

ANNUAL PROGRESS REPORT

2009-10

THE CAPTIVE ELEPHANT HEALTH CARE PROGRAM ASSAM, INDIA



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On Behalf of The Elephant Sanctuary

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Implemented by :

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Project Report

Captive Elephant Healthcare Program (CEHP)

Period April 2009-March, 2010

Captive elephant scenario of the region vis-à-vis their engagement: There is a mixed situation in relation to the captive elephant population of the region at present. There were approximately 2000 captive elephants in Assam and about 700 in the neighboring Arunachal Pradesh till the ban was clamped on logging activities by the honorable Supreme Court of India in December, 1996. After the ban, a large number of captive elephants were sold by the private owners which were purchased by the temples of south India (Kerala and Tamil Nadu), and traders of Rajasthan, Bihar and Uttar Pradesh. Many elephants were finally discharging their duties in the tourism fields of Citwan National Park (Chauraha) in Nepal being illegally transported across the international border. The climatic conditions of these states are not very congenial for the elephants; further, many news of welfare violations, improper and insufficient feeding and deprivation of water of these elephants became an issue for which the government imposed restrictions on sale of elephants from the north eastern region to outside of the state. So the captive elephant population has now become more or less stable at 1250-1300 in Assam and 500-600 in Arunachal Pradesh.

Since most of the captive elephants were engaged in logging works, a vast majority of these elephants became idle after the ban on logging works. The tendency to dispose off their elephants came naturally to the traditional elephant owners of the region since they did not know of any alternative mode of engagement for their elephants. The loss of engagement stopped the earning by the elephants and this has naturally affected their quality of life. The frontline mahouts left their jobs and mahoutry has gone to the novices. As fallout of the ban, initially many elephants particularly the tuskiers were disposed off because of their high demands from the state of Kerala in south India. Many owners who did not or could not sale their elephants did not know how to engage these elephants; some people simply kept the elephants idle, a few others allowed their elephants to be engaged in the illegal logging activities in the neighboring hilly states. These practices have caused lots of injuries and even death of many elephants. We, through our consistent efforts have been trying to support alternative but eco-friendly modes of engagements to these otherwise idle elephants. The most important of these engagements is use of *koonkies* to drive away crop raiding wild herds from the paddy fields and in the tourism sector. At present at least 100 numbers of captive elephants have found engagement in these sectors.

These sectors have also provided reasonably good income to the elephant owners and the tendency to dispose off the elephants to outside the state or to send them to the illegal logging fields have declined to a great extent.

Field trips and camps: With our past experience, we have learnt that when we try to gather elephants for medical check-up and healthcare in a single location in an area, many elephants have to travel long distances and many owners do not care to send their

elephants to these camps. Therefore, with the availability of the project vehicle, we have started to move from place to place to attend the captive elephants at their location of stay. And though this has increased our load of work and some extra effort on travels, it has been felt that the elephants are getting better healthcare service at their doorsteps.

A total of **59 (fifty nine)** field trips were made in the interest of organizing elephant healthcare camps or attending specific sick elephants requiring medical attention during the period under reporting. A total of **300 (Three hundreds)** captive elephants were attended during the year. Actual number of elephants receiving the healthcare assistance could be something like 200, as many elephants had to be attended twice, thrice or even more times because of some disease conditions persisting for long. Many follow up treatments were also arranged through the local vets or para-vets which are not included in the said number.

A detailed list of various trips made for organizing elephant health camps are listed hereunder:

Sl. No.	Date	Name of place	Zone	No. of elephants	Comments
1	05.04.09	Umrongso	South	1	Surgery of farra gall
2	06.04.09	Roha	Middle	1	calf
3	13.04.09	Barpeta Road	West	1	Cow
4	18.04.09	Bagori	Middle	21	Health camp for private tourist elephants
5	26-27.04.09	Mirphung (Diphu)	South	1	Train hit
6	06.05.09	Dipila	North	1	Private tusker
7	08.05.09	Digarua	Middle	4	Logging elephants
8	27.05.09	Nalbari	North	2	
9	31.05.09	Gabharu	North	2	Departmental
10	07.06.09	Dhupdhara	West	3	
11	09.06.09	Dawki	Meghalaya	2	
12	25.06.09	Amchoi	Middle	2	
13	03.07.09	Pobitora	Middle	9	
14	19.07.09	Maru	Middle	1	
15	22.07.09	Sonapur	Middle	4	
16	01.08.09	Dalgaon	North	3	
17	04.08.09	Barnihut	Meghalaya	1	Surgery of back
18	08.08.09	Sonitpur	North	6	
19	23.08.09	Digarua	Middle	4	
20	27.08.09	Sipajhar	North	1	
21	30.08.09	Goalpara	West	5	
22	06.09.09	Jagiroad	Middle	4	
23	16.09.09	Manas National park	West	1	

