if necessary.

Anesthetic Protocol 2

Triflupromazine / Atropine / Thiopentone or Xylazine / Atropine / Thiopentone Pre-medication

Triflupromazine @ 1mg / kg bw or Xylazine @ 1 mg / kg bw

Atropine @ 0.04 mg / kg bw

Note: The combination of Xylazine-atropine-thiopentone is not considered safe for old, weak and young patients and it is recommended that Protocol 2 be used only by an experienced vet.

Induction:

Thiopentone @ 25 mg / kg bw I/V

(Note: peri-venous administration of thiopentone sodium will cause severe local reaction and must be treated by local infusion of at least three times the volume of sterile saline; this risk can be reduced by the use of a 2.5% solution and by ensuring that thiopentone sodium is given by intra- venous route only)

Maintenance:

I/V Thiopentone at half the induction dose may be repeated as small I/V boluses but will lead to prolonged anesthesia and longer recovery time.

Fluid Therapy:

Ringer's Lactate should be administered by I/V throughout the surgical procedure.

Respiration:

Open mouthed with gag and spontaneous respiration

Anesthetic Protocol 3

Use of inhalation anaesthesia Pre-medication

Xylazine @ 1mg / kg bw

Atropine @ 0.04 mg / kg bw I/V

Induction:

Ketamine @ 2.5 mg / kg bw + Diazepam @ 0.25 mg / kg bw or 4 % Isoflurane or
Thiopentone sodium @ 20 mg/ kg bw I/V

Maintenance:

2 % Isoflurane with Oxygen via Endotracheal Tube

Fluid Therapy:

Ringer's Lactate should be administered by I/V throughout the surgical procedure

4.5.9 Ear Notching

All sterilized dogs, irrespective of their sex are to be compulsorily ear-notched with a visible 'V' cut on the pinna of the right ear on the dorsal margin, immediately after surgery by using an electric cauterizer for easy identification of the sterilized dogs after surgery. The size of the 'V' should be small, and sufficient only to identify the sterilization status of a dog from a distance. The length of both arms of 'V' should be 20 to 25% of the total length of the ear. No other shapes such as 'U' are acceptable for ear notching.

4.5.10 Sterilization surgery: general considerations

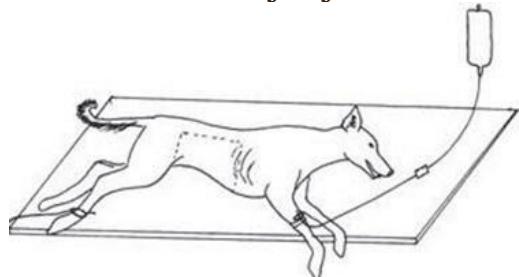
The choice of surgical approach is at the discretion of the veterinary surgeon. The veterinary surgeon must have received formal training in the most updated surgical technique for conducting an ABC surgery. The surgical technique to be adopted may be recommended by the AWBI or the Veterinary Council of India, from time to time. As with all

surgery, great attention must be paid to ensure that Halsted's Surgical Principles are diligently followed which includes:

- Complete asepsis; - Gentle tissue handling;
- Accurate haemostasis; - Obliteration of dead space;
- Careful tissue apposition; - Preservation of blood supply.
- Minimum tension on tissues;

It is unacceptable to say that strict asepsis is not required because street dogs have good immune systems. Lack of care during the preparation for surgery of both, patient and surgical team, and during surgery itself, will lead to greater inflammation and infection than necessary and thus more pain and poorer welfare for the operated dogs.

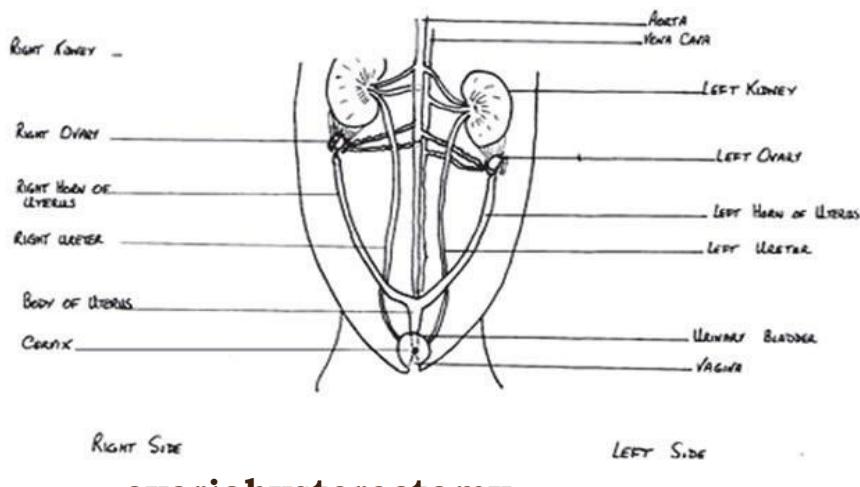
Position of female dog for Flank Spaying



To ensure asepsis, a fresh sterile surgical pack

should be used for each animal. It is recommended that fenestrated drapes designed for sterilization surgery in female dogs be of a different colour than those designed for use in castrations for easy identification and to prevent errors that can happen while preparing the surgical sets for autoclaving. It has been recommended to use green drapes for female surgical packs and blue drapes for male packs

4.5.11 Surgical Procedure for female dogs



ovariohysterectomy

Diagrammatic Illustration of Female Surgical Anatomy of dogs as viewed from the ventral aspect

Complete ovariohysterectomy (both ovaries and uterus) by conventional (not laproscopic) surgery is recommended. The use of trained scrubbed-up Para Vets greatly assists the surgeon, saves time and aids in speedy recovery of the dogs besides helping

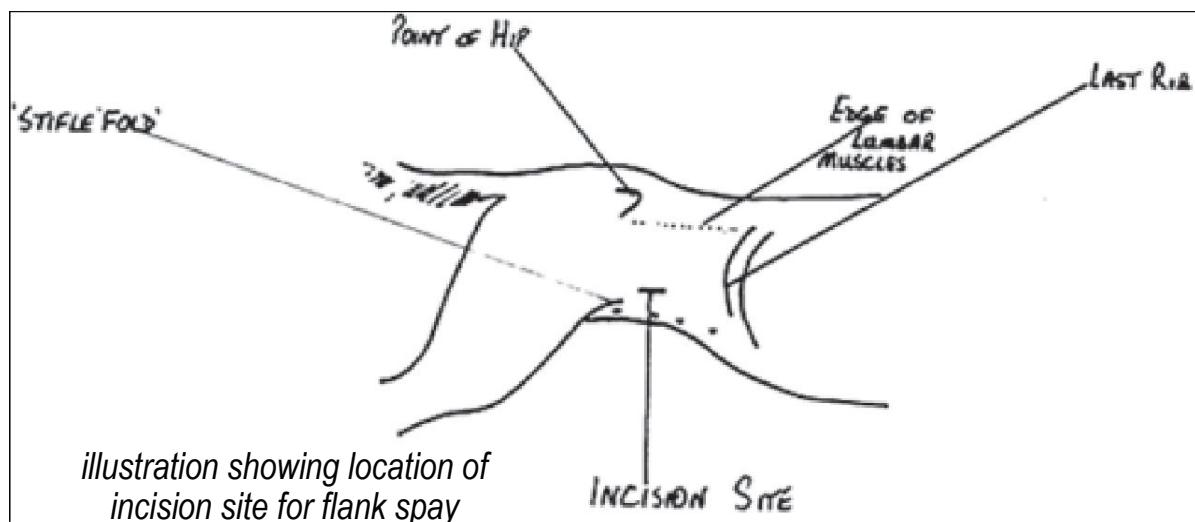
to provide desired levels of asepsis. It is possible to sterilize dogs at any stage of the oestrous cycle. However, since oestrogen can delay blood clotting, it is vital to provide efficient haemostasis for female dogs that are operated, while in oestrus.

Two surgical approaches are generally recognized and includes the right flank approach and midline approach:

4.5.12 Right Flank Approach (Not recommended for pyo- metra cases)

The right flank method of surgery has been considered as the ideal and preferred method for spaying. The dog is positioned lying on its left side and the abdominal cavity is entered via the right flank with the ventral aspect of the dog directed towards the surgeon.

Location of Incision Site for Flank Spay: In adult female dogs the incision is located as indicated in



the diagram below:-

In adult female dogs, the incision is made about 4 cms behind the most caudal curve of the last rib, parallel to the spine and about 9 cms ventral to the transverse processes of the lumbar vertebrae.

The incision often falls at the cranial end of the fold of skin connecting the stifle to the abdominal wall.

In young female dogs (under 6 months), the incision is placed more caudally. Failure to do this in young dogs results in difficulties in exteriorizing the uterine body near the bifurcation/ cervix to allow identification and removal of the second uterine horn.

Note: The right ovary is more closely adhered to the right kidney and body wall than the left ovary and thus easier to exteriorize if incision is made in the right flank.

Tissues incised -

- Skin;
- Subcutaneous tissues/fascia;
- External abdominal oblique muscle;
- Internal abdominal oblique muscle;

- Transverse abdominal muscle to which the peritoneum is often attached.

The skin is cut with a scalpel. Subsequent layers are separated using scissors and blunt dissection.

Incising the three muscle layers can cause haemorrhage. Splitting the muscles along their fibres reduces bleeding, causes less trauma and faster healing, but may result in a smaller aperture in which to work.

Inexperienced surgeons often find gaining entry to the abdominal cavity the most challenging part of this approach. Cutting these muscle layers is easiest if they are isolated using Allis tissue forceps by an assistant and if the surgeon's scissors are held perpendicular to the body wall.

The Procedure

Step 1: Locating the uterine horn and ovary

The right uterine horn is located with a spay hook. This is easiest done if the hook is inserted along the inside of the right abdominal wall and, brought in contact with the body wall and directed towards the right kidney / cranial lumbar region. If the hook is

then rotated and removed carefully, the uterus can be easily brought within the hook.

The horn is elevated so that the ovary can be grasped between the thumb and index finger of one hand. The body wall is then depressed to reduce the distance so that the ovary can be removed. The suspensory ligament is stretched or broken with the second finger of that hand. When breaking the suspensory ligament, direct the tension caudally to protect and avoid tearing the ovarian vascular complex and subsequent haemorrhage. The ovarian vascular complex is located and a window is made in the mesovarium immediately adjacent to the vasculature. The ovarian vascular complex is then clamped with artery forceps.

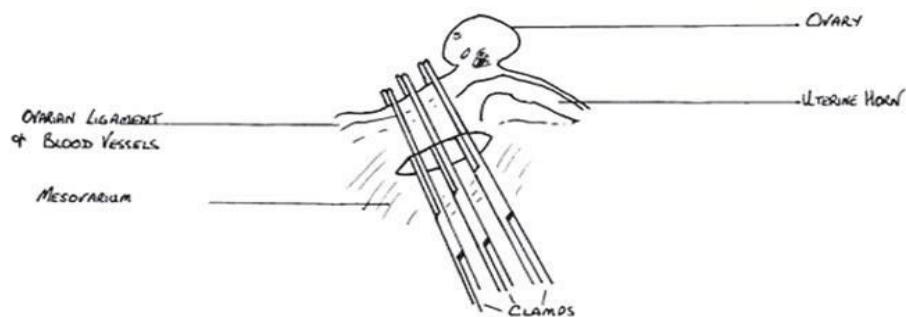


Illustration showing clamping of the ovarian blood vessels.

Step 2: Clamping the Ovarian Blood Vessels

The surgeon should keep hold of the ovary when

applying the first clamp to ensure the clamp is placed below the ovary and thus that entire ovary is removed. Failure to remove all ovarian tissue may mean that the dog continues to show oestrous behaviour even if it cannot become pregnant. This is undesirable.

Step 3: Placing Ligature into Crush caused by Clamp

A circumferential suture is placed loosely around the pedicle at the clamp furthest from the ovary. The clamp is removed as the suture is tightened so that the suture lies in the groove of the crushed tissue created by the clamp ensuring greater ligature security. A trans-fixing suture (i.e. one where the suture material passes through the tissues rather than just around them) may be placed proximal to the ligature. This is prudent for inexperienced surgeons, and in bitches with large genitalia, in very fat female dogs etc.

Step 4: Securely Tightened Ligature in place around the Ovarian Vessels

The ovarian stump is cut with scissors between the 2 clamps closest to the ovary. The excised ovary and

ovarian bursa are examined to ensure that the entire ovary has been removed.

Step 5: The Ovarian Vessels are cut from the Ovary

The stump is grasped (without grasping the ligature) with thumb (rat toothed) forceps. The clamp on the stump is released. The stump is inspected for bleeding. If no bleeding is noted, keeping the ligature / stump still attached to a mosquito forceps, lower into the abdominal cavity to remove the stretch on the ovarian artery/vein complex and re-inspect for bleeding before final closure of abdomen. Care must be taken to ensure that a section of body wall has not been inadvertently incorporated in the ligature during tying.

The second (left) uterine horn is located by following the right horn distally to the bifurcation. Repeat procedure as for first ovary. Both horns of the uterus are exteriorized, along with the attached mesovarium and associated uterine blood vessels.

Step 6: Uterine Horns are exteriorized

A window is then made in the mesovarium adjacent to the uterine artery and vein, and much of the

mesovarium, broad ligament and associated fat is broken from the uterus. This procedure is done with both uterine horns. The remnants of the mesovarium, broad ligament and associated fat are returned to the abdominal cavity. Following this, the uterus is seen separate from other tissues except from the vascular structures which run parallel to the uterus.

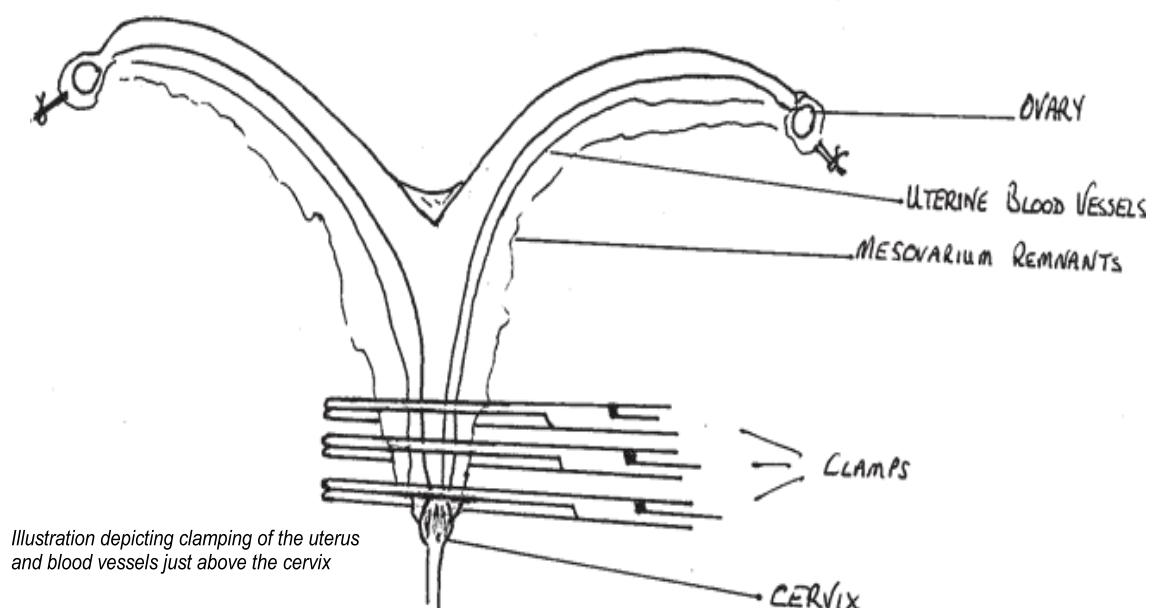
The uterine body is exteriorized. The cervix is located, though it often cannot be visualized. Various techniques may be used to ligate and remove the uterine body depending on the size of the uterus and the surgeon's preference. The triple clamp technique is generally used (as for ovarian attachments).

Care is required, particularly with bitches in season or which have recently whelped, as the uterine tissue may be friable and the clamps may cut rather than crush the tissue. In these cases, allowing a generous space between the clamps may reduce this risk. The three clamps are placed on the uterine side of the cervix. In smaller / non-pregnant dogs, it is possible to mass ligate uterine vasculature with

just one ligature as, for the ovarian vascular pedicle.

Closure

On abdominal closure, each muscle layer is sutured individually i.e. 3 separate layers (the peritoneum is incorporated with the closure of the transverse abdominus muscle). In young dogs, the peritoneum, transverse abdominus and internal abdominal oblique muscles are sutured with one suture and the external abdominal oblique is sutured separately with another suture.



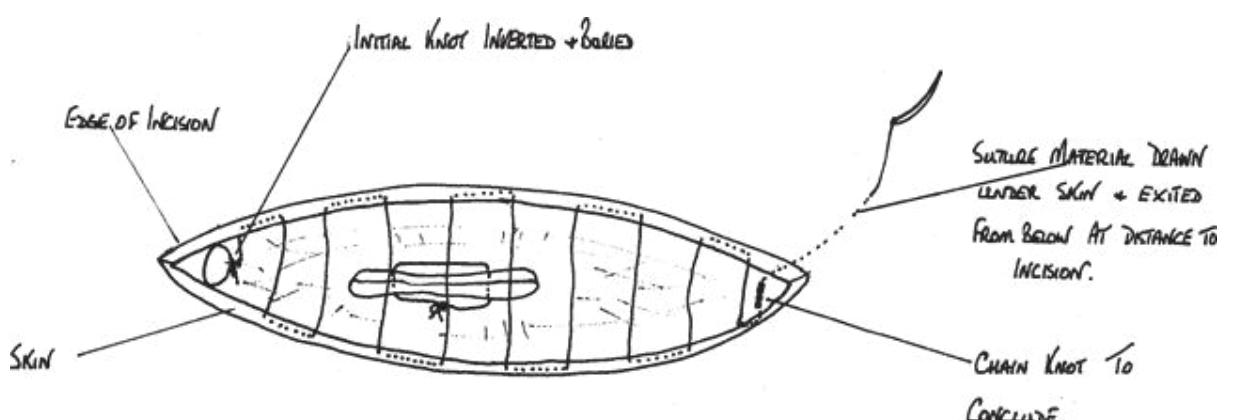
Vicryl makes a very good suture material for this site. For longer incisions i.e. more than 2 cms in length, a continuous suture pattern can be used,

such as Ford interlocking.

For smaller incisions, i.e. up to 2 cm in length, a horizontal mattress suture may be used. Horizontal mattress sutures appear to cause far fewer visible swellings, probably due to the reduction in the amount of catgut in the muscle layers.

When suturing the abdominal muscles, it is easier to work with an assistant who gently isolates the individual muscle layers. Allis tissue forceps may be placed on the very edge of the muscle layers but it is better to use Babcock forceps or rat tooth forceps as these are less traumatic to the tissues.

The subcutaneous tissues are closed and dead space eliminated using 3.0 Vicryl / either an interrupted, or continuous pattern. The skin is sutured with a simple interrupted or continuous intradermal suture pattern using Vicryl. The sutures are placed ensuring that all knots are buried.



4.5.13 Midline Spay Technique Approach

Tissues incised - skin; subcutaneous; linea alba – white, fibrous tissue plane (aponeurosis) and peritoneum.

If electing to perform surgery through a mid-line approach, it is important to ensure that it is the fibrous linea alba which is incised and not the adjacent muscles. Otherwise, the advantages of this midline approach are lost and the approach is then described as paramedian. The incision extends from about 1 inch caudal to the umbilical scar caudally, although some surgeons begin the incision at the caudal border of the umbilicus.

Spay

Routine spay is performed as described in the Flank Spay Technique.

