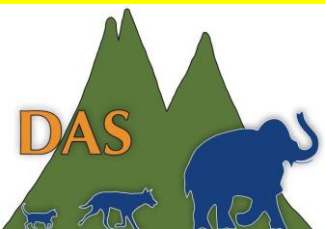


DAS-DTW 24-25 ABC ANNUAL PROJECT REPORT



DogsTrust
Worldwide



Highlights

- Total dogs operated: **985**
- Total spay: **669**
- Total castration: **316**
- Total camps conducted: **20**
- Collaborations with ARDD: **6**
- Collaborations with local bodies:
14

24-25 ABC Annual Report

Sl. No.	Month	Spa y	Cast ratio n	Crypt ochid	Death s	PM if Dead	Total ABC
1.	March '24	42	22	1	0	0	64
2.	April '24	47	13	0	0	0	60
3.	May '24	64	17	0	0	0	81
4.	June '24	20	22	1	0	0	42
5.	July '24	58	36	0	1	0	94
6.	Aug '24	49	28	0	0	0	77
7.	Sept '24	38	31	0	0	0	69
8.	Oct '24	81	31	1	0	0	112
9.	Nov '24	91	27	0	0	0	118
10.	Dec '24	86	28	0	0	0	114
11.	Jan '25	74	47	1	0	0	121
12.	Feb '25	19	14	0	1	0	33
Total		669	316	4	2	0	985

