

ANNUAL PROGRESS REPORT OF THE CAPTIVE ELEPHANT HEALTH CARE PROGRAM, ASSAM, 2006-07

The fund for the financial year 2006-07 was received on 15th of June, 2006; therefore, the working year of the program ends on 15th of June, 2007. This progress report has been prepared to keep the funding agency updated on the progress made during the entire year of its execution as per the provision of the Memorandum of understanding.

Project vehicle: The highlight of the project achieved this year has been the acquiring of a project vehicle, which has fulfilled a long felt bottleneck in the quick response on many occasions. As the project has slowly become popular among the elephant owners of the region and established itself as a benevolent team of experts that renders free and dedicated treatments to the suffering elephants at their door steps, more and more requests had started coming in and it became difficult for the project team to attend them in time. “Since the elephants can not come for treatment, we have to go to them”; we believed in this doctrine, and the project vehicle has become a great help in achieving this.

Without a project vehicle, it was really difficult to accomplish. Many sick elephants could not be attended in time as we had to depend on hired vehicles, which is a costly affair and frequently not reliable. Now we have acquired a field worthy all terrain vehicle and this has greatly helped our mobility and also reduced the expenses, besides easing the tension of loading and unloading of our paraphernalia into the hired vehicles. In the first year, the vehicle has done about 16,500 km at an approximate economy of 10km per liter of diesel. The first three free servicing has been done in time and the fourth and last free servicing will be due by the end of this month (May,07) and will be done in time. So far, the vehicle has been smooth and has not given us any trouble. At present we have driven the vehicle ourselves, but felt that driving the vehicle for long distances after conducting elephant healthcare camp is sometimes very tiring and may engage hired drivers for long distance driving in future.

After the field trips, the vehicle gets really dirty and needs a good servicing (cleaning); and we have decided to have a contract with a car washing center for regular cleaning of the vehicle.

We have maintained a log book for the use of the vehicle. The annual insurance premium will be due in the first week of June (Approx. Rs. 20,000 /USD,500), which will have to be met from the next years (07-08) budget.

Health camps: As per the provisions of the project, we have conducted 51 camps (including several follow up trips) and could render free health check up and treatment to 320 elephants during this period. Surgical operations, on the spot fecal examination with appropriate deworming medications, foot care, vaccination against Haemorrhagic septicaemia, Foot and Mouth disease, Rabies etc. were also conducted and very good response was received in these camps. The figures pertaining to the camps are presented hereunder in a tabular form:

Sl. No	Date	Name of place	Zone	Number of elephants	Comment
1.	18.6.06	Dhupdhara	South-west	12	
2.	22.6.06	Karlong (Rani)	South	5	
3.	1.7.06	Dalgaon	North-central	7	
4.	12.7.06	Amsoi-Nelie	Central	3	
5.	23.7.06	Dipila	North-central	1	On call
6.	28.7.06	Bhuyanpara(MNP)	Western	2	On call
7.	6.8.06	Chandrapur	Central	1	On call
8.	7.8.06	Chandrapur	Do	1	Follow up
9.	10.8.06-13.8.06	Sonitpur	North-central	15	
10.	20.8.06	Khudia(Nalbari)	North	2	On call
11.	23.8.06	Khudia(Nalbari)	Do	2	Follow up
12.	27.8.06	Pobitora WLS	Central	8	
13.	7.9.06	Khudia(Nalbari)	North	2	Follow up
14.	7.9.06 to 9.9.06	Sonitpur	North-central	12	
15.	9.9.06 to 11.9.06	KNP	Central	45	
16.	17.9.06	Byrnihut	(Meghalaya)	2	On call
17.	19.9.06	Byaspara(Sipajhar)	Northern	2	
18.	25.9.06	Dipila	Do	2	
19.	29.9.06	Pobitora WLS	Central	8	Follow up
20.	8.10.06	Udali (Lanka)	Southern	8	
21.	17.10.06	Tangla	Northern	4	
22.	1.11.06	Pobitora	Central	8	Follow up
23.	5.11.06	Kulshi	South-west	12	
24.	10.11.06	Tezpur, Charduar, Gabharu	Northern	15	
	15.11.06	Rani	Southern	2	