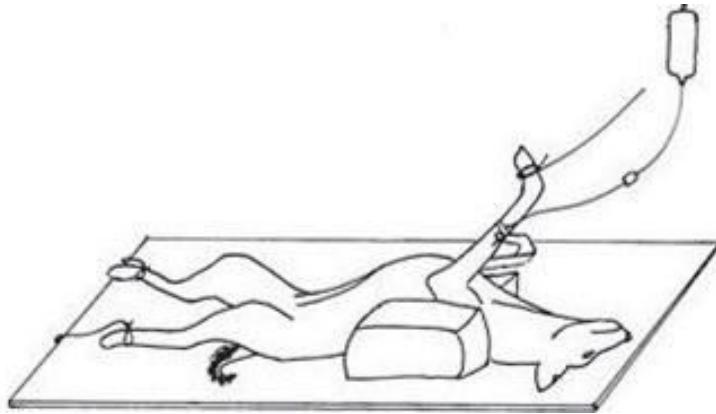


Fig 12: Position of Bitch for Mid-Line Surgery

Closure

Abdominal closure is done in one layer. A simple, interrupted suture pattern is used in the linea alba.

Sterile, heavy gauge, monofilament nylon is used.

Subcutaneous tissue and skin are closed routinely as before. Catgut cannot be used to close the linea alba since it degrades too quickly to support the slower healing fibrous tissues of this structure.

Closure of the incision

The incision through the linea alba is closed incorporating the external rectus fascia. Catgut is not recommended in this site as its rate of degradation may be faster than the rate of healing leading to an increased risk of herniation. Most surgeons go for non-absorbable (vicryl) suture material in the midline. This option requires greater maintenance of asepsis. The fascia is closed and the

skin incision is sutured according to the preferences of the veterinary surgeon and depending on the suture material available. Nylon sutures are recommended for skin closure.

4.5.14 Clinical Complications that may be seen following ovario-hysterectomy surgery

1. Haemorrhage:

During the surgery serious haemorrhage can arise from a number of places. It may occur by tearing of ovarian vascular complex whilst stretching / breaking suspensory ligament. This can be avoided by stretching rather than breaking the suspensory ligament and doing so in a caudal direction. Haemorrhage can result from tearing of uterine vessels by excessive tension on uterine body. Handling all tissues gently will reduce the risk of this, as will ensuring that the incision is of appropriate size for the uterus being removed.

Bleeding may happen when tearing other large vessels in broad ligament while stripping this off the uterine body prior to the clamping and ligation of the cervix. This danger can be avoided by

individually ligating any large vessels (if present, e.g. fat dogs) in the broad ligament and mesovarium. Controlled separation of the broad ligament from the uterus working from the cervix to the ovary also reduces the risk of haemorrhage from this source. Ensuring all sutures are adequately placed and tied using proper surgeon's knots will help reduce the chance of intra-operative and post-operative haemorrhage.

Haemorrhage from muscles can be a problem, but will not normally be life threatening. With careful incision and dissection of each muscle layer, it is often possible to see and thus avoid major body wall blood vessels. Clamping vessels with haemostats will usually stop the bleeding with time. Female dogs in oestrus at the time of spaying may bleed more than expected due to the effects of oestrogen on the clotting cascade.

2. Recurrent signs of oestrus / heat:

Signs of oestrus result from functional remnants of ovarian tissue being left in the abdomen following an incomplete spay operation. The animal will still

show signs of season. The surgeon must ensure all ovarian tissue is removed, by, for example, holding the ovary while clamps are applied, and by inspecting the excised tissue to check if it contains the whole ovary.

3. Uterine stump pyometra:

Uterine stump pyometra may occur if any portion of the uterus is not removed during the spaying. Due to the risk of the last two complications mentioned above, complete ovariohysterectomy must be performed rather than tubectomy or ovariectomy.

4.5.15 Surgical Procedure for Male Dogs

Castration

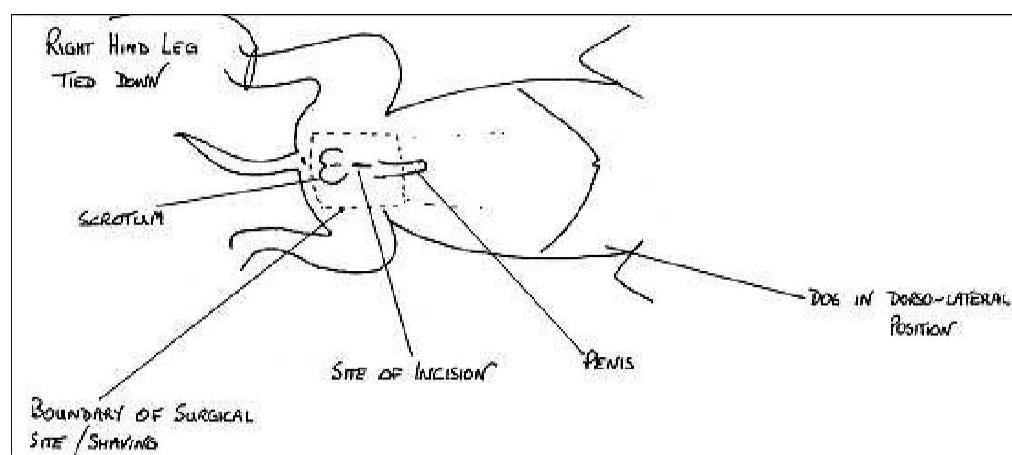
Males are positioned in dorso-lateral recumbancy facing to the surgeon's right. The right hind leg is secured so that the pelvic region is exposed and the right stifle is not overlying the surgical site. The dog can be placed in dorsal recumbancy but this requires support at the thorax / axillae and also the straightening of the catheterized foreleg to ensure that the catheterized vein is not occluded at the flexed elbow.

These positioning and adjustments take extra time.

The scrotal, penile, inguinal and perineal regions are shaved and prepared for surgery as described earlier.

Site of Incision for Castration:

Males are castrated through a single pre-scrotal incision. One testicle, usually the lower testicle, is advanced cranially and the skin incision made over the tensed testicle. The sub-cutaneous tissues, and the tunica dartos and external spermatic fascia are incised. The testicle



Within the spermatic sac is then grasped and pulled free. The spermatic sac is then excised at its most ventral part. The vaginal tunic is reflected revealing the testicle and associated structures.

The vaginal tunic is separated from the tail of the

epididymis by breaking the ligamentous attachment there. This leaves the testicle connected by only the spermatic vessels in one bundle and the deferent duct connected by the mesorchium.

Retraction of the Vaginal Tunic

The exact method of removal of the testicle varies between surgeons and also depends on the size of the testicle and its associated structures. The deferent duct and the spermatic vessels may be clamped and ligated as described for the ovarian attachments (using the ‘triple clamp’ method). This is the method of choice for large, well-developed testicles. For smaller testicular structures it is possible to tie the blood vessels and the duct to each other to ensure that haemostasis is maintained once the deferent duct has been broken from the epididymis.

Note: Once the vessels are ligated, the testicle can be severed from them. The spermatic vessels usually retract considerably once this has been done.

The contralateral testicle is now advanced into the skin incision and an incision made in the tissues

surrounding the testicle as before to allow the testicle within the spermatic sac to be grasped and exteriorized. This testicle is then isolated and excised as before.

Suturing involves closing all dead spaces with a continuous 3-0 catgut suture. It is considered a good practice to place this suture through the vaginal tunics of the two testicles to ensure that the potential opening into the abdominal cavity is closed and also to incorporate the septal midline tissues. The skin is closed with an intra-dermal suture as described for skin closure in the spay procedure for bitches.

Particular attention must be paid to ensure that haemostasis is maintained, in order to reduce the incidence of post-operative haematoma and possible ischaemia of the scrotum. Should this occur, scrotal ablation may be required. Considerable post-operative bruising and swelling are common especially in larger dogs. This may be further exacerbated by the dog licking at the area.

Potential Complications:

The risk of haemorrhage from spermatic vessels is

much less likely if this double ligation technique is employed. However, if noted, an attempt should be made to locate the ends of the cord on the side from which the haemorrhage is occurring, by grasping the deep tissue with haemostats and applying gentle traction. Should this prove unsuccessful, the skin incision should be extended into the scrotal sac as this will improve access to the inguinal canal, enabling location of the bleeding stump and application of two secure ligatures. If the skin incision is extended in this manner, scrotal ablation is necessary to excise the sac and associated dead space, which would otherwise predispose to scrotal haematoma.

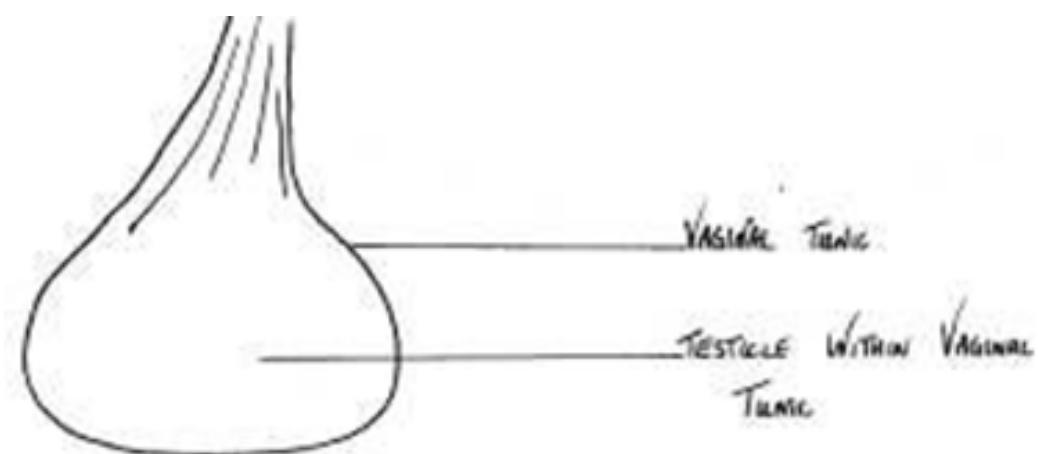


Illustration of testicle removed from scrotum within vaginal tunic

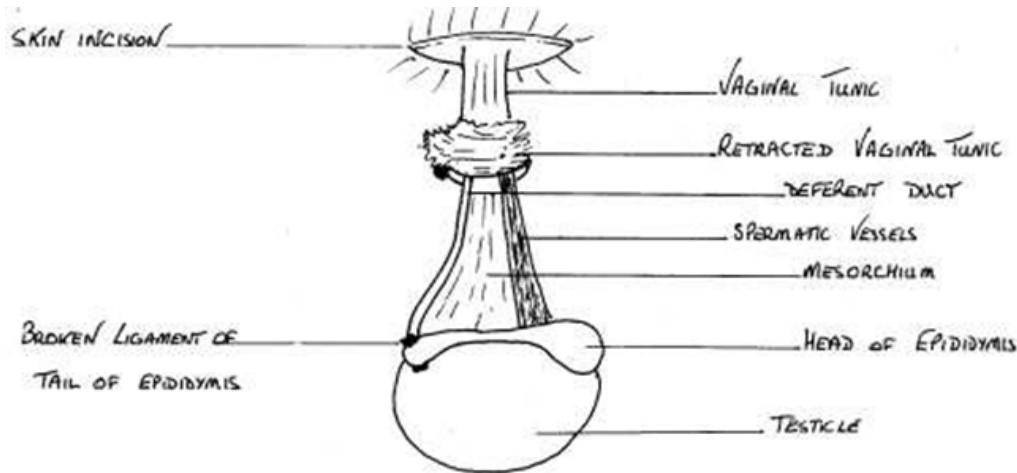


Illustration of testicle & associated structures after incision of vaginal tunic.

4.5.16 Cleaning of used kits and drapes

As soon as possible after the completion of a procedure, both the surgical instruments and drapes should be thoroughly washed and rinsed, ensuring removal of all blood and discharges. A toothbrush is useful to clean instruments thoroughly, with particular attention to the jaws, box joints and ratchets. Alternatively, an ultrasonic cleaner may be used to clean the instruments. After cleaning, the instruments should be rinsed in clean, hot water. This will help to flush away any organic matter still adhering to the instruments.

- Drapes should then be hung to dry. Once dry, the drapes should be checked for hair and any other debris present. If any hair is present on the drapes, the hair should be brushed out and the drape should be washed thoroughly once more and left to dry.
- Cleaned instruments should be placed on a towel to dry; instruments with ratchets should be left open.

Periodically, the instruments should be left to soak overnight in protective instrument milk (which would be available from the supplier). Hand lubrication of each joint of each instrument, with special oil, is also an acceptable option.

4.5.17 Safe disposal of surgical waste

After surgery, the gloves, empty vials, syringes and needles should be carefully disposed off, as per biomedical waste disposal protocol for hospital waste.

4.5.18 Post-Surgical Care : General considerations

- The choice of antibiotics and analgesics to be used after the surgery is a decision that is to be

made on a case by case by the veterinary surgeon. The decision about the antibiotic / analgesic to be used would be influenced by the veterinary surgeon's clinical experience, conditions prevailing at the kennel and the health of the dogs. Care should be taken to ensure that the antibiotics used are broad-spectrum.

- Dogs recovering from anaesthesia and surgery need to be kept warm and dry. Once the dogs have recovered sufficiently from anaesthesia and surgery, the dogs should be provided access to drinking water.
- Following surgery, the dogs should be under round the clock supervision by a veterinary surgeon, and based on the clinical condition of the dogs, a decision should be taken regarding additional medications to be given. Suitably sized 'buckets' or 'Elizabethan collars' can be used where dogs are irritated and causing self trauma to wound sites- in addition to the anti-inflammatories and antibiotics needed.
- If the veterinary surgeon who is attending to the post-operative care is different from the veterinary surgeon undertaking the surgeries, a

standard system of recording and reporting must be developed. This needs to be done to ensure that the veterinary surgeon who has done the surgery receives correct feedback about the progress of his / her patients so that improvements in technique can be identified and implemented if necessary.

- During check, the dogs which are ready to be released must be identified, and necessary steps should be taken to release the dogs.
- Surgeries must be done under stringent sterile conditions, and techniques which cause minimum tissue trauma must be adopted. Absorbable suture materials should be used and strict adherence to Halsted's Surgical Principles must be ensured., This will ensure complete healing in a lesser period of time, but an animal must be kept under veterinary supervision at the ABC facility / campus for at least 3 days and nights after successful surgery.

4.5.19 Use of analgesics and antibiotics:

The Standard Protocol to be followed is mentioned as below:

- Administration of analgesics — Analgesic agents are required for all patients undergoing neutering. Acceptable choices include opioids (e.g. butorphanol, buprenorphine, morphine, hydromorphone, and pentazocine), alpha2-adrenoceptor agonists (e.g. medetomidine, dexmedetomidine, and xylazine), NSAIDs (eg, carprofen, meloxicam, tepoxalin, deracoxib, firocoxib, aspirin, flunixin, ketoprofen, and etodolac), and local anesthetics (eg, lidocaine and bupivacaine).

Note: All sterilization surgeries for street dogs must only be done only under General Anesthesia.

- Combining multiple analgesic agents in a single protocol is known as multimodal analgesia and greatly improves pain and stress control in animals undergoing neutering through a spay-neuter program. Use of reversible agents and pre-emptive administration of analgesics prior to the initial surgical incision are common methods for providing safe and effective analgesia in high-volume settings.

- Surgical technique also influences the severity of postoperative pain. Anxiolytic agents for stress reduction include minor and major tranquilizers (eg, acepromazine, midazolam, and diazepam) and alph2-adrenoceptor agonists. These can be delivered in combination with other analgesics.
- Administering Intramuscular injection of meloxicam is recommended as an analgesic immediately after the surgery and also during the post-operative care.

4.5.20 Antibiotics

It is recommended that the following antibiotics be used :

- Amoxicillin-cloxicillin: 20 mg / kg body weight twice daily for 3-5 days
- Amoxicillin-sublactam: 10 mg / kg body weight
- Benzathine pencillin once in three days
- Ceftriaxone once a day @ 22mg / kg bw I/M for 3-5 days

The surgical wound and ear notch wound must be cleaned and dressed regularly...

4.5.21 Anti-Rabies Vaccinations: General Considerations

- The anti-rabies vaccine should be administered on the day of release while deworming medications should be administered on the first day when dogs are caught.
- It is essential that all dogs passing through an ABC programme receive vaccination against rabies.
- It is essential that cold chain for the vaccines be maintained without fail, and power back-ups for refrigerators where these are stored must be installed.
- The cold chain of vaccine manufacturers and suppliers should be investigated prior to use of the vaccine.
- The log entry should be maintained while storing the vaccines. The refrigerator thermometer temperature should be checked and recorded in the log book every twelve hours.
- Some evidence exists to indicate that intramuscular injection of vaccine produces longer lasting protection. Therefore, it is recommended

that the vaccine be given by the intra-muscular route.

- Concern has been expressed over the effects of stress on vaccine efficacy when vaccination is done at the time of surgery shortly after capture. It is thus advisable to administer the vaccine as long after surgery as possible, immediately before release of the animal.

4.5.22 Guidelines for release of the sterilized and vaccinated dogs

- Only dogs identified by a veterinary surgeon as fit for release should be released.
- It is imperative that dogs are released back to the exact location from where they were picked up. Care should be taken to ensure correct identification of dogs and addresses.
- Releasing dogs on main roads should be avoided if possible since the dogs may be temporarily disoriented at the time of release.
- Where possible, dogs should be released into the care of their caretakers if such persons are present.
- Although dogs should be released after ensuring

that they have been fed, they should not be fed immediately prior to their transport to the release sites.

- A representative of the ABC Implementing Agency must always accompany the dog releasing team, and be present during the release.
- The release of dogs during the early morning hours is recommended.
- In the event of severely inclement weather, the release of the dogs should be postponed till more favourable weather prevails.

4.5.23 Educating the general public about the ABC programme

- Members of the public that are present during the release of street dogs that have been sterilized and vaccinated under the ABC programme, should be educated about the programme. The onlookers must also be informed that the excess salivation seen in the released dogs is only due to the stress of transportation or possible motion sickness.
- Members of the public and care-givers should be encouraged to contact the ABC Implementing

Agency if they see any released dog which appears sick or in need of further veterinary care.



4.5.24 Euthanasia

Only such dogs as are diagnosed by a qualified veterinarian to be incurably ill or mortally wounded, can be considered for euthanasia. In each such case, the procedure specified in Rule 9 of the Animal Birth Control (Dogs) Rules, 2001, must be strictly adhered to.

It is emphasized that staff must show respect and professionalism in performing euthanasia.

It is also emphasized that euthanasia must not be

performed in the presence of other dogs.

The dog to be euthanised should be restrained humanely and minimally, only as required for an intra-muscular (IM) injection or insertion of an IV Catheter.

If the dog struggles against insertion of an IV Catheder, then it must first be sedated using Xylazine or Ketamine given by IM injection.

Confirmation of death:

Qualified veterinarians approved by the ABC Monitoring Committee of the local authority performing euthanasia should be able to identify when death has occurred.

Indicators include:

No movement of the chest / No signs of respiration – When the animal's chest has stopped moving up and down indicating that it has stopped breathing. However, this sign alone must not be relied upon as the animal's heart may continue to beat for some time after it has stopped breathing.

No heart beat – Check for this with a stethoscope or

by palpating the animal's chest wall.

No pulse – Check for this by palpation over the medial aspect of the animal's hind limb. This, however, is not always easy to locate in small animals.

Loss of colour from the mucous membranes in the animal's mouth – Mucous membranes become pale and there is no capillary refill if pressure is applied.

With time, the mucous membrane becomes dry and sticky.

Corneal reflex (blink reflex) is lost – The corneal reflex is normally elicited when the eyeball is touched. After death, the animal's eyes remain open and the lids do not move when touched.

Glazing of the eyes – This occurs rapidly after death. The cornea loses its clear, moist appearance and becomes opaque, dry and wrinkled.

4.5.25 Dealing with suspected rabid street dogs

Street dogs suspected to be rabid have to be dealt with strictly in the manner prescribed in Rule 10 of the Animal Birth Control (Dogs) Rules, 2001.

To confirm rabies, the brain sample of every street dog suspected to have died of rabies must be sent to

the closest accredited laboratory and a report must be obtained for every death under this category.

Disposal of rabies carcasses

Special precautions should be taken when handling the carcass of any animal suspected of carrying rabies, including the use of protective clothing: gloves, overalls, eye goggles and protective shoes.

The carcass should be sealed in a plastic bag, as the rabies virus can remain active for some time after death.

The external surfaces of the carcass can remain infective for several hours after death, and the internal organs can remain infective for several weeks depending upon the environmental temperature. So burial is not recommended and ideally the carcasses should be incinerated.