Target Areas Covered as per the Project

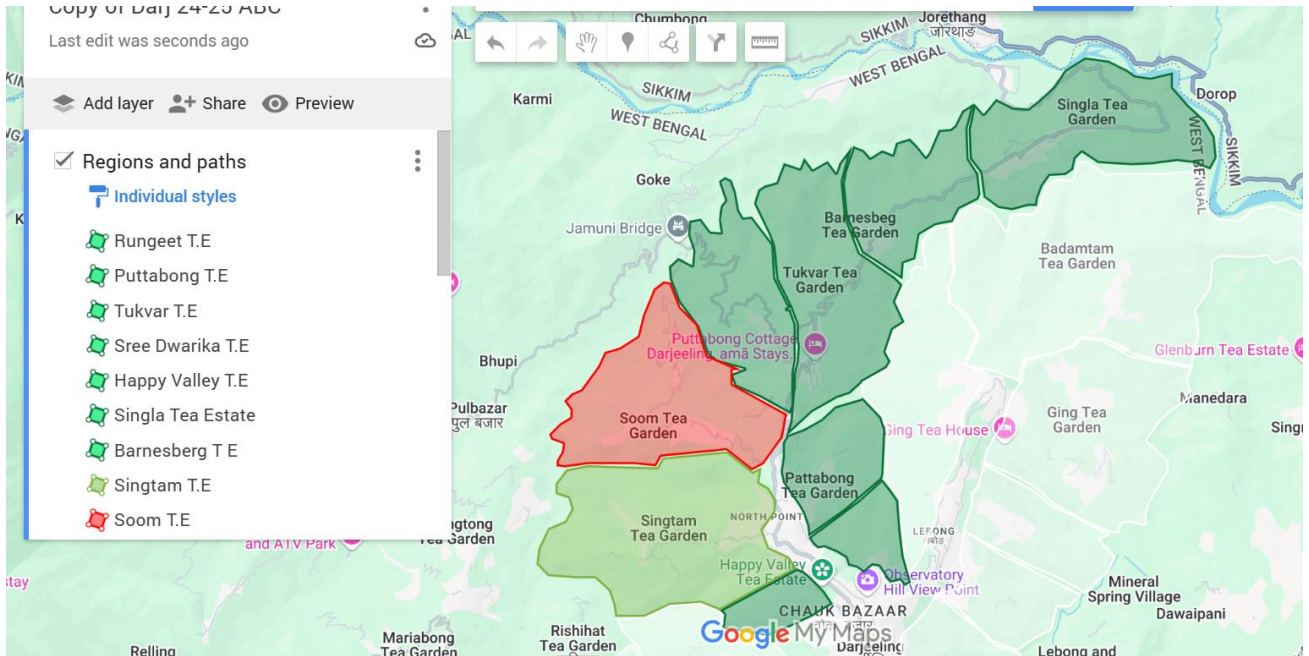


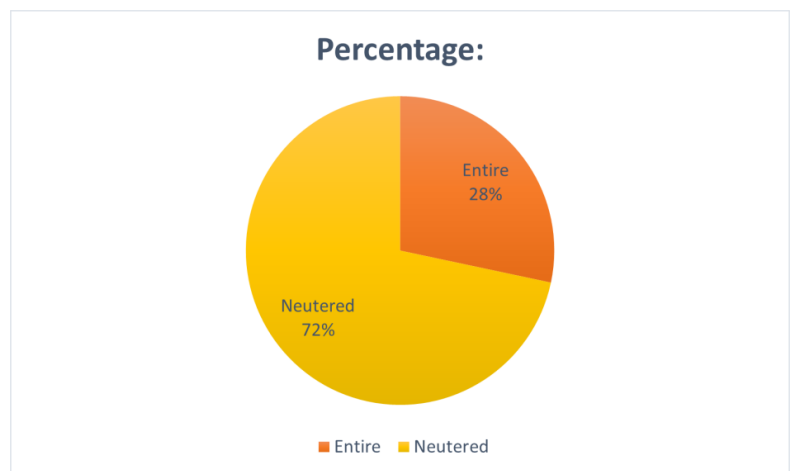
Fig 1: Demarcated target area for DGAS-DTW 24-25 ABC Project

According to the project we have covered

1. Chota Pattabong TE
2. Bada Pattabong TE
3. Tukvar TE
4. Shri Dwarika TE
5. Singla TE
6. Bernesbek TE
7. Happy valley TE

We are currently catching dogs from Singtam TE (light green) and Soom TE (red) is next in line.

Fig 2: As per the post ABC survey conducted in the 7 listed Tea Estates, it was found that we have achieved 72% sterilization.



Record Keeping in Excel Sheets

1	A	B	C	D	E	F	G	H	I	J	K	L	M	N
2	LOCATION	SUB DIVISION	DATE	SPP	AGE	SEX	ABC	REMARKS	CATCHER	OWNER/CARETAKER	DETAIL PHONE NUMBER			
3	Harsinghatta	Kothi Gaon	4.3.24	can	A	F	Y	pregnant	b	stray				
4	Ward 1	Abi Bari, Pul Bari	4.3.24	can	A	F	Y		b	stray			at net caught	
5	Isolung	Gohi	4.3.24	can	A	F	Y	season	b	stray			b hand caught	
6	Harsinghatta	Ghumti Gaon	4.3.24	can	A	F	Y		b	stray			Yi yes	
7	Rangpet TE		4.3.24	can	A	F	Y	unicorns	b	stray			NI no	
8	Pandam TE		4.3.24	can	A	F	Y		b	stray	707022983		ND not done	
9	Harsinghatta	Rai Gaon	4.3.24	can	A	M	Y		b	stray			ADJ already done	
10		Garech Gram	7.3.24	can	A	F	Y		b	stray				
11	Badrinam TG	Tyakhadhura	7.3.24	can	A	F	Y	pregnant	b	Deep Rai				
12	Badrinam TG	Sambal	7.3.24	can	A	F	Y		b	Sudesh Rai				
13	Thakur Bary	Pool Dera	7.3.24	can	A	M	Y		b	Desh Rai				
14	Ward 2	Jore Bhangur	7.3.24	can	A	M	Y		b	stray				
15	Ward 22	Yuma Hospital	8.3.24	can	A	F	Y	pregnant	b	stray				
16	Ward 22	Yuma Hospital	8.3.24	can	A	M	Y		b	stray				
17	Ward 22	Yuma Hospital	8.3.24	can	P	ip-7m	M	Y	cryptochi	b	stray			
18	Harsinghatta	Kothi Gaon	12.3.24	can	A	F	Y	early pregnancy	b	stray				
19	Harsinghatta	Upper	12.3.24	can	A	F	Y	season	b	stray				
20	Harsinghatta	Upper	12.3.24	can	A	F	Y		b	stray				
21	Harsinghatta	Chandranai	12.3.24	can	A	F	Y	pregnant	b	stray				
22	Harsinghatta	Rai Gaon	12.3.24	can	A	F	Y	pregnant	b	stray				
23	Harsinghatta	below MRI Shop	12.3.24	can	A	F	Y	pregnant	b	stray				
24	Harsinghatta	below MRI Shop	12.3.24	can	A	F	Y	early pregnancy	b	stray				
25	Harsinghatta	Kothi Gaon	12.3.24	can	A	M	Y		b	stray				
26	Harsinghatta	Rai Gaon	12.3.24	can	A	M	Y		b	stray				