24	25.09.09	Mangoldoi	North	1	
25	06.10.09	Rani area	South	4	
26	12.10.09	Mangoldoi	North	1	Follow-up
27	16.10.09	Kulshi	South	12	
28	25.10.09	Dalgaon	North	2	
29	30.10.09	Roha	Middle	1	
30	05.11.09	Barnihut	Meghalaya	2	
31	08.11.09	Doboka	South	1	To control a musth bull
32	14.11.09	Rani	South	1	
33	21.11.09	B. Chariali	North	7	
34	27.11.09	Goalpara	West	4	
35	03.12.09	Sarthebari	West	1	
36	05.12.09	Assam State Zoo	Middle	10	
37	06.12.09	Pobitora	Middle	10	
38	08.12.09	Bagori (KNP)	East	21	
39	8-9.12.09	Orang N.P.	East	27	
40	16.12.09	Manas N.P.	West	28	
41	23.12.09	Sarthebari	West	1	Follow-up
42	28.12.09	Chaygaon	West	2	
43	03.01.10	Rani	West	1	
44	4-5.01.10	Nameri	North	12	
45	21.01.10	Dolgoma, Goalpara	West	3	
46	23.01.10	Sonapur	Middle	6	
47	31.01.10	Bagori (KNP)	East	9	
48	04.02.10	Nalbari	North	1	
49	09.02.10	Bagori (KNP)	East	9	Follow-up
50	16-17.02.09	Bagori (KNP)	East	1	Follow-up
51	20.02.10	Chaygaon	West	1	
52	21.02.10	Sonapur	Middle	4	
53	27.02.10	Gabharu (Sonitpur)	North	2	
54	05.03.2010	Sarthebari	West	1	
55	08.03.2010	Kulshi	West	1	
56	10.03.2010	Kulshi	West	1	Follow-up
57	13-14.03.2010	Duni-Dipila-Orang	North	28	
58	16.03.2010	Dudhnoi	West	2	
59	23.3.2010	Roha	South	2	

In order of frequency, parasitic diseases were found to be the highest among all of the medical problems. Assam being in a high rainfall zone and humid area provides ideal ambience for the ecto as well as endo parasitism. Fecal examination and appropriate deworming of the elephant was therefore, our main objective of all the health camps. Urinalysis and blood examinations were also carried out on specific cases; and when organizing such field laboratory tests were not possible, samples were carried to the town

for examination in commercial pathological laboratories. Various kinds of foot affections were the next most commonly encountered problems in the captive elephants of this region. Basically unhygienic keeping conditions, negligence on the parts of handlers and moist substrates are responsible for a high incidence of foot affections in our elephants. While administering appropriate pedicure to the affected animals, proper foot care methods were explained and demonstrated to the mahouts in many of the camps. Galls and abscesses were probably the next in order of incidences. Such animals had to be attended repeatedly as some of the galls were huge and required lots of efforts and long time to heal. The pus samples from these abscesses were subjected to isolation, identification and antibiogram tests and appropriate antibiotics were used for treatment. Most common pathogen found was staphylococcus and sensitive antibiotic was enrofloxacin followed by cephalosporin. Other commonly encountered diseases were cutaneous filariasis, dermatitis caused by mixed bacterial-fungal infections, wounds etc. Cobboldiasis was also frequently encountered in the elephants of northern Assam, particularly in the foothills of Arunachal Pradesh and Bhutan. Parenteral administration of Ivermectin (Neomec- S/C) was found effective against cutaneous filariasis and cobboldiasis.

Vaccinations: From our long years of experience we have observed Hemorrhagic septicaemia (HS), Tetanus, Black quarter (BQ), Rabies, and Foot and Mouth Diseases (FMD) in our elephants which could be prevented by timely vaccinations. It is not possible within the limits of this programme to administer all these vaccines to all the elephants; still at least anti-tetanus and HS+BQ vaccines were administered to all the attended elephants on a regular basis whenever there was an occasion of a healthcare camp or attending an injured elephant. Owners were advised to get their animals vaccinated against the other diseases as per time schedule prescribed as it is not possible for us to administer all the vaccines by ourselves.