4.5.26 Post-Mortem Examinations

- All animals that die in the ABC facility / campus must be subjected to a post-mortem examination to ascertain the cause of death. The post-mortem must be carried out by a qualified veteranian approved by the ABC Monitoring Committee of

the local authority.

- In particular, animals which die post operatively should be examined by a panel of veterinarians excluding the veterinarian who performed the surgery on the said animal, to determine the cause of death.

4.5.27 Verification of ABC Surgeries

- All records and registers pertaining to the catching, treatment (pre-surgical, surgical, and post-surgical) and release should be maintained for each dog caught by the ABC Implementing Agency.
- The removed organs should be preserved in formaldehyde.
- The organs should be counted on a daily/weekly basis by the officials authorized by the ABC Monitoring Committee of the local authority with male and female organs kept separately.
- Records for anomalies to be maintained. Details of cryptorchid males, gravid uterii, and already operated females captured again for surgery, should be maintained to tally the recorded data with physical count.

- After verification by the inspection team, effective disposal of organs through incineration should be carried out.

4.6 Handling of street dogs with respect to which complaints of habitual biting or unprovoked aggression are received

Street dogs do not generally bite unless provoked.

The reasons why dogs may attack humans have been dealt with in Chapter 3.3 of this module.

An extended study on the behavioural ecology of free ranging dogs in India reveals that dogs are generally lazy and friendly animals, and their interactions with humans are typically sub- missive.

Thus dogs do not usually pose a threat to human well-being, and proper management of our refuse and a tolerant, if not friendly attitude towards dogs can ensure their peaceful co-existence with us.

(Sreejani Sen Majumder et al, 2014)

There is enough evidence to show that people who dislike street dogs often try to get dogs removed from their neighbourhoods. They are also capable of registering false complaints for the same.

The main factors that lead to aggression in street dogs are migration and mating (sexual drive) and also protection of pups by the female dogs. When the street dogs are sterilised and put back in the same area where they were picked up from, the above mentioned factors of migration, mating and protection of pups cease to exist and aggression is invariably eliminated, or at least considerably reduced.

Thus taking into account both, the human and dog point of view, in the case of street dogs with respect to which complaints of habitual biting or unprovoked aggression are received the following procedure must be followed:

1. When complaints about any alleged habitually biting dog/s are received, the municipal corporation/ animal welfare organization must inform the ABC Implementing Agency. The ABC Implementing Agency must then adopt the following protocol in dealing with such a case :

Physically verify the alleged bites

Obtain the records of post-bite treatment, if any, and Devise a mitigation strategy to prevent further conflict, which will include educating the community from where the complaint has been received regarding street dog behavior and dog bite prevention, and may also include counseling, designation of dog feeding spots and prioritizing ABC and a vaccination drive in the area.

2. If complaints persist and the mitigation steps do not yield the desired result despite a reasonable period of time having elapsed, the street dog in question must be humanely captured, and removed from the area and taken to the ABC facility / campus for observation, to ensure the safety of both the dog and humans in its territory.

3. On a case to case basis, the committee constituted for the purpose (with composition as prescribed below), using its expertise will then assess the information available and observe the dog over a period of 7 days, and decide if the dog is indeed a habitual biter. If it comes to the conclusion that the dog is not a habitual biter, it will release

the dog back into the area that it had been picked up from after sterilizing and immunizing the dog where required. If, however, the committee comes to the conclusion that the dog needs to remain under observation for a longer period of time, then, based on reasons recorded in writing, it will decide on the length of time varying from an additional week to three weeks, for which the dog may have to be detained for further observation and treatment where required. The intent of the detention in such a case also usually is to remove the dog from its pack, eliminate the alpha tendency if any, and calm the dog in cases in which anxiety was leading to aggression. During such detention, regular veterinary checkup of the dog is a must. If after continued observation and assessment, the committee comes to the conclusion that the dog is indeed a habitual biter without provocation, then the dog will not be released back. Provided however that the case of such a dog must be reviewed on a bi-monthly basis by the committee, and all records with respect to such an animal, including records of treatment, observation by the committee, and its recommendations, shall be retained. Such a dog

shall then be released when it is deemed suitably altered in behavior and considered ready for release. Under no circumstances shall it be released into any territory other than the one from where it was picked up for observation.

4. The committee mentioned in the preceding paragraph must comprise of a representative of the local authority, a qualified veterinarian approved by the ABC Monitoring Committee of the local authority, and a representative of an SPCA or animal welfare organization recognized by the AWBI.

4.7 Regulating Dog Breeding and Pet Shops

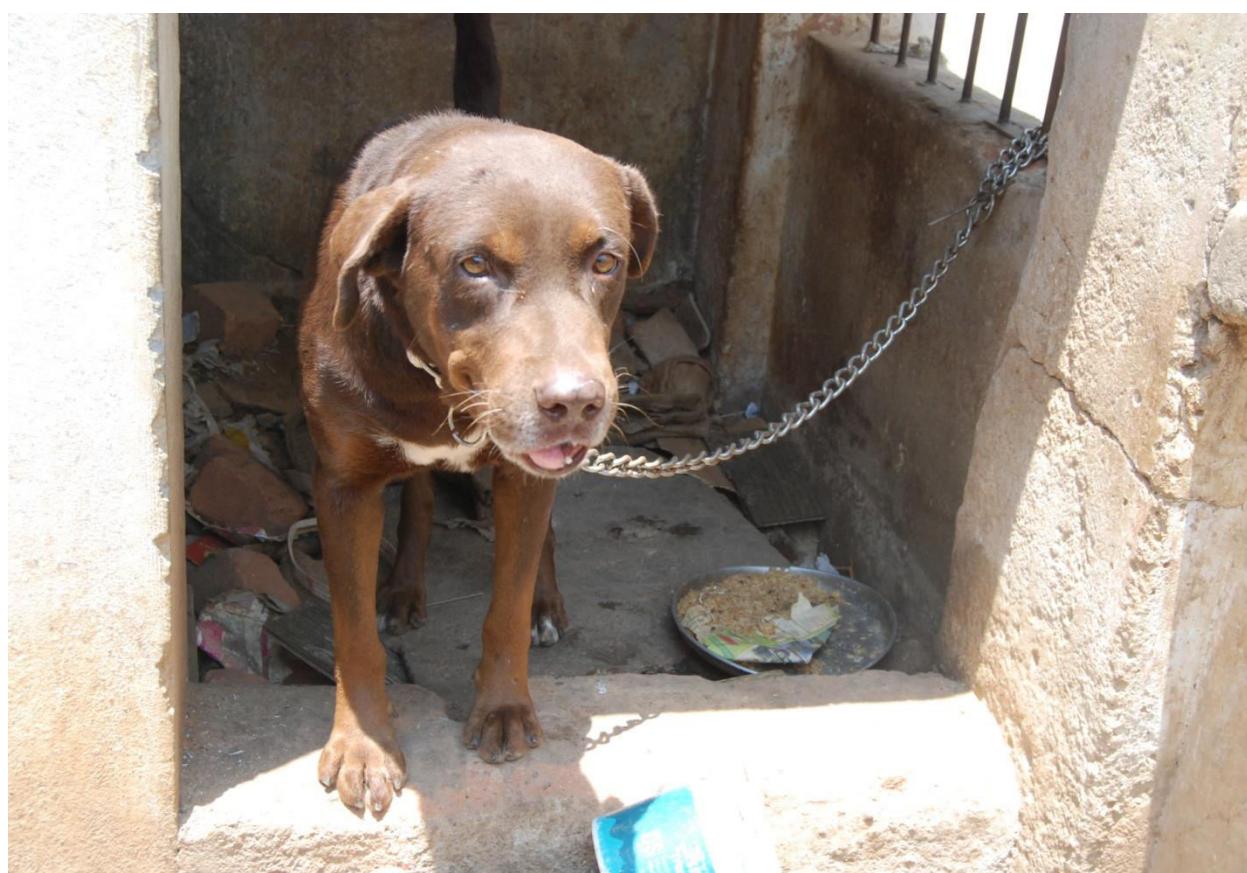
Unsterilised pet dogs may also contribute to the street dog population. Breeders / irresponsible owners are known to cruelly dump puppies or spent male and female dogs with little or no commercial value, thereby leading to an increase of the dogs on the street. Dog breeding has become an unregulated, lucrative industry, without any responsibility or onus cast upon the breeder to indulge in ethical breeding practices, and educate the buyer on the lifetime responsibility that keeping

a pet entails. It is therefore very important to control and regulate dog breeding and pet shops, with a firm hand.

All breeders must compulsorily register themselves with the AWBI, and maintain a full record of the number of pups that are born, or that die, from individual female dogs. They must also maintain records of buyers, and educate buyers regarding the upkeep of the puppies bought from them. The jurisdictional veterinary officer must inspect all breeding and sale facilities in his area, and inform the district SPCA and the AWBI of all unregistered breeding facilities. The district SPCA must ensure that all dogs in an unregistered breeding facility are sterilized by the ABC Implementing Agency. Any additional dogs or female dogs other than the duly registered breeding stock at any registered breeding facility must also be sterilized. The district administration must aid and support this process.

No dogs must be sold at any pet shop unless they have been sourced from a registered breeder, and registered breeding stock. All dogs sold at pet shops must be micro-chipped for identification by the

jurisdictional veterinary officer. The district administration must ensure that no print or electronic media advertises the sale or mating of dogs sourced from unregistered breeding facilities, or of unregistered breeding stock.



5 Results of Animal Birth Control

5.1 Reduction in Population

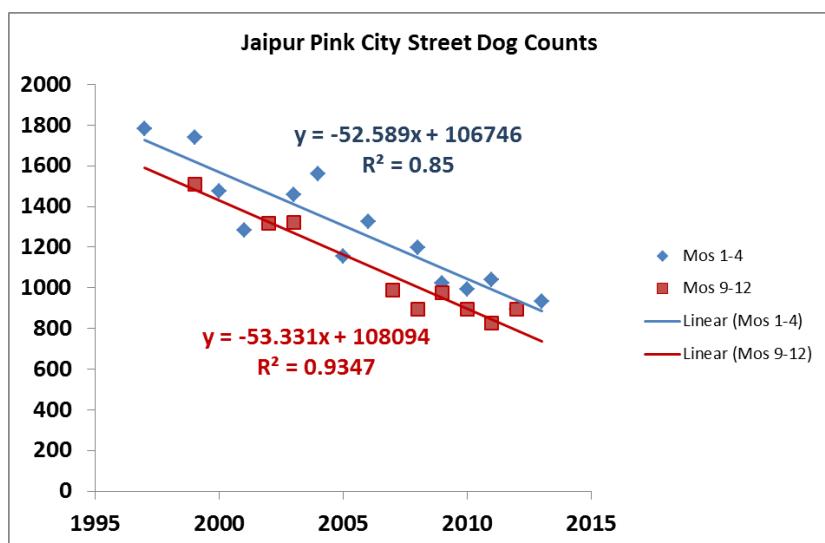
A recent paper by A. Rowan& T. Kartal, (2015), titled 'The impact of ABC and Sterilization on Dog Populations' has demonstrated the strong effect of animal birth control on reducing street dog population.

Research shows that the relative dog numbers are dependent on the density of the human population.

In the cases where surveys/dog population indices have been undertaken following ABC programs, these programs have been shown to reduce street dog populations. After an intensive ABC program in Jodhpur, the dog population fell around 40% from 5 dogs to 3 dogs per 100 humans (Totton, 2009) within the first 3 years and was projected to fall by 70% if the sterilization program was

continued (Totton et al, 2010). In 2009, Hiby et al. (2011) estimated the Jodhpur street dog population at 24,853 (almost a 50% reduction since 2005). In Jaipur, where Help in Suffering has been conducting a low level ABC program since 1994 (sterilizing around 2,500 dogs a year with a focus on the Pink City district), the street dog population in the Pink City fell by around 50% from 1997 to 2014 (Figure 1).

A study by Hiby (2014) of the dog population of greater Mumbai estimated the total street dog population of the core city (around 12 million people) to be around 95,000 (0.77 dogs per 100 people). More significantly, it was found that over 75% of the dogs were sterilized, reflecting successful ABC programs instituted by local NGOs over the last one or two decades.



Jaipur Pink City - Street Dog Population Trend:

Street dogs were counted on the same index tracks at different times of the year. Because there will be more dogs on the street during and immediately after puppy season (January to April) than in the period (September to December) before the puppies appear, the dog counts were plotted as two separate trend lines. The slope of both trend lines is the same and the coefficient of variance (R^2) is very high. (Data provided by J Reece and analysis conducted by AN Rowan.) See also Reece & Chawla, 2006.

A study comparing different approaches to controlling street dog population reported that sterilization (ABC) programs were the most effective means of reducing street dog populations (Yoak, 2015). According to Yoak (2015), culling had little

impact on the total dog population but did increase the number of puppies produced annually.

Survey of the population of street dogs commissioned by the Municipal Corporation of Greater Mumbai, Preliminary Report of Roaming Dog Surveys of Greater Mumbai, conducted by Humane Society International - Asia in January 2014, shows a drastic decrease in the street dog population and also a high percentage of sterilization. This amply demonstrates the success of the sterilization programme in Mumbai to reduce the street dog population

“The percentage of both females and males that have been sterilized was found to be high in almost all wards (average 78%, range 53-90% for females; average 77%, range 42-94% for males). Both percentage of lactating females and percentage of puppies were found to decrease with increasing rate of female sterilization across wards.”

5.2 Reduction in Rabies

1. The vaccination of street dogs is an important

part of the ABC programme. AR programmes being implemented across India are showing a big reduction in the number of cases of human rabies, on account of the vaccination and sterilisation of street dogs.

2. No rabies death have occurred in Jaipur in areas where street dogs were vaccinated and sterilized.

Reece and Chawla (2006)

3. The Sikkim Government has taken major initiative by being part of the state-wide rabies prevention programme. There have been no human deaths in Sikkim from rabies since 2008 and no known cases of rabies in animals since May 2010 (Report, Sikkim Anti Rabies and Animal Health Division: An Overview, Vets Beyond Borders).

4. A document obtained from the Public Health Department of the MCGM under the RTI Act, dated 02.03.2015, shows a drastic decrease in the number of human rabies deaths in Mumbai city to one per year for three years in 2011, 2012 and 2013 and nil in 2014. Rabies deaths were between 45 and 63 deaths per year when street dogs used to be killed by the MCGM before the

start of the ABC programme in 1994. Thus, the drastic reduction in human rabies deaths demonstrates the success of the sterilisation and immunization programme in Mumbai.

In Chennai, the ABC programme commenced in September 1996. This brought down the reported human rabies cases from 120 in 1996 to 5 in 2004 and no human rabies death since 2007 (Dr Krishna S C, 2010).



5.3 Decrease in Dog Bites

1. Animal Birth Control programmes have shown to bring down the incidence of dog-bites.
2. It has been found that dogs that have been

sterilised show less aggression (Yoak, A.J. et al 2013).

3. Recent data from the main government hospital in Jaipur shows a reduced bite incidence over the period of the ABC Programme, despite an increase in human population during that same time period, showing that the street dog sterilization programme had reduced human dog bite cases (Reece J F et.al, 2013).

5.4 Dog Bite Prevention Programmes

The bite prevention strategies include educational programmes to educate children and their parents on how to avoid dog bites, orientation to pet owners on appropriate methods of pet rearing, training and socialization of pets, use of physical restraints on pets, legislative, and behavioural methods (CALLISTO, 2013).

Research studies have shown that educational programmes have a positive impact on children's behaviour towards dogs but further research is needed to develop programmes that also have a lasting influence on the behaviour of children

around dogs (CALLISTO, 2013). Consistent, positive, rewards-based behavioural training is likely to produce improved outcomes in reducing aggression and other behavioural problems. (CALLISTO, 2013).



In a study of the dog bite prevention and rabies awareness education programme, it was found that 86% of primary school children and 90% of secondary school children had gained the required knowledge and retention was good (WSPA, Dog Population Management in Colombo, Sri Lanka).

6. Implementation Framework for street dog population management, rabies eradication and reducing man-dog conflict

The Animal Birth Control (Dogs) Rules, 2001, prescribe the methodology for street dog population management, ensuring rabies eradication, and reduction in man-dog conflict based on scientific studies and recommendations of the World Health Organisation. However, the implementation of the Rules in most states has been observed to be inadequate, haphazard, and poorly planned. The desired results have therefore not been achieved in such cases.

The reasons for poor implementation have been cited to be, lack of required coordination between the centre and the state governments, and between local authorities, implementation agencies, and other stake-holders within the states. Most states

have not created any budget head for animal birth control of street dogs. The grant given by the central government has always been inadequate, and has reduced even further in the past few years, to become negligible. Successfully conducting a viable animal birth control programme through out the country is not possible in these circumstances. The shortage of resources has also led to huge cruelties being inflicted on the animals, and in increased conflict.

In order to implement the Animal Birth Control (Dogs) Rules in letter and spirit, a water-tight implementation framework needs to be laid down and monitored by the Central Government and the Hon'ble Supreme Court of India from time to time.

STEP I: Creation of a Central Coordination Committee

It is recommended that a Central Coordination Committee for Street Dog Population control be set up to ensure seamless coordination between different stake-holders at the centre, and between the centre and the state governments. This will also help in clarifying the role that each stake-holder must play to ensure the successful conduct of the

programme.

Proposed structure of the Central Coordination

Committee:

- a) Chairperson: The Secretary, Ministry of Environment Forest and Climate Change, Government of India may be the Chairperson of the Central Coordination Committee.
- b) Member Secretary: An officer of a rank equivalent to the Additional Secretary, Ministry of Health and Family Welfare, Government of India, may be the Member-Secretary as well as the nodal officer for coordinating the fund allocation to each state and union territory.
- c) The following officials should be appointed as members of this committee:
 - Additional Secretary, Department of Animal Husbandry Dairying and Fisheries, Ministry of Agriculture, Government of India
 - Additional Secretary, Urban Development Ministry, Government of India
 - Additional Secretary, Ministry of Rural Development, Government of India
 - Chairperson, Animal Welfare Board of India

- Chairperson, Veterinary Council of India
- Representative of a prominent state animal welfare board actively engaged in animal birth control coordination in the state
- Representative of a prominent animal welfare organization duly registered with the AWBI and actively engaged in the animal birth control programme in at least three states.

The Central Coordination Committee shall meet at least once in a quarter and as often as required to execute its functions.

Functions of the Central Coordination Committee:

- i) To create a consolidated pooled in fund sourced from the Ministry of Environment Forest and Climate Change, Ministry of Health and Family Welfare, Ministry of Agriculture, Ministry of Urban Development, and Ministry of Rural Development.
- ii) To invite proposals in the form of detailed project reports from the state governments based on state-wide high throughput ABC programmes, where infrastructure is to be created by the state governments, and the fund for implementation of

the programme will thereafter be provided by the central government on a per dog basis.

iii) To ensure that each state government creates a budget head for setting up infrastructure (i.e. ABC facilities / campuses and provisioning for ambulances for transportation of dogs) in the state.

iv) To set up a protocol for disbursal of funds to state governments whereby the programme can be implemented in a phase-wise seamless manner in each state, keeping in mind that rotating funds / buffer funds must also be provisioned for so that there is no hitch in the conduct of the programme on account of interrupted funding.

v) To determine the rate at which the ABC Implementing Agencies will be reimbursed for expenses incurred for ABC surgeries in each state, and to set mutually agreed upon targets for infrastructure creation, and the number of surgeries to be conducted in each state in a detailed phase-wise manner. This rate shall be revised annually.

vi) To ensure that each state sets up a State Monitoring and Implementation Committee for animal birth control and review the performance and processes of each such committee, and give

recommendations for effective implementation of the Animal Birth Control (Dogs) Rules, 2001.

vii) To submit annual progress reports to the Hon'ble Supreme Court regarding the progress of the ABC programme in each state.

STEP II: Creation of the State Monitoring and Implementation Committees

It is recommended that a State Monitoring and Implementation Committee be set up at the State / Union Territory level in all states and union territories across the country.