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26.	21.11.06	sipajhar	North-Central	4	
27.	2.12.06- 3.12.06	Bhalukpung-Gabharu	North-central	6	
28.	6.12.06	Chokordo	Southern	4	
29.	10.12.06	Rani	Southern	4	
30.	15.12.06	Chandrapur-Digarua	Central	3	
31.	17.12.06	Nelie	South-central	4	
32.	22.12.06	Chokordo, Rani, Agia	South-western	12	
33.	29.12.07	Nameri N.P.	North central	12	
33.	31.12.06	Kharupetia	North central	2	
34.	9.01.07	Hojai	Central	3	
35.	10.01.07	Assam state zoo	Central	8	
36.	13.01.07	Orang N.P.	North central	26	
37.	17.01.07	Bishwanath chariali	North eastern	43	
38.	20.01.07	Pratapgarh and Borgang TE	North eastern	3	
39.	24.01.07	Doboka	central	4	
40.	31.01.07	Nameri N P	North central	12	
41.	12.02.07	Dipila	Northern	6	
42.	16.02.07	Kharupetia	Northern	4	

4 3.	28.02.07	Dihingmukh	Eastern	2	
4 4.	5.03.07	Doboka	Central	1	Follow up
4 5.	29.03.07- 31.03.07	Garampani	southern	9	
4 6.	17.04.07	Goalpara	western	3	
4 7.	21.04.07	Harmuti	North eastern	28	
4 8.	30.04.07	Kakopathar	Eastern	38	
4 9.	6.5.07	Rani	Southern	2	
5 0.	19.5.07	Pratapgarh, Borgang TE	North-eastern	3	
5 1.					
5 2.					

Number of contacts with different elephants during the period: 407, out of which about 80 elephants were attended twice or thrice for follow up. Two elephants were kept in the head quarter for regular treatment for a period of over one month. So, about 320 elephants were benefited from the services CEHCP during this year.

Project personnel: Besides the project supervisor, several other established and young veterinarians worked for execution of the project on different occasions. They were Dr. (Ms) Munmun Sarma, Dr. K. B. DevChoudhury, Dr. Sajeesh Thomas, Dr. Abhijeet Bhowal, Dr. Suraj Kumar R., Dr. Hitesh Bayan and Dr. Sajesh, M.G.; Besides the services rendered by the local vets where the camps were conducted. Wherever follow up treatment was necessary, help from the local vets was taken. As far as practicable we informed the local vet about organization of the elephant healthcare camp in his locality, and in fact, many camps were actually arranged by them on our request. All the vets cooperated willingly and their cooperation is appreciated.

Human resource development: Though in this region of India, we have the largest captive elephant population in the world, unfortunately, we do not have enough healthcare personnel for this very important elephant population. Our Captive Elephant Healthcare Program always bears it in mind and endeavors to involve as many young vets as possible in various camps to encourage, motivate and train them to take up doctoring of elephants. Since the beginning in 2003, we have involved at least fifteen young vets in our program and they are now working in various wildlife healthcare fields.

Training is required: The elephant management culture of the region is very primitive and the mahouts are mostly illiterate, poor and addicts, yet eager to do good for their elephants. Most of them have little knowledge about elephant foot care and the *musth*

phenomenon in the bulls. It can bear some fruit to train the mahouts and the elephant owners regarding the basics of modern (preventive) elephant health care, foot care, management of *musth*, nutrition, road safety etc. while conducting our camps. For this, booklet can be published in local language to distribute among them, and training can be conducted using modern audio-visual aids.

The quality of living of the mahouts and their families is abysmally poor and this makes them indifferent for their elephants. It is a matter of great concern as without the active support and positive attitude of the mahouts the quality of life of the elephants can not be improved. As our program grows, we will have to pay due attention to this area as well.

Constraints: We are overcoming majority of the constraints that we faced in the initial years while conducting the camps, yet some problems still exist. The common people are so used to highhandedness and exploitation by the authority that they find it hard to trust any benevolent attempt to help them and their elephants, and suspects for some official tricks. Therefore, we are trying to avoid official machineries in organization of the camps.

Some vets in the field who helped us in organization of the camp in the initial years considers our free camps as a cause of loss of their practice and have even mislead us or the elephant owners on few occasions. We will have to think a solution to overcome this. Right now we are not in a position to completely take the responsibility of elephant healthcare and need the services of the local vets. To overcome this, we may think of some monetary incentives to the vets for follow up cases and the alternative option is to expand the scope of our program. In any case the local vets will always be needed and we will have to think ways to win their support, may be by organizing training program, providing some useful equipment and some financial incentives.

We have started getting numerous calls for healthcare support of captive elephants probably for the free service besides the confidence that we could generate over the years. The project vehicle is of great help in many cases, yet engagement of a full time vet should be borne in mind to cope up with the demand in future.

K. K. Sarma
Project Supervisor