Captive elephant welfare: The elephants of this region enjoy a near natural living condition even in captivity. They are allowed to enjoy natural grazing in the forested areas and also often share same habitat with their wild brethren. So they get natural opportunity for interactions with their conspecifics and the females bear calves from wild bulls. This provides scope for genetic exchange between the captive and wild populations. The grass and water is abundant in the region and can satisfy the great demands of the species. However, the keeping system has been very primitive and has a lot of flaws; the mahouts are illiterate, addicts, lowly paid and have very poor living standards. Their lack of living standards reflects in the quality of life and living of the captive elephants. Many drunken mahouts even show high handedness over their elephants out of frustrations. It is suggested that attempts be made to introduce a minimum wage standard for the mahouts and handlers and introduce compulsory training of the mahouts and elephant owners to sensitize them about this very vital area of elephant management.

Project vehicle: our project vehicle is a 4X4 Mahindra Bolero which is indigenous and is a good vehicle for field purpose. So far, in three and half years, the vehicle has run for little over 70,000 Kilometers and the vehicle has never given us any trouble in the field trips and is therefore, very dear to our team. This year all the four tyres were replaced. This model is very popular with the car thieves because of its high demand in the neighboring hill states and even in Myanmar and even our vehicle was also attempted by the car lifters by

breaking 4 locks of the gate and garage; but fortunately the vehicle could be saved as the house dogs raised an alarm. An FIR was lodged with the local police authority about the attempt. Now, we take extra care for the safety of the vehicle. We feel that the vehicle will remain useful for our project for another 2-3 years.

Another benefit of the CEHP observed: We have observed that the elephant owners of the region are gradually showing inclinations towards allopathic form of treatment which we think as a good sign as previously they mostly depended upon traditional quackery in case of diseases of the captive elephants. This has significantly reduced the incidences of death of elephants due to diseases and also reduced the tendency to dispose off their elephants outside the state.

With continuation of this program for a few years, we have observed a positive change in the attitude of the elephant owners. Previously most of them were not inclined to get their elephants treated by the allopathic system of medicine, mostly because of lack of faith and to a great extent because of their inability to bear the high expenses involved in the treatment of elephants in the allopathic system. Gradually, they are coming forward to get their elephants treated by this method setting aside their faith over the traditional quackery. This has definitely improved the health status of the captive elephants of the region, and it is expected that with continuation of the program, there will be gradual improvement in the healthcare status of the captive elephants of the region.

A handwritten signature in black ink, appearing to read 'K. K. Sarma', with a horizontal line drawn underneath it.

(K. K. Sarma)
Project Administrator

Photographs of the Program





DOLPHIN FOUNDATION

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FINANCIAL REPORT

CAPTIVE ELEPHANT HEALTH CARE PROJECT, ASSAM, INDIA

STATEMENT OF PROJECT EXPENDITURE FOR THE PERIOD FROM

1ST APRIL 2009 TO 31ST MARCH 2010

It is certified that the grant of US\$ 12,806=00 (US Dollar Twelve Thousand, Eight Hundred Six only) approved under the MoU signed between The Elephant Sanctuary, Dolphin Foundation and Dr. K.K. Sarma towards a Program entitled - "Captive Elephants Health Care Program, Assam, India" has been utilized as per the details given in the attached statement in accordance with the terms and conditions laid down by the MoU and that all these terms and conditions have been fulfilled by Dr. K.K. Sarma and the grant has been utilized for the purpose for which it was approved.

SL NO	EXPENDITURES	AMOUNT
1	Insurance and maintenance of vehicle	1,278.00
2	Purchase of equipment & medical accessories	538.00
3	Purchase of medicines	2,743.00
4	Camping expenses including fuel for vehicle	2,345.00
5	Salary/honorarium of collaborators	2,660.00
6	Honorarium for P.I.	2,660.00
8	Management Fee 5%	611.00
	Total Project Expenses	12,835.00
	Project Grant Received :	12,806.00
	Temporary Loan from Dolphin Foundation	29.00
	Total Project Grant	12,835.00
	Total Project Expenses	12,835.00
	Project Balance as on 31st May 2008	0.00

Signed in terms of our report of even date



Dr. Sujit P Bairagi, PhD
Chairman, Dolphin Foundation.

Fund request for 2010-11:

The fund requirement for the year 2010-11 is as follows:

Sl.	Budget Heads	2008-09 (USD)
1.	Insurance and maintenance of vehicle	1,000
2.	Purchase of equipment & medical accessories	1,000
3.	Purchase of medicines	2,700
4.	Camping expenses including fuel for vehicle	2,300
5.	Salary/honorarium of collaborators	2,660
6.	Honorarium for P.I.	2,660
7	Administrative expenditure	616
	All Total	12,936

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