Proposed Constitution of the State Monitoring and Implementation Committees:

a) Chairperson : The Secretary in-charge of the Urban Local Bodies (or equivalent in that state/union territory) may be the Chairperson of the State Monitoring and Implementation Committee.

b) Member Secretary : An officer holding the rank of a Director in the Department of Animal Husbandry (or equivalent) may be the Member-Secretary as well as the nodal officer for implementing the program in each state and union territory.

c) The following officials should be appointed as members of this committee:

- Principal Secretary, Health Department
- Principal Secretary, Panchayat Raj
- Director, Urban Development Department (or equivalent)
- Representative of the Animal Welfare Board of India
- Representative of the State Animal Welfare Board
- Administrative heads of at least 2 municipal corporations, and representatives of at least 2 panchayats, and at least 2 municipal councils in that state or union territory
- Representative of an animal welfare organization registered with the AWBI that has conducted more than 5000 animal birth control surgeries per year and has been in existence for a minimum of 3 years
- One full time Program Manager to be deputed by the Animal Husbandry Department, not below the rank of Deputy Director, for coordination of the program between various stakeholders.

The State Monitoring and Implementation

Committees shall meet at least once in a quarter and as often as required to execute their functions.

Functions of the State Monitoring and Implementation Committee:

- i) The setting up of Animal Birth Control Monitoring Committees at the local authority levels as required by the Animal Birth Control (Dogs) Rules. (Please see Step III below for greater detail in this regard).
- ii) Developing a comprehensive district wise plan (including but not limited to infrastructure, budget, etc, for dog population management in urban and rural areas throughout the state.)
- iii) Enlisting ABC Implementing Agencies that can implement the comprehensive local authority / district-wise plan as per the Animal Birth Control (Dogs) Rules, are possessed of the requisite training and experience, and are duly recognized by the Animal Welfare Board of India. This may include the animal husbandry department of the State working in consultation with and the under the technical guidance of the AWBI, or animal welfare organisations recognized by the AWBI

iv) Where adequate ABC Implementing Agencies are not available, the State Monitoring and Implementation Committee shall set up a Special Purpose Vehicle (SPV) within the state animal husbandry department to act as the ABC Implementing Agency. In each such case the ABC Implementing Agency will undergo training at an AWBI designated training establishment, and embark upon the program only once the training has been completed.

v) Ensuring that the requisite infrastructure is set up, and other capital costs (including but not limited to fully furnished ABC facilities/campuses with ambulances and equipment), and all other expenses for successfully running an animal birth control program, including manpower costs, are made available to the ABC Implementing Agencies from the local authorities, and reimbursed in a timely manner as required by Rule 6 of the Animal Birth Control (Dogs) Rules.

STEP III: Establishment of Animal Birth Control Monitoring Committees

The establishment of Animal Birth Control Monitoring Committees at local authority levels in

accordance with Animal Birth Control (Dogs) Rules is indispensable for the success of the Animal Birth Control program. The constitution of the Monitoring Committee is provided for in Rule 4 of the Rules, and the functions that it is required to perform are provided for in Rule 5. Additionally, to implement the Rules in letter and spirit it is also necessary that the Monitoring Committees do the following:

- i) Arrive at an estimate of the number of dogs within its territorial limits by conducting a census in the manner advised by the AWBI.
- ii) Ensure development of the infrastructure required to execute the ABC program for the estimated number of dogs. In order to do this, detailed project reports shall have to be prepared and submitted to the State Monitoring and Implementation Committee and coordination established with the state government through the said Committee

The infrastructure shall be designed to conduct area-wise ABC, and in a phased way ensure that at least 70% dogs in the targeted area are sterilized and vaccinated against rabies before a new area is taken up. The infrastructure shall include, but not

be limited to pre operation preparation areas, Operation Theaters, post-op care, kennels, kitchen, store rooms for rations and medicines, parking area, residential rooms for veterinarians and attendants, quarantine wards, ambulances, etc.

STEP IV: Identification of ABC Implementing Agencies

The practice of tendering, i.e. inviting bids from interested ABC ‘contractors’, and awarding ABC ‘contracts’ to the lowest bidder being followed by many local authorities, has more often than not led to violations of the Rules and the Act. For instance, the lowest bidder may not be an organisation recognised by the AWBI, which is a mandatory requirement under the Animal Birth Control (Dogs) Rules. Furthermore, it has been widely observed that many competitive lowest bidders disregard best practices necessary to ensure the welfare of animals in their care, and fail to adhere to other essential requirements under the Rules in order to find profit margins within the lowest price. This in turn leads to significant pain and suffering being caused to the animals, and the success of the program being adversely impacted and jeopardized.

This module prescribes that the rate of sterilization per dog shall be fixed and reviewed annually by the Central Coordination Committee, thereby ensuring uniformity. Once this is done, an expression of interest may be sought with technical bid as sole criterion for selection of ABC Implementing Agencies for execution of the animal birth control program. Needless to state, the agency short-listed for implementation, must be thoroughly trained and recognized by the AWBI.

The local authorities, whilst calling for an expression of interest, will ensure that the ABC Implementing Agencies entrusted with execution of the animal birth control program have an adequate number of trained veterinarians, para-vets, catchers and drivers. The staff of the ABC Implementing Agency should have obtained training from an AWBI recognised training establishment.

The ABC Implementing Agency must have been in existence for a minimum of 3 years. A Memorandum of Understanding shall be executed between the ABC Implementing Agency and either the local authority or the state government or both, as the

State Monitoring and Implementation Committee decides.

Responsibilities of the local authorities in collaboration with ABC Implementing Agencies:

The ABC Implementing Agency shall be responsible for catching, transport, surgery, post-op care and release of the dogs. The local authority too may be involved in this process, but not without personnel deputed by the Implementing Agency to oversee the same, or participate in the concerned process. Additionally the ABC Implementing Agency shall devise a mechanism to deal with complaints received regarding man-dog conflict in a scientific, rational and humane manner. Additional expenses incurred for this purpose shall also be reimbursed by the local authority.

STEP V: Monitoring and Evaluation

The process of monitoring shall include the following key aspects:

- i) Keeping the estimated number of dogs as the baseline, the State Monitoring and Implementation Committee shall set targets for the required number dog sterilizations within specified periods, in each

district comprised in the state. These targets shall be spelt out in the Memorandums of Understanding executed with the ABC Implementing Agencies. The State Monitoring and Implementation Committee shall then monitor the collaboration between local authorities and ABC Implementing Agencies to ensure that the targets are met, and any challenges to the same are smoothly overcome.

- ii) The targets specified shall be binding on the local authority and the ABC Implementing Agency. The Animal Birth Control Monitoring Committee of the local authority shall ensure timely release of funds, and oversee that adequate infrastructure is created by the local authority so that targets are met. The expenses incurred by the ABC Implementing Agencies must be reimbursed every fortnight.
- iii) The Animal Birth Control Monitoring Committee shall, through a team comprising of at least 3 (three) persons who may be its representatives or any other person/s authorized by it, conduct a weekly organ count of the operated dogs (ovaries and testes), and shall also scrutinize the records being maintained by the ABC Implementing Agency to assess compliance with the Animal Birth Control

(Dogs) Rules, 2001, and adherence with provisions contained in this module.

iv) The Animal Birth Control Monitoring Committee shall meet at least once every month, to evaluate progress of the ABC program, and assess its impact. Impediments to the smooth conduct of the ABC program shall be discussed, and steps taken to remove the same.

To assess the impact of the ABC program in each targeted area, the Animal Birth Control Monitoring Committee may either undertake such assessment by itself, or through an independent agency. The following parameters shall be the guiding factors to assess impact :

- i. Lesser number of pups seen than previous years,
- ii. Reduction in number of lactating females seen,
- iii. Decrease in number of complaint calls,
- iv. Decrease in number of dog bites cases reported,
- v. Decrease in incidence of rabies.

7. Suggested Funding Mechanism

The subject of dog population management and rabies control, is the joint responsibility of, and involves multiple stakeholders. These are as below:

1. Ministry of Health – The subject of rabies control is fundamentally a human health issue, which this Ministry oversees. This Ministry is also administering the One Health Programme, and is already implementing a National Rabies Control Program with a human component across the country, and an animal component currently limited to the state of Haryana only.

2. Ministries of Urban Development and Rural Development – The local authorities (both urban and rural) are entrusted with the task of dog population management under the Animal Birth Control (Dogs) Rules, 2001. It is expected that the flow of funds specifically budgeted for this purpose shall be allocated to the local authorities from the Urban/Rural Development Departments of the State Governments, which in turn shall get their funds from the Central Government under the same head. No such budget heads have yet been created in the ministries of urban and rural development at the

state or central level.

3. Department of Animal Husbandry, Ministry of

Agriculture – The largest cadre of trained veterinarians, is with the Department of Animal Husbandry, Ministry of Agriculture. Further, they also have existing infrastructure including veterinary hospitals at the block level, which can be mobilised for this programme with minimal enhancement. At the state level, the state animal husbandry departments have a key role to play in effective and wide-spread implementation of the animal birth control program.

4. Ministry of Environment Forests and Climate

Change– The AWBI functions under the aegis of this Ministry. The animal birth control program is a central sector scheme which this Ministry oversees, and therefore it also disburses a small fund to the AWBI for facilitating animal birth control in the states and union territories. However, the grant for animal birth control is grossly insufficient and far from enough, for achieving the objective.

A consolidated pooled in fund sourced from the Ministry of Environment Forest and Climate Change, Ministry of Health and Family Welfare,

Ministry of Agriculture, Ministry of Urban Development, and Ministry of Rural Development shall be created by the Central Coordination Committee, and each of the Ministries mentioned in this chapter shall contribute to this fund based on the percentage decided by the Central Coordination Committee.

Proposals shall be invited by the Central Coordination Committee in the form of detailed project reports from the state governments, and a protocol for disbursal of funds to state governments shall be set up, whereby the programme can be implemented in a phase-wise seamless manner in each state, keeping in mind that rotating funds / buffer funds are provisioned for so that there is no hitch in the conduct of the programme on account of interrupted funding.

Relevant budget heads in the relevant central ministries must be created for contribution to the pooled in fund. Similarly, the state governments must create a budget head for creating and maintaining infrastructure for the animal birth control program.

It is emphasized that unless adequate funds are infused into the animal birth control program, and the Animal Birth Control (Dogs) Rules, 2001, implemented in letter and spirit and all seriousness, the desired results may not be seen.

8. State Workshops for Capacity Building and Compliance of SC Orders

In compliance with the interim order passed by the Hon'ble Supreme Court on 18th November 2015, in SLP (C) 691 of 2009, the Animal Welfare Board of India extensively interacted with the State Governments and held workshops in 9 states. These are :

1. Uttarakhand
2. Rajasthan
3. Jammu & Kashmir
4. Gujarat
5. West Bengal
6. Maharashtra
7. Puducherry
8. Telangana
9. Assam

The purpose of these workshops was to sensitize the state governments towards the need for street dog

population management, to discuss the challenges faced by the State Governments and local authorities in implementing it and to gather data regarding ongoing programs in each state. Each state gave some feedback that has been incorporated in the module. The framework for effective implementation and the science behind the street dog population management program was discussed in detail in each state.

Reports of these workshops, key lessons learnt and lists of participants are below:

Workshop on Humane Street Dog Population Management

- UTTARAKHAND

Organised by the Animal Welfare Board of India in compliance with the Hon'ble Supreme Court's directions dated 18th November, 2015, in SLP (Civil) no 691 of 2009

City - Dehradun

Date - December 22, 2015

Time - 10:00 AM to 2:30 PM

Venue – Conference Hall, Dept. of Animal

Husbandry, Pashudhan Bhawan, Dehradun

Speakers

- Maj. Gen. (Retd) Dr R.M.Kharb, Chairman AWBI
- Dr Ashutosh Joshi, OIC, Uttarakhand Animal Welfare Board/ Member Secretary Uttarakhand State ABC Monitoring Committee
- Dr Sunil Chawla
- Mrs Gauri Maulekhi, Member Uttarakhand State ABC Monitoring Committee

CURRENT STATUS OF ANIMAL BIRTH CONTROL IN UTTARAKHAND

Uttarakhand High Court (Nainital) passed a verdict on 4th March, 2014, in PIL WP No. 41/2013 (Gauri Maulekhi Vs Government of Uttarakhand) regarding dog population management. In compliance to which, Uttarakhand Government constituted ‘State ABC Implementation & Monitoring Committee’ to design the strategy & road map for implementation of ABC-ARV Program (Animal Birth Control & Anti Rabies Vaccination in dogs) in Uttarakhand State. Secretary Urban Development, Government of Uttarakhand is the Ex-officio Chairperson for ‘State

ABC Implementation & Monitoring Committee’. The committee has due representation from Animal Welfare Board of India, Uttarakhand State Animal Welfare Board, Additional Secretary Urban Development, Government of Uttarakhand, Additional Secretary Animal Husbandry, Government of Uttarakhand & Municipal Commissioners/ Executive Officers of all the concerned Municipal Corporations/ Municipalities.

The roadmap was discussed in detail during the workshop. The following are the highlights of the roadmap as was already devised by the State of Uttarakhand:

1. ‘State ABC Implementation & Monitoring Committee’ has decided that this ABC-ARV Program is to be implemented as per the “Standard Operative Procedure for Sterilization of Stray Dogs under the Animal Birth Control Programme” published by Animal Welfare Board of India.
2. ‘State ABC Implementation & Monitoring Committee’ has decided that in Uttarakhand

State, the ABC-ARV Program is to be implemented in three phases.

- In first phase three urban local bodies (Dehradun, Mussoorie & Nainital) have to start this the ABC-ARV Program within one year.
- In the second phase in rest of five Municipal Corporations (Haridwar, Rurkee, Kashipur, Rudrapur & Haldwani) have to start this the ABC-ARV Program within next three years.
- In third phase in district head quarter urban local bodies have to start this the ABC-ARV Program within next five years.

3. ‘State ABC Implementation & Monitoring Committee’ has decided that the ABC-ARV Program is to be implemented in following five steps :-

- (i). Finalization of Tripartite Agreement
(to ensure participatory funding by urban local bodies, state government & AWBI as representative to Union

Government),

(ii). Constitution of SDBCS (Street Dog Birth Control Society) as per Rule-4 of ABC Rules 2001, by each Urban Local Body,

(iii). Approval for DPR (Detailed Project Report for construction of ABC Campus & other Infrastructure Expenditures,

(iv). Selection of EPIO (the non government Expert Program Implementation Organization) &

(v). Implementation & Periodic Evaluation of ABC-ARV Program.

(Implementation is to be done through EPIO. Monitoring & monthly evaluation of the progress against targets & sorting out the hindrance if any, is to be done by SDBCS. Quarterly evaluation is to be done by State ABC Implementation & Monitoring Committee.

HIGHLIGHTS OF THE WORSHOP

The following facts regarding the progress of ABC in the state came to light:

All the three urban local bodies of first phase (Dehradun, Mussoorie & Nainital), have submitted Tripartite Agreement for shared funding, that has been approved by State Government & signed by the AWBI. However, shortage of funds in this MoEF&CC scheme may hamper the program.

All the three urban local bodies of first phase, have constituted Street Dog Birth Control Society as per Rule-4 of ABC Rules 2001.

Detailed Project Reports (Estimates & Designs) for construction of ABC Campus proposed by each of the three urban local bodies of the first phase, have been approved by State Government. Construction of ABC Campuses was under progress. Uttarakhand State Government released Rs105.00Lakhs for construction of ABC Campus at Dehradun, Rs20.00Lakhs for construction of ABC Campus at Nainital & Rs30.00Lakhs for construction of ABC Campus at Mussoorie. Construction was almost 30% to 60% complete.

Expert Project Implementation Organisation (EPIO)

Selection was done by inviting Expression of Interest.

Senior Officers of the Departments of Urban Development and Animal Husbandry submitted that, 'ABC Rules, 2001' framed under 'The Prevention of Cruelty to Animals Act, 1960' is a central act and the Union Government must allocate suitable budget for the scheme.

The officers also expressed dissatisfaction that while the Health Ministry of the Central Government has launched ABC-ARV Program under NRCP (National Rabies Control Program designed as per ABC Rules, 2001) in Haryana State and is providing 100% funding (` 800/- per ABC-ARV Surgery) for this ABC-ARV Program under NRCP in Haryana, the rest of the states are being offered Rs 225/- per dog, that too only to the implementing agency without involving the state government. The officers demanded better and more sustainable funding pattern and a uniform scheme for the country. Special regard may be given to states that do not command high revenue and may be favored while developing a shared funding pattern.

Participants

S.N.	Name	Designation	Phone No.
1.	Maj. Gen. Dr. R.M. Kharb AVSM	Chairman AWBI	9818166664
2.	Mr. Nitin S. Bhadauria IAS	Municipal Commissioner, Municipal Corporation Dehradun/ Director Urban Development Department/ Additional Secretary Urban Development, Government of Uttarakhand	8191099664
3.	Mr. J.P. Joshi	Additional Secretary Animal Husbandry, Government of Uttarakhand	7055999111
4.	Mr. Jairaj IFS	PCCF/ Member AWBI/ Member Uttarakhand Animal Welfare Board	9412053604
5.	Dr. Kamal Mehrotra	Director Uttarakhand Animal Husbandry Department/ Member Secretary Uttarakhand Animal Welfare Board	9412139269
6.	Dr. S.S. Bist	Additional Director, Directorate of AHD, Uttarakhand	9412030763
7.	Dr. K.K. Joshi	Additional Director AHD, Kumaon Region,	9412017662

		Nainital	
8.	Dr. M.S. Nayal	Chief Veterinary Officer Haridwar, Uttarakhand	9412741102
9.	Dr. P.C. Kandpal	Chief Veterinary Officer Nainital Uttarakhand	9458319480
10.	Dr. B.C. Karnatak	Chief Veterinary Officer Uttarkashi, Uttarakhand	9714473770
11.	Dr. R.S. Negi	Chief Veterinary Officer Dehradun, Uttarakhand	9412055957
12.	Dr. B.S. Jangpangi	Chief Veterinary Officer Almora Uttarakhand	9412034597
13.	Dr. R.S. Nitwal	Chief Veterinary Officer Rudraprayag Uttarakhand	9412017255
14.	Dr. Chandra Shekhar	Representative of Director AHD, Lucknow UP	9532069918
15.	Col. Pradeep Kumar	Commanding Officer, 41 Military Veterinary Hospital Dehradun	7579214281

S.N.	Name	Designation	Phone No.
16.	Dr. Vivekanand Sati	Senior Veterinary Officer, Municipal Corporation Dehradun	9837588587
17.	Dr. Aditi Sharma	Senior Veterinary Officer, Rajaji Tiger Reserve, Dehradun, Uttarakhand	9412088024
18.	Dr. Abhay Kumar Garg	Dy. CVO Pauri Garhwal	8859002124

19.	Dr. Hari Singh Bist	Deputy Chief Veterinary Officer Tehri Garhwal, Uttarakhand	9411568515
20.	Dr. R.K. Singh	CHO Nagar Palika Parishad Mussoorie	7536804949
21.	DR Akhilesh	CHO Municipal Corporation Haldwani	7549008476
22.	Mr. Ravi Pandey	Executive Engineer, Urban Development Directorate, Uttarakhand	9837256961
23.	Dr. A.K. Rao	Veterinary Officer, Municipal Corporation Lucknow UP	9415244663
24.	Dr. K.P. Singh	Veterinary Officer Bareilly UP	9412546141
25.	Dr. Alok Kumar	Veterinary Officer Bijnor UP	9456345526
26.	Dr. Dharam Raj Verma	Veterinary Officer Sharapur UP	9412936322
27.	Mr. Y.S. Rawat	AMNA Rudrapur Uttarakhand	9412950854
28.	Mr. M.K. Yadav	EO Nagar Palika Parishad Garhwal	9837385751
29.	Mr. Abhinav Kumar	EO Nagar Palika Champawat Uttarakhand	9927094626
30.	Mr. D.M.S. Rana	EO Nagar Palika Parishad Mussoorie	9927413788
31.	Mr. Shushil Kr. Kuril	EO Nagar Palika Parishad Uttarkashi	9412409827
32.	Mr. Ashok Kr. Verma	EO Nagar Palika Parishad Almora	9411115641
33.	Mr. M.L.	EO Nagar Palika	9456119544

	Shah	Parishad Rudraprayag	
34.	Mr. Khimma Nand Joshi	EO Nagar Palika Parishad Pithoragarh	9410113386
35.	Mr. S.P. Bhutt	EO Nagar Palika Parishad, Gopeshwar, Uttarakhand	9412364738
36.	Mr. Rajendra Singh	EO Nagar Palika Parishad Joshimath, Chamoli Uttarkhand	
37.	Mr. Chandrakant	JE Civil Nagar Palika Parishad Bageshwar	8395031001
38.	Ms. Mansa Negi	Sanitary Inspector, Municipal Corporation Rurkee, Uttarakhand	8650168829
39.	Mr. Nazar Ali	Representative Municipal Commissioner, Municipal Corporation of Kashipur, Uttarakhand	9837304686
40.	Mr. Jagdish Goel	Member Uttarakhand Gausewa Ayog, Bazpur, Udham Singh Nagar	9639840110
41.	Mrs. Pooja Bahukhandi	Non Govt. Vice Chairperson District SPCA Dehradun/ Member Uttarakhand Animal Welfare Board	9258082383
42.	Mr. M.C. Joshi	Member Uttarakhand Animal Welfare Board	9412053306

43.	Mr. Ashish Rawat	Member Uttarakhand Animal Welfare Board	9897774090
44.	Dr. Aparna Tripathi	Ex. Member AWBI	9415314054
45.	Mr. Jai Prakash Saxena	Co-opted Member AWBI	9837753618
46.	Mrs. Sadhana Jairaj	Co-opted Member AWBI	9760856592

S.N.	Name	Designation	Phone No.
47.	Mr. Ankit Jain	Member, District SPCA Dehradun	9719003612
48.	Dr. Anil Kumar Sharma	HAWO / Nominee CPCSEA Ghaziabad, UP	9412637288
49.	Mr. Bhupendra Singh	HAWO Kanpur UP	9198568070
50.	Ms. Banita Kumari	HAWO Bulandsahar UP	9012504536
51.	Mr. Rameshwar Kapoor	Manager PFA Uttarakhand, HAWO Uttarakhand	9897013003
52.	Mr. Ravi Mohan Chaturvedi	HAWO UP	9621588202
53.	Mr. Gyan Sriwastav	Animal Lover Dehradun	9557012546
54.	Ms. Rachana	Bulandsahar UP	9012504536
55.	Mr. Bhakti Prasad	Animal Lover UP	9412964163
56.	Mr. Bans Raj Yadav	Ex. Coopted Member AWBI	6451337596
57.	Ms. Susma Sehgal	UP	
58.	Mr. Pankaj Singh	UP	
59.	Mr. Ramanand	UP	

60.	Mr. Naveen Sriwastav	UP	7275093065
61.	Mr. Yetindra	UP	
62.	Dr. R.K. Pant	Co.Opp	9451302015
63.	Mr. J.P. Maithani	AAGAAS Pipalkoti Chamoli Uttarakhand	9456591271
64.	Mr. Sonu Landhhotiya	Secretary Jeev Jantu Paryavaran UP	8791998634
65.	Mr. Satish Kumar Upadhyay	Jeev Daya Bhadoni UP	9453330730
66.	Mr. Vikash Kumar	Bareilly UP	9761625777
67.	Mr. Anand	Bareilly UP	8885957720
68.	Adv. Gourishankar	NGO- GOAL	9634415617
69.	Mrs. Gauri Maulekhi	Co-opted Member AWBI/ Member Uttarakhand Gau Sewa Aayog	9997517373
70.	Dr. Sunil Chawala	Director Veterinary Services, HSI- India	9772212345
71.	Dr. Ashutosh Joshi	OIC, Uttarakhand Animal Welfare Board/ Member Secretary, State ABC Monitoring Committee	9412363446 7895606888

Workshop on Humane Street Dog Population Management

-PONDICHERRY

Organised by the Animal Welfare Board of India in compliance with the Hon'ble Supreme Court's directions dated 18th November, 2015, in SLP (Civil) no 691 of 2009

City - Pondicherry

Date - January 27, 2016

Time - 10:00 AM to 4:30 PM

Venue - Auditorium, Dept. of Science & Technology, Puducherry

Speakers

- Rahul Sehgal
- Dawn Williams

CURRENT STATUS OF ANIMAL BIRTH CONTROL IN PUDUCHERRY

In August 2015, the Pondicherry local administration put out a tender at the rate of 500 rupees per dog, however no Animal Welfare Organization could possibly perform surgeries at

this rate.

In Pondicherry a dog population survey was carried out by the local administration utilising the garbage collection personnel and it is being compiled.

However this is not a scientific process and it may result in inaccurate estimates. A technical tender has been advertised in December 2015 to conduct a Dog Population Management program in Pondicherry at the rate of Rs.1000 per surgery.

At present the Society for the Prevention of Cruelty to Animals (SPCA) that operates in Pondicherry has extremely limited resources and has not been provided with adequate funding or infrastructure to carry out a full scale Animal Birth Control program.

There are small efforts by local organizations to carry out Animal Birth Control, however these are not supported by the local administration and have not been developed and designed based on the population.

There are no Animal Welfare Board of India recognised organizations in Puducherry at the moment, because of complete lack of infrastructure.

HIGHLIGHTS OF THE WORKSHOP

- It was made clear that in no way could the local administration undertake culling in any form, and that in the case where a rabid dog was identified, the process outlined in the Dog Rules would need to be complied with.
- The primary reason for failure of the program at the state level could be attributed to the lack of involvement of state government. In the absence of a strategy and regular monitoring, the implementation of the Animal Birth Control Rules was left entirely upon local bodies.
- Copies of all relevant documents, court orders and statutory provisions was provided to the attendees.
- It was suggested that infrastructure be created for Animal Birth Control centres and collaboration be established with agencies recognized by the Animal Welfare Board of India as per the Animal Birth Control rules. The procedure for creation of such budget and execution and monitoring of the program was discussed in detail.

- It was suggested that solid waste disposal be managed more effectively to prevent the scavenging animal population from growing due to food availability and possibly club the animal birth control program with Swachh Bharat program.
- The local administration was asked to regulate commercial breeding of animals with the requisite registration of breeders under Rule 12 of the Animal Birth Control Rules 2001.
- Though Pondicherry has invited a tender with a rate of 1000 rupees per dog, it was requested by the local administration that Animal Welfare Board of India recommend a base price that could guide in determining the rate to be given to Animal Welfare Organizations for Animal Birth Control.
- The program once planned, has to be implemented in a manner where data is collected using the latest technologies in order to cut out corruption and create more transparency.

Participants

Sl. No	Name	Designation	Contact
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1	P T Rudra Goud	Director, LAD	<u>Dirlad.pon@nic.in</u>
2	Chandrasekaran R	Commissioner, Pondicherry Municipality	<u>Commrpm.pon@nic.in</u>
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4	Dr. K Coumarane	Veterinary Medical Officer, Pondicherry Municipality	<u>coumarane@gmail.com</u> ; 09443535255
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8	S. Ethiraj	Sanitary Inspector, Puducherry Municipality	09442625791
9	A Koothandevan	Sanitary Inspector, Puducherry Municipality	NA
10	Rehana Begum	President, SPCA	<u>Surebe33@gmail.com</u>
11	A Swarnalata	Treasurer, SPCA	<u>Swarnalathikab2@gmail.com</u>
12	U. R Vijayacetchuni	Member SPCA	NA
13	Dr. S Alagarase	Joint Director, AH	<u>alagarasus@gmail.com</u> ; 09443085435
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18	Ramakrissun ane	B.C. Mannadipur Commune Panchayat	NA
19	Dr Kathiresan R	Veterinary Asstt. Surgeon, Veterinary Dispensary, Yanam 533460	Drkathiresan200 3@gmail.com
20	Dr. T.R. Rajappa	RT. Joint Director, SPCA, Pondicherry	NA
21	K.Jebin Lazarus	SPCA	<u>rowthiramjebin@ gmail.com</u>
22	S. Mootoolinga m	Comissioner BCP	NA
23	P Parthiban	Controller, Pondicherry Municipality	NA
24	R Arumasaram	Commissioner, Thirumana	NA
25	T Srissane	Officer, Pondicherry Municipality	NA
26	S Rajamanikka m	Dy. Collector (Res) South	NA
27	M. Namachivaya m	ASST Engineer, Pondicherry Municipality	NA

28	Ananthi	Reporter, Namathi Murasn	NA
29	R Lakshraman	Controller, Pondicherry Municipality	NA
30	N Gondhiryan	Commissioner Karaikal	NA
31	G Rajkumar	Karaikal Municipality	NA
32	Dr V Anantharam an	VAS,VD,Mahe (Pallore), DAH & AW	NA
33	M.S. Ramesh	Commissioner, Mulgharet Municipality	NA
34	P. Dhamotharan	SPCA	<u>Pudhuvaipudulvi</u> <u>@gmail.com</u>
35	A Ravi	Sanitary Ministry	
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Workshop on Humane Street Dog Population Management

-JAMMU & KASHMIR

Organised by the Animal Welfare Board of India in compliance with the Hon'ble Supreme Court's directions dated 18th November, 2015, in SLP (Civil) no 691 of 2009

Date - February 9th, 2016

Time - 10:00 AM to 5:00 PM

Venue - Hotel Asia, Jammu.

Speaker Gauri Maulekhi, Co-opted Member, Animal Welfare Board of India

CURRENT STATUS OF ANIMAL BIRTH CONTROL IN JAMMU & KASHMIR

Jammu & Kashmir State Government currently has no budget head for supporting a Dog Population Management program as per the Rules. Among the local bodies, Jammu Municipal Corporation is the only one which has invested in the creation of

infrastructure and in the implementation of Rules.

The Roopnagar facility in Jammu where sterilization of some dogs is done is largely ineffective in controlling population or incidence of dog bites or rabies since a much larger facility is required to cover 70% of the dog population of Jammu. The Animal Welfare Board of India co-opted member paid a visit to the Roopnagar Animal Birth Control Facility run by Jammu Municipal Corporation, following the workshop. It was revealed that the investment and effort undertaken by the Jammu Municipal Corporation have been effective in creating awareness among public. The program needs consistent support from the JMC interms of additional infrastructure and manpower so that visible and sustained reduction in population of dogs can be achieved.

According to a survey carried out in September 2012, the population of street dogs in Srinagar was around 36,000. However, there was concern that the population might be increasing due to the abundant food resources available on the city streets, and the earlier methods of population

control by culling and very limited ad hoc sterilization had proven ineffective.

According to data provided by Srinagar city authorities, the number of reported dog bite incidents has increased significantly from less than 3000 cases in 2006 to over 7000 cases in 2011. The Srinagar Municipal Corporation (SMC) and the Animal Welfare Board of India (AWBI) responding by calling for a mass dog sterilization and vaccination program for the city, and HSI was brought in to oversee and implement the project. The infrastructure created by the Srinagar Municipal Corporation at SKUAST was lacking in many respects and surgeries could not be carried on smoothly because of repeated human resource conflicts. The program was abandoned shortly after commencement because of the floods in Srinagar in September 2014. Recommencement of the program is being considered by the Srinagar Municipal Corporation.

HIGHLIGHTS OF THE WORKSHOP

- Although invitations were extended to each Municipal Corporation and Municipality, the representation of the Urban Development Department was low in the workshop. The attendees were mostly from the Animal Husbandry Department.
- The budgetary provisions for conducting the animal birth control program were discussed. The primary reason for failure of the program at the state level could be attributed to the lack of involvement of state government. In the absence of a strategy and regular monitoring, the implementation of the Animal Birth Control Rules was left entirely upon local bodies.
- Copies of all relevant documents, court orders and statutory provisions was provided to the attendees.
- It was suggested and stressed that a monitoring and implementation committee at the state level be created with officers from the Urban Development and Animal Husbandry Departments and develop a phasewise plan for the entire state, beginning with local bodies

where human population exceeds 1 lakh and where tourist influx is high.

- It was suggested that infrastructure be created for animal birth control centers and collaboration be established with agencies recognized by the Animal Welfare Board of India as per the Animal Birth Control rules. The procedure for creation of such budget and execution and monitoring of the program was discussed in detail.
- It was suggested that solid waste disposal be managed more effectively to prevent the scavenging animal population from growing due to food availability and possibly club the animal birth control program with Swachh Bharat program.
- Dog breeding and sale is completely uncontrolled in Jammu & Kashmir Commercial breeding of animals is done without the requisite registration of breeders under Rule 12 of the Animal Birth Control Rules 2001. The State Government was asked to take steps to regulate this as per statutory provisions.
- Following the workshop, Jammu Municipal Corporation has issued an order prohibiting sale

and breeding of dogs within corporation limits.

Implementation of this order along with a sustained animal birth control program can lead to effective control of dog population and incidence of rabies.

Participants

Sl No	Name	Designation	Contact
1	Dr. Surak Amrutkar	ILFC SKUAST – J ASSTT PROFESSOR	NA
2	Dr. Mohd. Hussain Tulani	A. H. Officer - Animal Husbandry Department, Kulgam	NA
3	Dr Hamid-Ullah Dar	Chief A.H. Officer Shogram	NA
4	Dr Ajitpal Singh	V.A.S Rathana , A.H. Deptt	NA
5	Dr Yassar Arafat	V.A.S Arv Lab, A.H. Deptt	NA
6	Dr Mohammed Ismail	CAHO, AHD, Poonch	NA
7	Rumpy Madaan	SPCA, Jammu	NA
8	NGO SAVE	Chairperson, SAVE, Jammu	NA
9	Dr Rajesh Arora	Animal Husbandry Department	NA
10	Dr Rakesh Gupta	TO (G) AHD	NA
11	Dr Rakesh Kumar	Animal Husbandry Department	NA

12	Dr Shah Nawaaz Khan	VAS Nanak Nagar Jammu, AHD	NA
13	Dr YD Sharma	Dy Director, AHD	NA
14	Dr HR Bhagat	Dy Director, AHD	NA
15	Dr Rahul Dev	R&D, AHD	NA
16	Dr Purnima Bhat	VAS, AHD	NA
17	Dr HP Singh	VAS, AHD	NA
18	Dr KS Manhas	VAS, AHD	NA
19	Dr Gh. Qadir Shah	PHOSGO, AHD	NA
20	Dr D D Dogra	DD R& D Jammu, AHD	NA
21	Dr Irfan Ali	VAS, CVH Taler	NA
22	Dr Shewtambari	VAS, AHD	NA
23	Dr Mayan Ud Din	O/I Self employed, Animal Husbandry	NA
24	Dr Davinder Kumar	Dy Director, Kirpinet, AHD	NA
25	Dr Rani Turi	VAS, Kirpinet, AHD	NA
26	Dr Fida Hussain	CAHO, AHD	NA
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year seeming as difficult the last year that saw terror attacks with "clear external linkages", he said the country has to continue

Yojana aims at providing effective risk cover to farmers using technology. This and other measures to provide relief to

Minister Sushma Swaraj and NITI Aayog Vice Chairman Arvind Panagariya, among others. (PTI)

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Animal right activist Gauri Maulekhi speaking during a workshop on the topic "Humane Street Dog Population Management" at Jammu on Tuesday.

'Uncontrolled urban waste root cause of rise in stray dogs population'

Excelsior Correspondent

JAMMU, Feb 9: The Animal Welfare Board of India and Humane Society International India in coordination with the Department of Animal Husbandry Jammu organised one day workshop on the topic "Humane Street Dog Population Management" today.

The workshop was attended by Dr S L Bhagat, Director Animal Husbandry Jammu, Dr Sant Ram, Director Sheep Husbandry Jammu, Dr MMS Zama, Dean Faculty of Veterinary Sciences SKUAST Jammu, Dr S.L. Tickoo, member state Animal Welfare Board, Chief Executive Officers of Livestock Development Board Jammu & Kashmir, B.A Lone

Deputy Director Urban Local Bodies.

Gauri Maulekhi, animal right activist and Advisor to Union Minister for Woman and Child Development gave an exhaustive overview about the current animal welfare status in the country and laid down the contours of the road map aimed at ensuring care and management of stray animals.

She said that there is an urgent need to tackle the stray dog population on war footing with more effective municipal licensing of pet dogs and awareness campaign for better and responsible dog care and management practices are needed. The sheer magnitude and logistics of catching, neutering and releasing of such a huge number of stray

dogs is a big challenge for the successful outcome of the animal birth control programme, she added.

She also said that the root cause of the problem is uncontrolled urban waste accumulation in public spaces which needs to be tackled at the level of the local Governments. Simultaneously, State authorities should initiate steps to neuter the dog population so that their presence in the streets does not create panic among the public and there is no public clamor for mass culling.

While speaking on the occasion, Director Animal Husbandry Jammu, Dr S L Bhagat said that the objective behind organising the workshop is to manage the increasing population of stray dogs and to work out on the modalities to tackle with the alarming situation.

On the occasion, representatives of Housing and Urban Development Department, Chief Executive Officers, Executive Officers of the municipalities and officers from Animal Husbandry Department were present.

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Bovines smuggling bid foiled, 6 arrested

Excelsior Correspondent

JAMMU, Feb 9: Nagrota police foiled bovines smuggling bid by arresting six persons.

As per police sources, on

Talab Tillo Camp, Gole Gujral, Roshan Din, son of Bashir Ahmed of Vijaypur, Nazam Ali, son of Dilawer Ali, Ghulam Ali, son of Noora and Farhad Ahmed, son of Manzoor

Workshop on Humane Street Dog Population Management

- RAJASTHAN

Organised by the Animal Welfare Board of India in compliance with the Hon'ble Supreme Court's directions dated 18th November, 2015, in SLP (Civil) no 691 of 2009

Date - February 11, 2016

Time - 10:00 AM to 4:30 PM

Venue - OTIS, HCM RIPA (Rajasthan State Institute of Public Administration,) Jaipur, Rajasthan

Speakers

- Gauri Maulekhi, Co-opted Member, Animal Welfare Board of India
- Keren Nazareth

CURRENT STATUS OF ANIMAL BIRTH CONTROL IN RAJASTHAN

Rajasthan State Government currently has no budget head created by the State Government for supporting a Dog Population Management program as per the Rules. Among the local bodies, Jaipur

Municipal Corporation is the only one which has invested in the creation of infrastructure and in the implementation of Rules. The program has not been extended to any other Corporation or rural or urban local body. However, animal welfare organisations have made efforts in Jodhpur, Ajmer and Udaipur to conduct sterilization drive in small areas as per resources available.

The serious effort made by the Corporation in Jaipur along with the Animal Welfare Organisation Help in Suffering (HIS) has led to remarkable achievement. Jaipur is one of the first cities in India where human deaths due to Rabies could be brought down to zero with effective animal birth control and vaccination in a sustained manner. Also, dog bite cases have come down dramatically since the program has been implemented.

HIGHLIGHTS OF THE WORKSHOP

- The budgetary provisions for conducting the animal birth control program were discussed. Concern was expressed by the State Government Officials about the absence of any funding from

any department of the central government.

The primary reason for failure of the program at the state level could be attributed to the lack of involvement of state government. In the absence of a strategy and regular monitoring, the implementation of the Animal Birth Control Rules was left entirely upon local bodies.

- Copies of all relevant documents, court orders and statutory provisions was provided to the attendees.
- It was suggested and stressed that a monitoring and implementation committee at the state level be created with officers from the Urban Development and Animal Husbandry Departments and develop a phase wise plan for the entire state, beginning with local bodies where human population exceeds 1 lakh and where tourist influx is high.
- It was suggested that infrastructure be created for animal birth control centres and collaboration be established with agencies recognized by the Animal Welfare Board of India as per the Animal Birth Control rules. The procedure for creation of

such budget and execution and monitoring of the program was discussed in detail.

- It was suggested that solid waste disposal be managed more effectively to prevent the scavenging animal population from growing due to food availability and possibly club the animal birth control program with Swachh Bharat program.
- Dog breeding and sale is completely uncontrolled in Rajasthan. Commercial breeding of animals is done without the requisite registration of breeders under Rule 12 of the Animal Birth Control Rules 2001. The State Government was asked to take steps to regulate this as per statutory provisions.
- The State needs to be reconsider the amount that is being offered to Animal Welfare Board of India recognised organizations per dog. The current rate of Rs. 445 does not cover the cost of the program. The local administration needs to stop putting out financial tenders and awarding it to the lowest bidding organization and instead put out technical tenders.

- The program has to be run in a manner where data is collected using the latest technologies in order to cut out corruption and create more transparency.

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Workshop on Humane Street Dog Population Management

-TELANGANA

Organised by the Animal Welfare Board of India in compliance with the Hon'ble Supreme Court's directions dated 18th November, 2015, in SLP (Civil) no 691 of 2009

State - Telangana

City - Hyderabad

Date - February 15, 2016

Time - 10:00 AM to 4:30 PM

Venue - Dr. Marri Channa Reddy Human Resource Development Institute, Hyderabad

Speakers

- N.G. Jayasimha, Member, Animal Welfare Board of India
- Vasanthi Vadi

CURRENT ABC STATUS IN TELANGANA

Considering that the State of Telangana is a little over a year old, it is beginning its foray into Animal Birth Control. However erstwhile Andhra Pradesh had Animal Birth Control programs only in Karimnagar and Hyderabad. The Karimnagar program was

stopped after the government veterinarian passed away. Allegedly the other areas continue culling dogs and have not begun any Animal Birth Control program. In Hyderabad Blue Cross of Hyderabad (BCH), a non government organisation has a consistent program but it cannot cater to the whole city. There are Greater Hyderabad Municipal Corporation (GHMC) centres, but they are not adequate.

One of the first steps is to initiate a program to train government veterinarians, this is being undertaken by the Blue Cross of Hyderabad (BCH) and Humane Society International, India, however, infrastructure to conduct the program has not been provisioned for by the state government till date.

HIGHLIGHTS OF THE WORKSHOP

- The Urban Development Department and Gram Panchayats need to partner in the State into Animal Birth Control program and need to create a budget for the into Animal Birth Control and also for training the vets, dog catchers.

- The Monitoring committee members must include the Municipal Commissioner as the gram panchayats are very large in area and have a lot of dog population living in that area.
- Copies of all relevant documents, court orders and statutory provisions was provided to the attendees.
- It was suggested and stressed that a monitoring and implementation committee at the state level be created with officers from the Urban Development and Animal Husbandry Departments and develop a phase-wise plan for the entire state, beginning with local bodies where human population exceeds One lakh.
- It was suggested that infrastructure be created and vehicles purchased for animal birth control centres and collaboration be established with agencies recognized by the Animal Welfare Board of India as per the Animal Birth Control rules. The procedure for creation of such budget and execution and monitoring of the program was discussed in detail.
- It was suggested that solid waste disposal be managed more effectively to prevent the

scavenging animal population from growing due to food availability and possibly club the animal birth control program with Swachh Bharat program.

- Commercial breeding of animals is done without the requisite registration of breeders under Rule 12 of the Animal Birth Control Rules 2001. The State Government was asked to take steps to regulate this as per statutory provisions.

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Workshop on Humane Street Dog Population Management

- MAHARASHTRA

Organised by the Animal Welfare Board of India in compliance with the Hon'ble Supreme Court's directions dated 18th November, 2015, in SLP (Civil) no 691 of 2009

Date - February 23rd, 2016

Time - 10:00 AM to 5:00 PM

Venue - Yashwantrao Chavan Academy of Development Administration (YASHADA) Rajbhavan Complex, Baner Road, Pune, Maharashtra

Speakers

- Gauri Maulekhi, Co-opted Member, Animal Welfare Board of India
- Keren Nazareth

CURRENT STATUS OF ANIMAL BIRTH CONTROL IN MAHARASHTRA

Maharashtra State Government currently has no budget head for supporting a Dog Population

Management program as per the Rules. Among the local bodies, Mumbai and Pune Municipal Corporations reimburse animal welfare organisations for conducting birth control surgeries on street dogs, however, requisite infrastructure is not provided. Also, in the absence of a scientific survey of the dog population, the extent of the problem cannot be determined for the purposes of designing an effective program.

Frequent reports of dislocation and killing of dogs have been reported in various parts of Maharashtra. No infrastructure has been provided by the State Government for conducting a high throughput program anywhere in the state.

Dog breeding for commercial purposes is not regulated in Maharashtra. There are 13 Animal Welfare Organizations that are recognised by Animal Welfare Board of India in Maharashtra.

HIGHLIGHTS OF THE WORKSHOP

- Although invitations were extended to each Municipal Corporation and Municipality, their

representation of the Urban Development Department was low in the workshop. The attendees were mostly from the Animal Husbandry Department.

- The budgetary provisions for conducting the animal birth control program were discussed. The primary reason for failure of the program at the state level could be attributed to the lack of involvement of state government. In the absence of a strategy and regular monitoring, the implementation of the Animal Birth Control Rules was left entirely upon local bodies.
- Copies of all relevant documents, court orders and statutory provisions was provided to the attendees.
- It was suggested and stressed that a monitoring and implementation committee at the state level be created with officers from the Urban Development and Animal Husbandry Departments and develop a phase-wise plan for the entire state, beginning with local bodies where human population exceeds One lakh and where tourist influx is high.

- It was suggested that infrastructure be created and vehicles purchased for animal birth control centres and collaboration be established with agencies recognized by the Animal Welfare Board of India as per the Animal Birth Control rules. The procedure for creation of such budget and execution and monitoring of the program was discussed in detail.
- It was suggested that solid waste disposal be managed more effectively to prevent the scavenging animal population from growing due to food availability and possibly club the animal birth control program with Swachh Bharat program.
- Dog breeding and sale is completely uncontrolled in Maharashtra. Commercial breeding of animals is done without the requisite registration of breeders under Rule 12 of the Animal Birth Control Rules 2001. The State Government was asked to take steps to regulate this as per statutory provisions.
- Whereas the role of the Animal Welfare Board of India was questioned with regard to Animal Birth Control, it was clarified that the Animal Welfare

Board of India had limited funds but local administrations could apply to the Ambulance Grant for vehicles.

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Workshop on Humane Street Dog Population Management

- WEST BENGAL

Organised by the Animal Welfare Board of India in compliance with the Hon'ble Supreme Court's directions dated 18th November, 2015, in SLP (Civil) no 691 of 2009

Date - February 26th, 2016

Time - 10:00 AM to 4:30 PM

Venue - Veterinary Council Conference Hall, Belgachia Veterinary College, Kolkata.

Speakers

- Gauri Maulekhi, Co-opted Member, Animal Welfare Board of India
- Rahul Sehgal

CURRENT STATUS OF ANIMAL BIRTH CONTROL IN WEST BENGAL

West Bengal State Government currently has no budget head for supporting a Dog Population Management program as per the Rules. Among the local bodies, Kolkata Municipal Corporation is the only one which has invested in the creation of infrastructure and in the implementation of Rules. The Dhapa Dog Pound in Kolkata where sterilization of some dogs is done is largely ineffective in

controlling population or incidence of dog bites or rabies. A member of the Animal Welfare Board of India co-opted paid a visit to the Dhapa Dog Pound run by Kolkata Municipal Corporation, following the workshop. It was revealed that the investment and effort undertaken by the Kolkata Municipal Corporation has been ineffective primarily due to the following reasons:

- The catching of dogs is done in an ad hoc manner and not areawise, as is prescribed in the Standard Operating Procedure issued by the Animal Welfare Board of India.
- Due to untrained veterinarians and handlers, the mortality rate has been reported to be high, leading to immense cruelty.
- Lack of equipment and medication adds to cruelty and subsequent mortality after the dogs are released back on the streets.
- Since the dog pound has not collaborated with an animal welfare organisation as per the Rules, necessary measures to avoid cruelty are missing and areas such as feeding and post operative care are largely overlooked.

- The infrastructure was found in desperate need for repair and maintenance.
- Frequent dislocation of dogs by Kolkata Municipal Corporation was adding to cases to territory conflict and dog bites.
- Instead of inviting public participation and volunteers, the facility is out of bounds for persons other than Kolkata Municipal Corporation employees, which undermines animal birth control awareness and community efforts.

No other local body has undertaken animal birth control anywhere in West Bengal. Even the program run by Kolkata Municipal Corporation was found to be grossly unscientific and only added to unnecessary cruelty. No survey of dog population has ever been done anywhere in West Bengal to even ascertain the baseline population so that the success or failure of such a program can be measured.

Although an effort is being made by the Kolkata Municipal Corporation, it is grossly unscientific and

is leading to spread of diseases and increased conflict. It was recommended that the program be suspended forthwith till the training, equipment and infrastructural requirements have been fulfilled.

HIGHLIGHTS OF THE WORKSHOP

- Although invitations were extended to each Municipal Corporation and Municipality, none participated in the workshop. The attendees were mostly from the Animal resource Department and the Veterinary College.
- The budgetary provisions for conducting the animal birth control program were discussed. The primary reason for failure of the program at the state level could be attributed to the lack of involvement of state government. In the absence of a strategy and regular monitoring, the implementation of the Animal Birth Control Rules was left entirely upon local bodies.
- Except for the Dhapa Dog Pound in Kolkata, no infrastructure has been provided anywhere in the state for animal birth control, nor is any such project currently in process.

- Copies of all relevant documents, court orders and statutory provisions was provided to the attendees.
- It was suggested and stressed that a monitoring and implementation committee at the state level be created with officers from the Urban Development and Animal Husbandry Departments and develop a phasewise plan for the entire state, beginning with local bodies where human population exceeds 1 lakh and where tourist influx is high.
- It was suggested that infrastructure be created for animal birth control centers and collaboration be established with agencies recognized by the Animal Welfare Board of India as per the Animal Birth Control rules. The procedure for creation of such budget and execution and monitoring of the program was discussed in detail.
- It was suggested that solid waste disposal be managed more effectively to prevent the scavenging animal population from growing due to food availability and possibly club the animal birth control program with Swachh Bharat program.

- Dog breeding and sale is completely uncontrolled in West Bengal. Commercial breeding of animals is done without the requisite registration of breeders under Rule 12 of the Animal Birth Control Rules 2001. The State Government was asked to take steps to regulate this as per statutory provisions.

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Workshop on Humane Street Dog Population Management

-GUJARAT

Organised by the Animal Welfare Board of India in compliance with the Hon'ble Supreme Court's directions dated 18th November, 2015, in SLP (Civil) no 691 of 2009

State - Gujarat

City - Ahmedabad

Date - March 03, 2016

Time - 12:00 AM to 5:30 PM

Venue - Ahmedabad Management Association,
Vastrapur, Ahmedabad.

Speakers

- Keren Nazareth
- Abodh Aras

CURRENT ABC STATUS IN GUJARAT

Gujarat State Government currently has no budget head created by the State Government for supporting a Dog Population Management program as per the Rules. Among the local bodies, nominal

efforts in conducting Animal Birth Control are being made by only four Municipal Corporations, namely Ahmedabad Municipal Corporation, Surat Municipal Corporation, Jamnagar Municipal Corporation, and Vadodra Municipal Corporation. The program has not been extended to any other Corporation or rural or urban local body. Allegedly the other areas continue relocating dogs and have not begun any Animal Birth Control program.

HIGHLIGHTS OF THE WORKSHOP

- The Urban Development Department and Gram Panchayats need to partner in the State into Animal Birth Control program and need to create a budget for the into Animal Birth Control and also for training the vets, dog catchers.
- The Monitoring committee members must include the Municipal Commissioner as the gram panchayats are very large in area and have a lot of dog population living in that area.
- Copies of all relevant documents, court orders and statutory provisions was provided to the attendees.

- It was suggested and stressed that a monitoring and implementation committee at the state level be created with officers from the Urban Development and Animal Husbandry Departments and develop a phase-wise plan for the entire state, beginning with local bodies where human population exceeds One lakh.
- It was suggested that infrastructure be created and vehicles purchased for animal birth control centres and collaboration be established with agencies recognized by the Animal Welfare Board of India as per the Animal Birth Control rules. The procedure for creation of such budget and execution and monitoring of the program was discussed in detail.
- It was suggested that solid waste disposal be managed more effectively to prevent the scavenging animal population from growing due to food availability and possibly combine the Animal Birth Control program with Swachh Bharat program.
- Dog breeding and sale is completely uncontrolled in Gujarat. Commercial breeding

of animals is done without the requisite registration of breeders under Rule 12 of the Animal Birth Control Rules 2001. The State Government was asked to take steps to regulate this as per statutory provisions.

- The State needs to be reconsider the amount that is being offered to Animal Welfare Board of India recognised organizations per dog. The current rate of Rs. 445 does not cover the cost of the program. The local administration needs to stop putting out financial tenders and awarding it to the lowest bidding organization and instead put out technical tenders.
- The program has to be run in a manner where data is collected using the latest technologies in order to cut out corruption and create more transparency.
- There was a request from some of the representatives that Animal Welfare Board of India should certify NGOs to conduct CNVR(Catch-Neuter-Vaccinate-Release.) It was clarified that CNVR is not permissible under the current law.

- Also that Animal Welfare Board of India should send a circular to the State to set aside a budget to run the Animal Birth Control program.

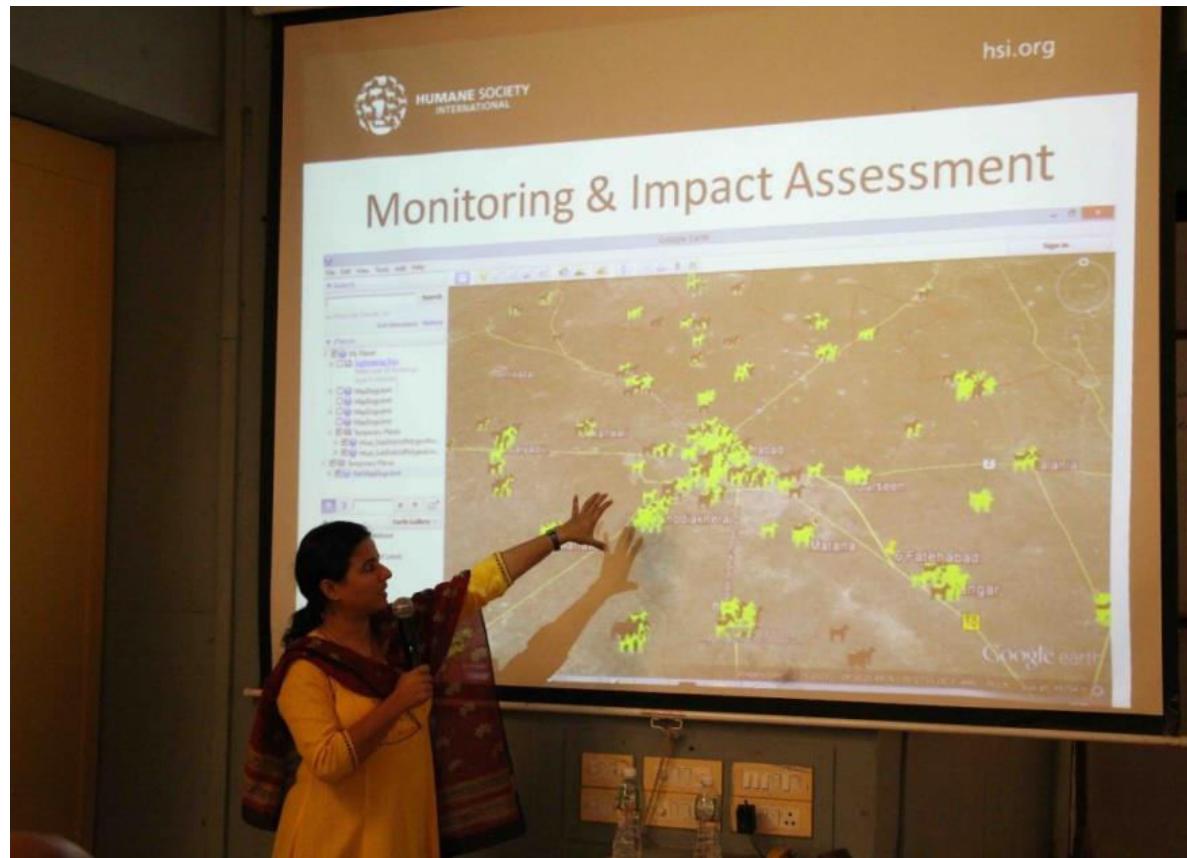
Participants

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28	Girish soraiya	Chief officer, surendra nagar NP	9601169690
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Workshop on Humane Street Dog Population Management

- ASSAM

Organised by the Animal Welfare Board of India in compliance with the Hon'ble Supreme Court's directions dated 18th November, 2015, in SLP (Civil) no 691 of 2009

Date - March 7th, 2016

Time - 10:00 AM to 3:00 PM

Venue - Srimanta Sankardev Kalakhetra, Guwahati, Assam

Speakers

- Gauri Maulekhi, Co-opted Member, Animal Welfare Board of India
- N.G.Jayasimha, Member, Animal Welfare Board of India

CURRENT STATUS OF ANIMAL BIRTH CONTROL IN ASSAM

Assam State Government currently has no budget head for supporting a Dog Population Management program as per the Rules. In the absence of a

scientific survey of the dog population, the extent of the problem cannot be determined for the purposes of designing an effective program. No infrastructure has been provided by the State Government for conducting a high throughput program anywhere in the state. Dog breeding for commercial purposes is not regulated in Assam. Allegedly the other areas continue relocating dogs and have not begun any Animal Birth Control program.

HIGHLIGHTS OF THE WORKSHOP

- Although invitations were extended to each Municipal Corporation and Municipality, their representation of the Urban Development Department was low in the workshop.
- The budgetary provisions for conducting the animal birth control program were discussed. The primary reason for failure of the program at the state level could be attributed to the lack of involvement of state government. In the absence of a strategy and regular monitoring, the implementation of the Animal Birth Control Rules was left entirely upon local bodies.

- Copies of all relevant documents, court orders and statutory provisions was provided to the attendees.
- It was suggested and stressed that a monitoring and implementation committee at the state level be created with officers from the Urban Development and Animal Husbandry Departments and develop a phase-wise plan for the entire state, beginning with local bodies where human population exceeds One lakh and where tourist influx is high.
- It was suggested that infrastructure be created and vehicles purchased for animal birth control centres and collaboration be established with agencies recognized by the Animal Welfare Board of India as per the Animal Birth Control rules. The procedure for creation of such budget and execution and monitoring of the program was discussed in detail.
- It was suggested that solid waste disposal be managed more effectively to prevent the scavenging animal population from growing due to food availability and possibly club the animal

birth control program with Swachh Bharat program.

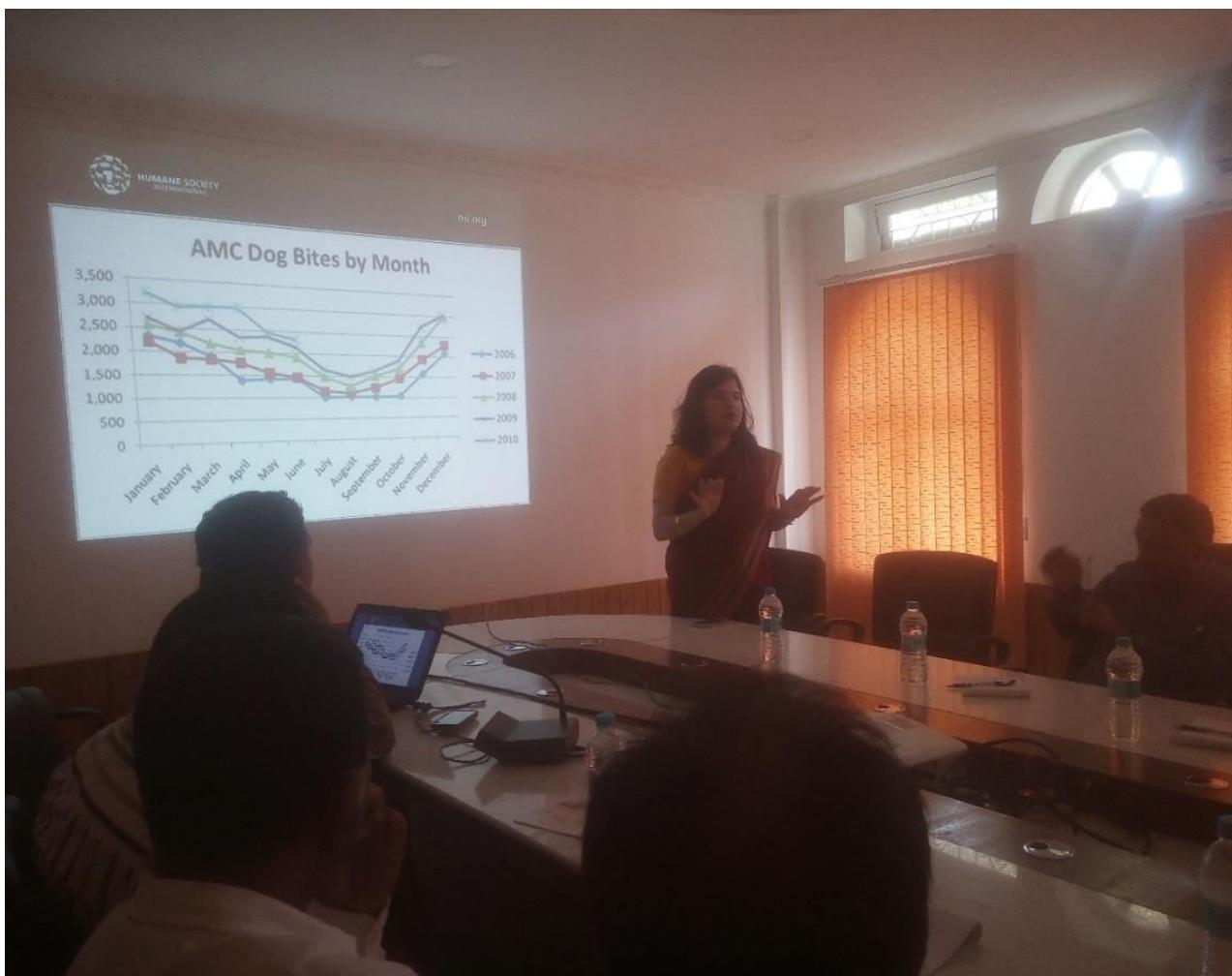
- Dog breeding and sale is completely uncontrolled in Assam. Commercial breeding of animals is done without the requisite registration of breeders under Rule 12 of the Animal Birth Control Rules 2001. The State Government was asked to take steps to regulate this as per statutory provisions.
- Whereas the role of the Animal Welfare Board of India was questioned with regard to Animal Birth Control, it was clarified that the Animal Welfare Board of India had limited funds but local administrations could apply to the Ambulance Grant for vehicles.

Participants

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9. Indian Case studies

Presented below are select case studies – from India and abroad that describe how street dog population management, rabies control and man dog conflict reduction programmes have been successfully implemented. These provide the roadmap for other cities and states to follow. These case studies demonstrate that with the requisite will, the correct method and necessary funding, street dog populations can be successfully controlled within the ambit of the Prevention of Cruelty to Animals Act 1960 and the Animal Birth Control Rules 2001.

9.1 Haryana (National Rabies Control Project)

This is a first of its kind program to manage the street dog population on a large scale. The program is known as the National Rabies Control Program. Rabies. In the first year of the program, the team has sterilized and vaccinated 18,550 dogs and vaccinated more than 74,000 dogs. The program's greatest achievements include 200 surgeries in a day and more than 1,000 street dogs vaccinated in one day. The team consists of 92 people trained by Humane Society International. The team often

travels long distances to remote locations.

The program is taking place under a backdrop of an increase of animal cruelty cases in India. Further, the program is in line with Supreme Court orders directing states and localities to tackle dog population through humane animal birth control protocols. The orders are in response to reports of dog culling and abuse throughout India.

With one year remaining in the program, HSI/India plans to open new sterilization centers in Jind and Bhiwani to increase their outreach and to sterilize an additional 50,000 street dogs and vaccinate another 180,000. The program has been funded by the Ministry of Health and Family Welfare, Government of India. Similar projects have not, however, been initiated by the Ministry in any other state.

9.2 Jaipur

Starting point

Jaipur is the capital city of Rajasthan with a human population of about 3 million (2011). It is the 10th

most populated city in India. It is called the Pink City because of the unique architecture and decoration. The rapidly expanding population of Jaipur means that the metropolitan region extends far outside the confines of the old walled city. Development is rapid and uncontrolled. The potential areas that may harbour street dog population are constantly expanding. The old methods of population control by strychnine poisoning or electrocution employed by the municipal corporations are not only outright illegal, but had also failed and proved effective in controlling street dog populations, as new dogs soon migrate into areas where the local dog population has been killed, and rapidly begin to repopulate the areas. This increase in the movement of street dogs through unscientific unlawful methods employed by municipalities also increase the possibility of the transmission of diseases such as rabies.

The Animal Birth Control programme in Jaipur commenced in 1994 by the Help in Suffering (HIS) shelter. The programme was conducted according to the WSPA/WHO Guidelines for Street Dog Population Management. The aim of the programme

was to prove the principle that the mass sterilisation and vaccination of street dogs in selected areas of Jaipur would result in a smaller, healthier, friendly, and rabies free street dog population.

Approach taken

Although there are other ABC programmes in operation in India, none of them made statistical analysis of the street dog population dynamics. This was to be the crucial difference between the Jaipur HIS managed ABC programme and other programmes.

Procedural overview

- a) Selection of a coloured ‘area’ from the map of Jaipur, moving in sequential order through Jaipur ABC area.
- b) Capture as many female dogs and pups (of 6 months or more in age) of both sexes as possible from this area and transporting them back to the shelter.
- c) Key-hole flank spaying of all female dogs, and castration of all male pups from this area.

- d) Vaccination of all dogs against rabies.
- e) Identification by individual tattoo and ear mark.
- f) Release of the street dog in the same area as caught as soon as the dog is fully recovered and fit for street life.
- g) Reworking of area repeatedly. When staff return several days in succession without optimum catches, this is the indication that a new area should be selected and worked.



Details

The ABC (Animal Birth Control) unit has 47 kennels available for its programme. This allows approximately 12 dogs to be caught each day, 7 days per week. The dogs are all collected from the predetermined targeted area during the early morning when the animals are more visible and

there is less human pressure. In some areas of the city evening catching is more effective. A door-less jeep is utilised with an enclosed cage and a one-way flap to capture dogs easily. Once the street dogs are caught from the targeted area the animals are returned to the clinic. Veterinary staff then fills out the ABC Admission form. Each dog is given an individual number from a central register. The kennel number, and the precise area from where the individual dog was picked up, and any distinguishing features are noted in the register. The veterinary surgeon then fills out a kennel card duplicating information about the kennel number, ID number, capture date, place of capture and general description. This card will now stay with the animal for the duration of its stay at the ABC

The animals are anaesthetised. Female dogs are spayed through a flank incision; male dogs castrated via a single prescrotal incision. Veterinary surgeons are assisted in surgery by trained, skilled compounders; this shortens considerably the length of each surgical operation. While under general anaesthesia the left of each street dog's is notched

using a thermo-cautery device and the right ear is tattooed with the unique identification number of a letter and three digit number. Once the operation is finished, the animal is returned with a kennel card to the appropriate kennel.

The veterinary surgeons do a post-operative check on the operated animals and the other animals in the kennels daily. Once a day, the veterinary surgeon fills out a kennel checklist. When they are ready for discharge, the dogs are released at the same location from where they were picked up. The small, geographical sectors can be effectively trawled for dogs, until catching dogs in the targeted area becomes very difficult, before proceeding to adjacent areas and so on.

Results

For the whole ABC area, a total of approximately 67,679 sterilisations and vaccinations have been done, usually at the rate of about 3,100 per year. The results of the monitoring of the whole population have yielded important information on

the effectiveness of the programme in several areas

a) Reduction in Street Dog Population

In Jaipur, in the areas where ABCs were carried out, 70% of female dogs are sterilised and vaccinated. More than 65% of the entire street dog population has been vaccinated against rabies. Dog population counts show that it has resulted in a 28% decrease

Jaipur Case study: Overview of Animal Birth Control programme



Overall dog population has declined due Animal Birth Control Programme

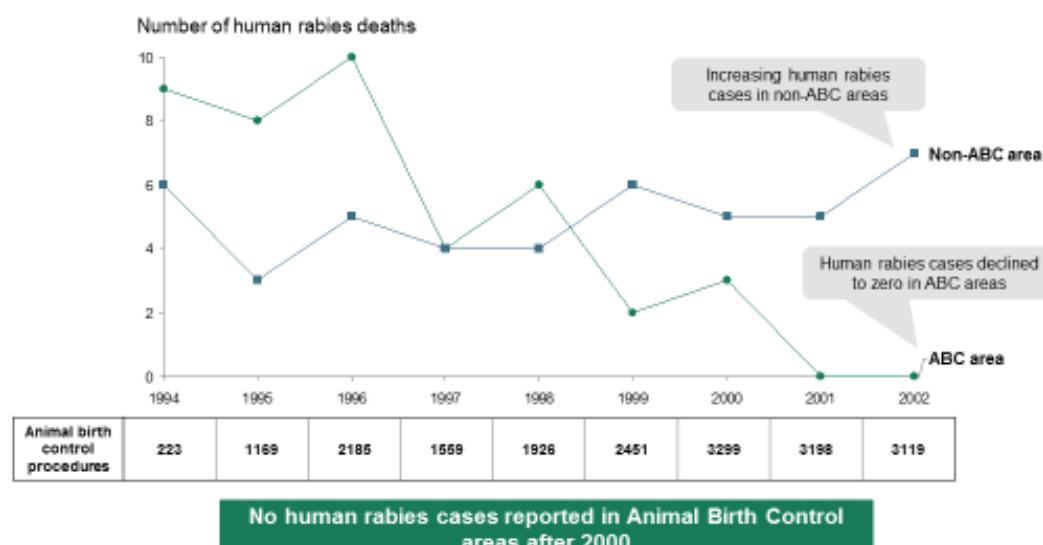
Source: J. F. Reece, S. K. Chawla (2006) Control of rabies in Jaipur, India, by the sterilisation and vaccination of neighbourhood dogs, Veterinary Record, 159, 379-383

b) Rabies Free Jaipur

A comparison of rabies deaths in ABC areas vis-à-vis non ABC areas in Jaipur show that rabies deaths declined after the start of the ABC

programme and eventually became zero in ABC areas but showed an increase in areas where there is no ABC carried out.

Jaipur Case study: Animal Birth Control programme has reduced number of human rabies cases



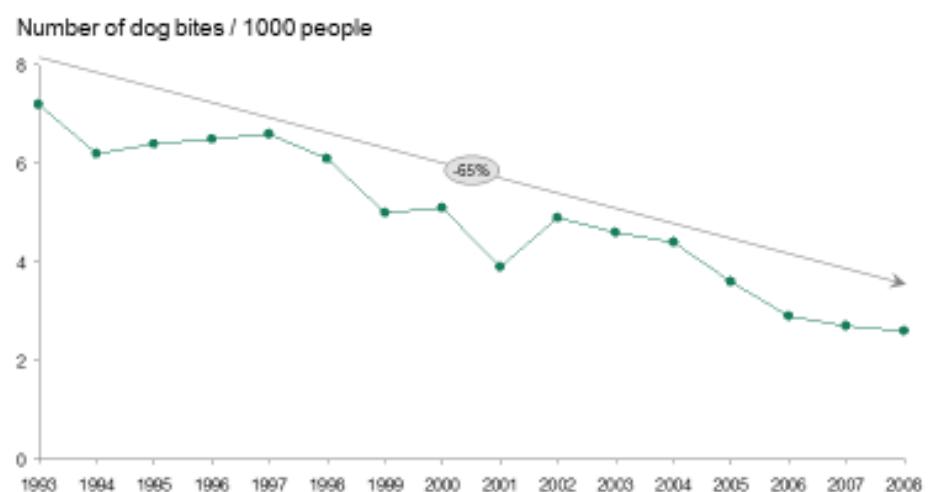
Source: J. F. Reece, S. K. Chawla (2006) Control of rabies in Jaipur, India, by the sterilisation and vaccination of neighbourhood dogs, Veterinary Record, 159, 379-383

c) Reduction in Dog Bites

The graph below shows the human dog bite injuries reported in the main government hospital in Jaipur from 1992 to 2008. The ABC Programme in Jaipur began in November 1994. The bites per 1000 human population have declined from over 7 bites per 1000 people to 2.67 bites per 1000 people, as street dog population has halved and the proportion of female dogs which are sterile has remained at over 70%. This public health benefit has arisen because many dog bites occur as a result of female

dogs protecting their pups from actual or perceived human interference. Spaying female dogs results in less maternal behaviour, as there would be fewer nursing mothers, and fewer pups and young dogs. (Young dogs have lower/undeveloped bite inhibition in addition to a normal tendency to play/ explore with their mouths and are most attractive to children).

Jaipur Case study: Animal Birth Control programme has reduced number of dog bites



Number of dog bites declined by 65% due Animal Birth Control Programme

Source: Help in Suffering India (www.his-india.in)

Lessons learnt

Jaipur is a good case study of a scientifically managed model of the Animal Birth Control programme. The results show that it has been successful in reducing the street dog population,

reducing dog-bites and also making Jaipur rabies free. Thus the methodology of carrying out a focused and systematic ABC programme which targets neighbourhoods in the city to achieve 100% sterilization has worked. This is also backed by statistical data and on-going research on dog population dynamics.

9.3 Chennai

Starting point

The Madras Municipal Corporation which at over 300 years, is one of the oldest corporations in the world started its street dogs' catch and kill programme in 1860.

Dogs regarding which complaints were received were often shot on the street S. Theodore Baskaran, the former Post Master General of Tamil Nadu states “In the early 1970s, the number of stray dogs destroyed by the Corporation was so high that the Central Leather Research Institute, Madras, designed products – such as neckties and wallets – from dog skins”. (Dr S Krishna, 2010)

The number of street dogs they killed continued to

increase, but so did the dogs on the street and also the number of human rabies deaths.

The Blue Cross of India was convinced that though the dogs were being killed for over 100 years, the killing did not in fact show any desired results as the street dog population continued to grow and rabies did not go down.

It was in 1995 that the Blue Cross was finally able to get the Corporation of Madras to agree to try out ABC as an alternative to killing in a part of South Madras.

Approach taken

The Municipal Corporation then entrusted three NGOs with the responsibility to sterilize and vaccinate street dogs. These were the Blue Cross of India, People for Animals and the SPCA. A majority of the street dogs were caught for sterilisation by the vans of the Municipal Corporation and some were caught by the NGO and handed over to the sterilization centers' run by the respective NGOs, divided by geographical locations.

The total number of dogs sterilized between 2000

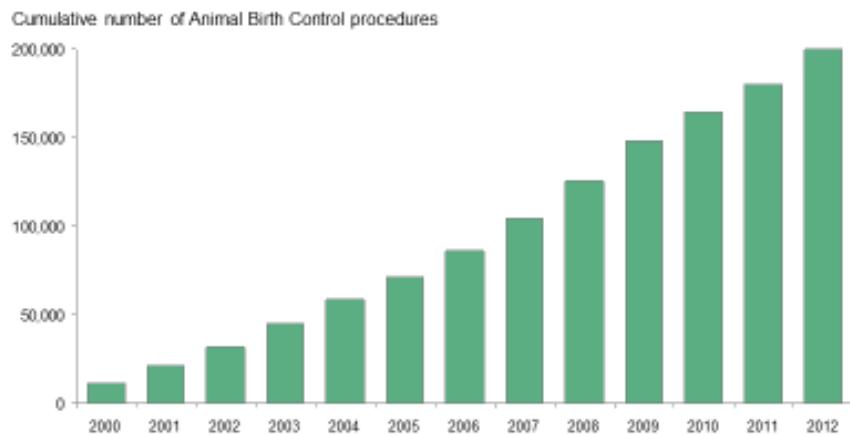
and 2013 were over 2 lakh. The NGOs depended on funds raised by themselves through donations and partly from the Animal Welfare Board of India. It is only in the latter half of 2013 that the Chennai Municipal Corporation has agreed to fund the ABC programme. In fact, in law, it is the responsibility of the local authorities to fund the programme, create infrastructure, and reimburse the NGOs for all expense incurred by them in the conduct of the programme.

Results

Drastic reduction in human rabies deaths

The following figures demonstrate the success of the ABC programme showing the decline in human rabies deaths as a result of Animal Birth Control.

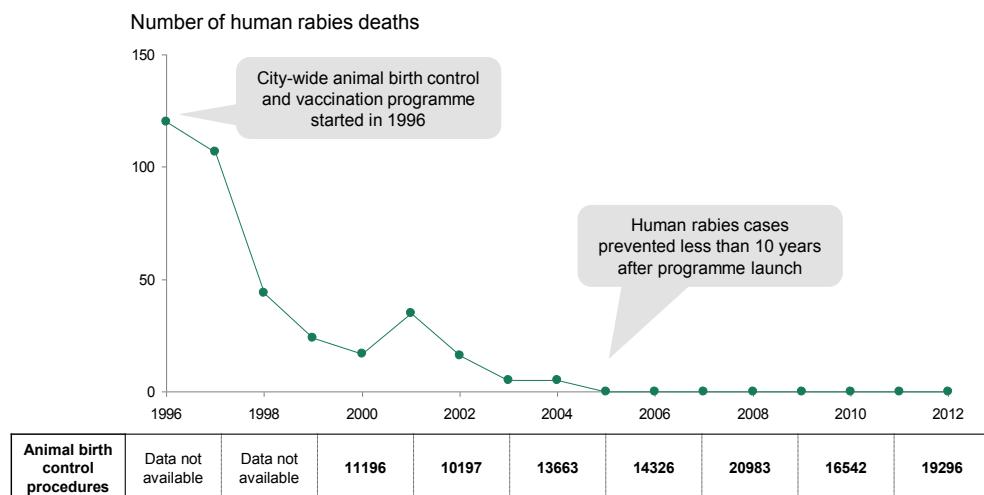
Chennai Case study: Overview of Animal Birth Control procedures



Consistent increase in the number of animal birth control operations

Source: Source: RTI data obtained from the Chennai Municipal Corporation

Chennai Case study: Animal Birth Control programme has reduced number of human rabies cases



No human rabies cases reported in Chennai after 2005

Source: RTI data obtained from the Chennai Municipal Corporation and Rabies deaths (Figures courtesy Ministry of Health & Family Welfare Government of Tamil Nadu except for 2003 given by the Corporation of Chennai, 2004 figure given by Dr. Manivasan, Deputy Commissioner (Health), Chennai Corporation at the Seminar on "Roadmap for Rabies Free India" at Chennai Aug 2006 and for 2008 given by Dr. B. Kuganathan, Health Officer, Chennai Corporation, to Times of India on June 9, 2009. Report on page 10.)

Lessons learnt

It is always challenging to carry out an ABC programme in a metro city of 4.8 million as the number of street dogs to be sterilized is much higher. Chennai showed the way by starting early

and consistently sterilizing dogs for the past 20 years. The sterilization and vaccination programme has resulted in a drastic decrease in human rabies deaths.

9.4 Nilgiris

Starting point

The Nilgiris is one of the oldest mountain ranges, part of the Western Ghats and has three hill stations of Udhagamandalam (Ooty), Kotagiri and Coonor which attract thousands of tourists from India and abroad. There are six talukas under the Nilgiris jurisdiction. The human population in the Nilgiris is 7.35 Lakhs (2011). Since 1997, India Project for Animals and Nature (IPAN) has implemented ABC projects in Masinagudi-Mudumalai area. On a few occasions, IPAN managed to convince the municipalities of Ooty and Conoor to start ABC programs, but initially the program was not sustained over a longer period. It is in these towns that the mass killing of street dogs used to take place on a regular basis, with the desired result of reduction in their population, in rabies, etc., however eluding the municipalities.

Eventually, IPAN was able to convince the local authorities that sporadic killings had not borne any results, and they agreed to start the ABC programme all over the district.

Approach taken

In the Nilgiris, a total of 16742 street dogs were sterilized from 2005 to 2013. The table shows the number of dogs sterilized in the various Municipalities and Panchayats in the Nilgiris.

Results

The success of ABC-ARV in the Nilgiris is because of the Dogs Trust funded WVS ITC – which has not been depending on (the usually inconsistent) municipality grant installments, but has been able to work continuously at a steady pace of 20 dogs operated per day for five years & additional annual plain vaccination days in the periphery areas of the district.

No Rabies deaths in a decade:

Yet another feather in the cap awaits the Nilgiris! Declaring it as rabies-free is under consideration of

the Health and Animal Husbandry departments, making the Nilgiris the first ever district in the country to reach this milestone. According to officials in the know, the World Health Organisation (WHO) would be recommended to make the declaration once the groundwork is completed. No rabies case has been reported in the district in the last decade, and said officials. "To declare rabies-free, there should be no case reported in 10 years. We checked all the medical records and there was no case reported in the last decade, making Nilgiris eligible for this. However, we do not want to jump the gun and do it immediately, and then find a case. To be extra careful, we are going to have an intensified surveillance programme," said a senior Health department official. The programme is being designed to enhance awareness about rabies among public and the medical fraternity (New Indian Express, 17, September 2015).

Lessons learnt

IPAN wants to make the Nilgiris district the model for other 28 districts in Tamil Nadu, showing that dog population can be controlled and that it has

beneficial effect on human safety. WVS India is part of the committee set up by the initiative of the Pasteur Institute India, Coonoor in 2013 at the National Workshop to assess the rabies free status of the Nilgiris district. The committee had a review meeting on 29th September 2015 where the above mentioned figured regarding the absence of animal and human rabies cases were confirmed and further plans to improve surveillance and inter-sectoral cooperation to comply with the WHO guidelines in declaring a territory as a rabies free area were set.

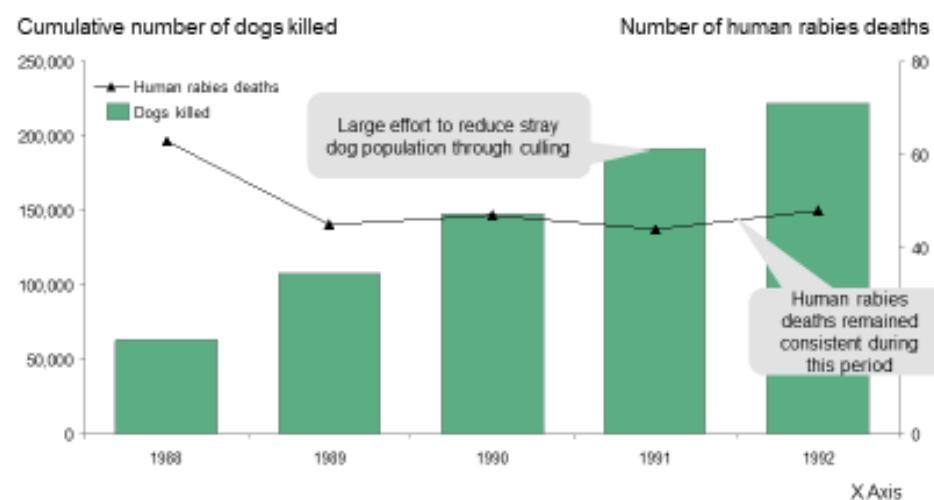
9.5 Mumbai

Starting point

In Mumbai, street dogs used to be killed by electrocution for more than 100 years. Dogs used to be kept for three days and used to be killed if no one claimed them. A paper by Jesse J Palsetia documents that dogs used to be caught and killed as far back in 1832 and there were riots to prevent them from being killed. (Jesse J Palsetia, 2001).The Mumbai (MCGM) also killed dogs upto 1994. Figures available through RTI show that 4,49,568

(Four lakhs forty nine thousand five hundred and sixty eight dogs) were killed by the MCGM between 1984 and 1994. In 1994, the MCGM itself expressly admitted in a circular that killing of street dogs itself has not resulted in controlling the street dog population stating ‘Hitherto this department adopted a system of catching and killing stray dogs to control their population as part of our measure to control the dreaded disease “rabies” and for the last many years now we have killed about 45,000 stray dogs every year and in spite of killing so many dogs every year, we have not been able to bring down their population in Greater Bombay’. (MCGM, Health Dept, 1994) Thus, the MCGM abandoned the policy of mass killing of stray dogs in 1994 and handed over the dog pounds to animal welfare NGOs to start a sterilization programme.

Mumbai Case study: Impact of killing dogs on human rabies deaths



Killing stray dogs did not reduce human rabies deaths

Source: RTI obtained from MCGM

Approach taken



ABC Operation Theatre, WSD,Mumbai

Mumbai

being a

metropolis

and India's

financial

capital has

a huge human population of 12 million (2011).

Years of killing of lakhs of street dogs did not reduce

the population. The challenge was the large

number of street dogs. What was not achieved in

more than 150 years could not be achieved in a

short time. The city was divided geographically,

NGO wise, so that all areas get covered. The

municipal corporation vans and the NGO vans

would catch the dogs from different areas and take

them to the NGO allotted for that area. The NGO

would sterilize them, keep the dog for post-operative

care and put them back in the same area,

administering rabies vaccination upon discharge.

Many concerned citizens, animal lovers and other

animal welfare NGOs that did not have sterilization

centers' would bring dogs caught for sterilization.

The NGOs entrusted with the responsibility

consistently sterilized street dogs without any

financial help from the MCGM, from 1994, till a Bombay High Court order in 2000 directed the MCGM to pay the NGOs the amounts required for the programme. Since 1994, 2,65,434 street dogs have been sterilized in Mumbai through various animal welfare NGOs like Ahimsa, AIAWA, AWS, BSPCA, In Defence Of Animals, PALS and WSD. On-site community driven first-aid programme also helped in identifying areas where street dogs were not sterilized and this multi-pronged approach helped in maximising the percentage of street dog sterilization.

Apart from the above, mass re-vaccination drives are also held on a regular basis and an education programme in MCGM Municipal Schools was launched by The Welfare Of Stray Dogs(WSD) in 2010 in which thousands of children are sensitized about street dogs, dog-bite and rabies prevention.

Results

High Percentage Sterilisation Coverage

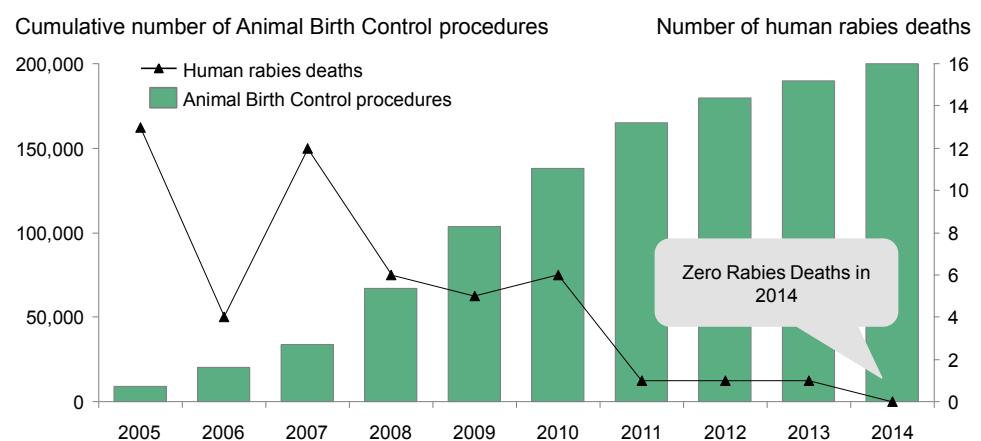
Due to the consistent sterilization programme launched in 1994, there has been a drastic reduction of street dogs in Mumbai. A dog

population count by the MCGM showed a very high percentage of street dog sterilization. “The percentage of both females and males that have been sterilised was found to be high in almost all wards (average 78%, range 53-90% for females; average 77%, range 42-94% for males). Both percentage of lactating females and percentage of puppies were found to decrease with increasing rate of female sterilisation across wards”. (LexHiby, 2014)

Reduction in Rabies deaths

Around 50-60 people used to die of rabies in Mumbai when the MCGM used to kill street dogs as a means of reducing population and rabies. Deaths by rabies have gone down drastically to 1 per year in 2011, 2012 and 2013 and nil in 2014 (RTI dated 2/3/2015). This has been achieved due to the consistent ABC programme, mass re-vaccination of street dogs, education programme in MCGM schools regarding dog-bite and rabies prevention and free Post Exposure Treatment (PET) for dog bites at Government hospitals.

Case study: Impact of Animal Birth Control on human rabies deaths in Mumbai



Human rabies deaths reduced due to Animal Birth Control programme

Source: RTI obtained from MCGM

Lessons learnt

Even one of the most populated metropolises like Mumbai has been able to reduce the street dog population and reduce human rabies deaths through a scientific and humane programme of street dog population management. It is important to understand that the multi-pronged approach of area allocation to NGOs for sterilization, mass re-vaccination, community participation, on-site first aid, education about dog-bite and rabies prevention and consistency in ABC helped achieve the desired results.

9.6 Sikkim

Starting point

The Sikkim Anti Rabies and Animal Health (SARAH) Programme was created in March 2006 as collaboration between the Government of Sikkim, Sikkim Society for the Prevention of Cruelty to Animals (SSPCA), Vets Beyond Borders (Australian NGO), and Brigitte Bardot Foundation (French NGO). An agreement was signed on 16.01.2006 between the Government of Sikkim and Vets Beyond Borders: The Programme was created in response to a request from the public of Sikkim that the mass shooting of street dogs cease and a more humane method of controlling the street and community dogs could be implemented in Sikkim.

SARAH is the first state wide Animal Birth Control and Anti-Rabies (ABC/AR) Programme in India.

Approach taken

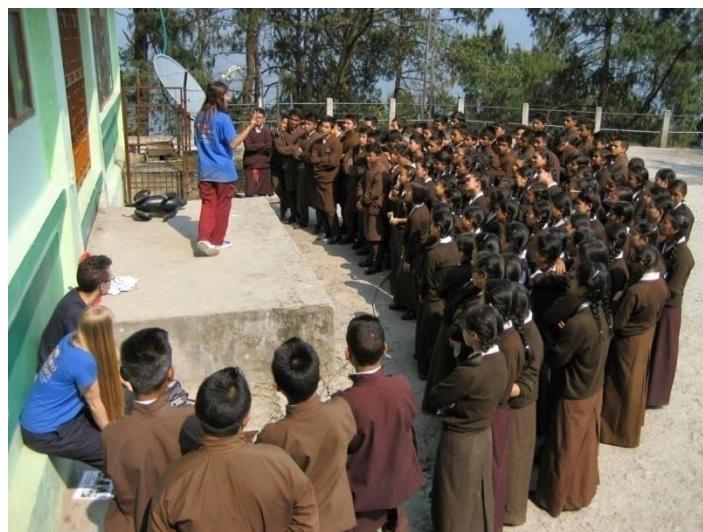
There was a very comprehensive and holistic programme planned with a sustainable long term strategy. Proper infrastructure was set up for the

ABC programme including a treatment facility for injured/sick animals with X-ray and Ultrasound facility. Training programmes were conducted to train Sikkimese youth for humane dog handling and vet-aide. 20 Sikkimese and 150 veterinarians and other staff were trained for ABC/AR programme. 39,000 street dog and cat sterilizations were conducted which included reaching out to remote villages and also catching street dogs for ABC in the north of Sikkim on army and paramilitary camps and in the cold desert. This also results in a reduction in the number of feral dogs predating on endangered wildlife species, and thus promote wildlife preservation in the state.

A parallel vaccination programme was carried out and more than 1, 25,000 street dogs were vaccinated against rabies.

Research programs on study of canine internal and external parasites, education seminars for veterinarians, Rabies KAP (Knowledge, Attitudes and Practices) survey of 1000 households was carried out throughout Sikkim to investigate local knowledge of rabies. An invitation was also given to

and by the State Institute of Education to include animal welfare and SARAH information in government textbooks for Class V English, and Class IV & V Environmental Sciences. Funding for this programme came from a combination of Grant-In Aid from the Sikkim Government and Fondation Brigitte Bardot (FBB), France. Education programmes about dog-bite and rabies prevention were and are also carried out.



SARAH volunteers work in Sikkim schools to generate awareness on rabies and dog bite prevention.

This holistic approach has been successful in reducing the street dog population and human rabies deaths in a humane and sustainable manner in Sikkim

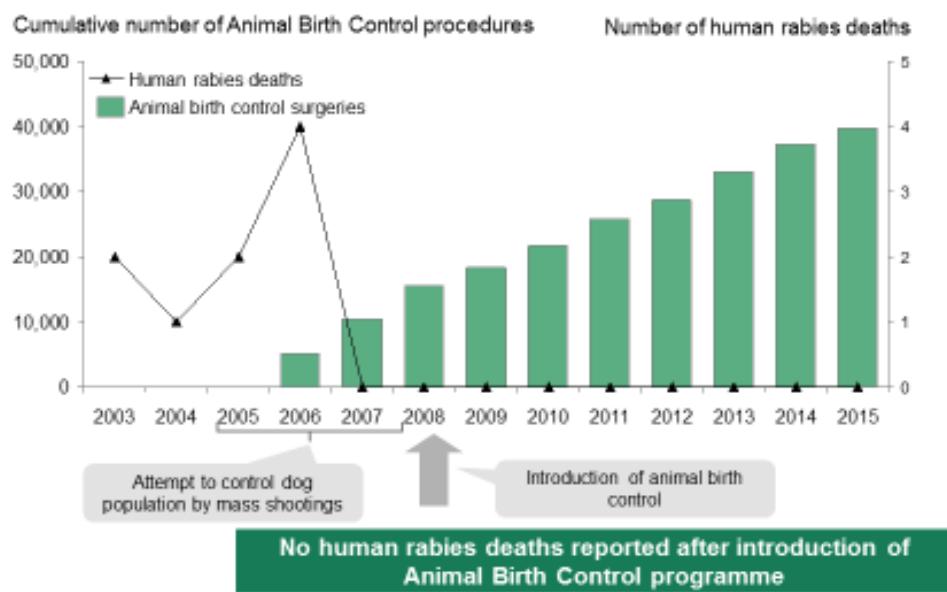
Results

Improvements in public health:

1. Reduction in the incidence of human and

animal rabies - During pre 2005 (before SARAH programme), there used to be 1-2 on average human rabies deaths annually in a population of just 5 lakhs. Despite the growth in human population which invariably increases street dog population, as well as massive economic growth, there has not been a single death, since the SARAH started this comprehensive, humane, scientific approach towards rabies and street dog population control programme. **Rabies deaths have been zero from 2006 till date.** Preparation is underway to declare Sikkim as a 1st Rabies Free state in India.

Case study: Impact of introducing Animal Birth Control in Sikkim



Source: Government of Sikkim, Sikkim Anti-Rabies and Animal Health (SARAH) Programme

2. Reduction in the incidence of other zoonotic

diseases that can be spread by dogs and cats, by providing veterinary healthcare and routine deworming of animals and by ensuring that Sikkim has a small, healthy and manageable street dog population.

Lessons learnt

The Sikkim model teaches us that any ABC programme carried out in a holistic manner will achieve the desired results. There was adequate funding made available, setting up of a good infrastructure for ABC and treatment of animals, imparting training programmes regarding ABC, veterinary, surgery, humane dog handling, and

rabies education to various personnel including local veterinarians

This programme started as a collaborative NGO-Government effort and in April 2009 became a division under and is fully managed by the Sikkim Anti-Rabies and Animal Health Division(SARAH), Department of Animal Husbandry, Livestock, Fisheries and Veterinary Services, Government of Sikkim. The Government has recognized the importance of animal welfare activities in the state and has created the SARAH Division so that ABC/AR and other animal welfare work can be permanently implemented.

9.7 Jamshedpur

A humane street dog population control program was launched in Jamshedpur in 2014 April. Until now 15,653 dogs have been spay/neutered and vaccinated. The programme is run collaboratively between Humane Society International, Animal Help Foundation and Jamshetji Tata Trust. In the last phase of this program, HSI is now working towards handing over the program to the local

implementation body and is also in the process of launching a large-scale education and awareness program in the city.

10. International case studies

10.1 Bhutan

This is a three- phase project, where the Government of Bhutan and an NGO, Humane Society International, managed and implemented the project in the first two phases and simultaneously trained local veterinarians and the government departments to run the program independently.

Currently, Phase 3, i.e. Handing Over is ongoing. As part of this, HSI passed management of the program in July 2015 to the Bhutanese government, which, under a Community Animal Birth Control Program continues the ABC programme led by the Department of Live- stock. The programme has continued to run at every District Veterinary Hospital. Since 2006, HSI has sterilized and treated more than 65,000 dogs.

10.2 Philippines

The Government of Philippines and HSI have been working in Philippines since 2009 and have not only

facilitated successful spay/neuter programs but have also responded to disasters caused by typhoons like Haiyan in 2014. HSI has also provided training to Veterinarians and Para-Vets throughout the country. So far 19,821 street dogs have been spayed, 17,223 street dogs have been vaccinated, and 132 veterinarians and 18 para-vets have been trained in Philippines. All these activities were undertaken with the goal of making Philippines Rabies- Free.

10.3 Colombo, Sri Lanka

Dog managed zones (DMZs): Moving from complaints to confidence in Colombo

In Colombo, the capital city of Sri Lanka, a street dog population management programme run by the Colombo Municipal Council (CMC) and local NGO, the Blue Paw Trust with WSPA funding, established an approach called dog managed zones (DMZs). These were specific locations where free-roaming dogs had become established and were causing concern, but where removal followed potentially by euthanasia due to limited re-homing capacity was

not acceptable to the local culture.

Hence, a programme of management was set up with the owners or workforce in these specific locations to manage the current roaming street dog population in a humane way. The process includes initial assessment of the size of the street dog population (and any cats) in and around the premises, waste disposal, feeding of dogs, entry/exit points for dogs, and public attitudes and behaviours towards dogs. Following agreement in the form of a memorandum of understanding (MOU) with the owners/workforce, activities begin, including sterilization, vaccination and parasite treatment, education for staff and visitors about the project and expected behaviours (such as feeding in designated areas), setting up of designated feeding areas and dog-proof garbage disposal bins, monitoring of DMZs monthly including any new arrivals, and visually rewarding and promoting success.

This novel approach has been tried successfully in six locations, leading to a healthier and non-reproductive population of free-roaming dogs that

will decline over time through natural attrition if entry of new individuals is prevented. It minimizes conflict with people, especially around garbage points, improves human health due to regular vaccination/parasite treatment and allows for continued feeding of street dogs in designated areas by those people who value this interaction; all with maximum involvement of the owners and workforce at these locations (FAO, 2011)

10.4 Dhaka, Bangladesh

The Dhaka City Corporation has reversed its previous order to cull street dogs in order to control rabies. It was realized by the Government that killing dogs was proving counterproductive and was hugely unscientific from a disease control point of view.

The Dhaka City Corporation had earlier ordered mass extermination drives that killed as many as 20,000 street dogs a year. These cruel culls came in for sustained criticism from local group Obhayaronno, who pressured the government to adopt more humane alternatives. WSPA had also lobbied the Bangladesh government to choose

"Collars not Cruelty" in the fight against rabies and worked with officials to demonstrate the success of the vaccination approach through a pilot project in Cox's Bazar, completed earlier this year.

Confirming that the ban on street dog culls had begun on 1 January 2012, news sources have quoted local government secretary Abu AlamShahid Khan as saying, "It is inhumane and ineffective. For decades tens of thousands of dogs were put to death unnecessarily and brutally. They were beaten to death by iron bars. Puppies were murdered by crushing them against walls. Yet the rabies situation never improved."

"Rabies poses a serious threat to both human and animal populations, But as demonstrated by our "Collars not Cruelty" campaign, widespread street dog vaccination is the only method scientifically proven to stop this entirely preventable disease long-term," Ray Mitchell, Inter-national Campaigns Director, WSPA, was quoted as saying. "Compassion works where cruelty does not, and by ordering an end to the culls, the Dhaka City Corporation has shown their determination to end the rabies

problem, for good.”

In November 2011, WSPA helped the Bangladesh government complete a pilot project in Cox’s Bazar, carrying out a large-scale street dog vaccination project. In two weeks, four vaccination teams immunized more than 70% of the local dog population – enough to ensure that the local dogs, and therefore the entire community, will be safe from rabies.

The success of the Cox’s Bazar project has been critical, as acknowledged in an announcement as having “prompted Dhaka’s authorities to implement their no-cull policy.” WSPA said in a statement that, in 2012, it will continue to work with the Bangladesh government to eliminate rabies through a nation-wide mass vaccination of dogs, which will save countless lives, both human and animals (cabi.org)

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