16	Ward 32	Ghumti Gaon		can	A	F	Y	SI, season, pyoderma	season b	Sagar Sharma	9913021306			
17	Singla TE	MSK School Singla ABC 18.11.24		can	A	F	Y	FI, cyst, pyometra		Ashokmar Rai	6294423065			
18				can	A	F	Y	oral papilloma, season, pseud b		T. Chong Limbu	6294810386			
19				can	A	F	Y	season, FI		Mallesh Limbu	6297270993			
20				can	A	M	Y	FI		Ashar Limbu	7029449566			
21				can	A	F	Y	early preg, anemic, FI		Ash Limbu	9519682034			
22				can	A	F	Y	FI, Lt. Involubum		Pradyep	9807789227			
23				can	A	F	Y	FI, Lt. Involubum		B. Subba	9917769127			
24				can	A	F	Y	season, FI		Upasana Thapa	7384343917			
25				can	A	F	Y	early preg		Santosh Mukhia	8375026989			
26				can	A	F	Y	season, FI		Karuna Chettri	9382874681			
27				can	A	M	Y	SI		Deepen Subba	7908553072			
28				can	A	F	Y	early preg, anemic, FI		Amin Subba	6366165219			
29				can	A	F	Y	season, PCO		Sameran Rai	9812727916			
30	Barnesabad TE	MSK School Singla ABC Camp		can	A	F	Y	early preg, FI		Bijay Rai	6294248616			Organizers: 8670360762 Sewa Darpan: 8670360762
31				can	A	F	Y	early preg		Somesh Bawa	8612736214			Upasathan Gonyi Dhara: Anjay Limbu
32				can	A	F	Y	early preg		Kiran Subba	8018180956			
33				can	A	F	Y	early preg, FI		Rohit Thapa	7868816261			
34				can	A	F	Y	preg, lactating, enteritis		Anjay Subba	9593935428			
35				can	A	F	Y	season, FI		Ushra Rai	8872124726			
36				can	A	M	Y	SI		Phanika Subba	7940657910			
37				can	A	F	Y	preg, under wt., FI		Manojana Subba	7908553072			
38				can	A	F	Y	early preg		Sudha Raj	8112043084			
39				can	A	F	Y	season		Souam Ramang	6297989033			
40				can	P	F	Y	season		Sachin Rai	6297989033			
41				can	A	F	Y	preg		Bhadra Tamang	7531064027			
42	Takur TE	Kerbari, Singla Comm 17.11.24		can	A	M	Y	FI		Madhavi Pradhan	7001804215			

Fig 3 & 4: Screen shots of excel sheets used for record keeping

We feed the details of each and every patient in excel sheets and colour coordinate for alternate days for ease of calculation.

The excel sheets have variables like :

1. Place/location,
2. Species,
3. Age,
4. Sex,
5. Comments/remarks/observations before, during and after surgery
6. Dog catching method,
7. Owner/Care-taker name and
8. Contact details

The owners who bring their dogs to the shelter for sterilization, bring their dogs the next day for examination. Those operated in camps, we contact their owners/care-takers/volunteers on 1st day after the camp and encourage them to contact us if they feel the wound is infected with reference to the leaflet handed over to them.

The in-house animals are examined in the evening post-op before their 2nd dose of buprenorphine injections, and the following morning for their 3rd dose before release. A strict surgical sheet is maintained for each patient. When we release the animals we inform the local people nearby to keep a watch and inform us if the wounds don't look good or the animal doesn't look well after release.

ABC-ARV Camps conducted in collaboration with ARDD



Fig 5: ABC-ARV Camp in Chota Pattabong TG in collaboration with Mobile Veterinary Unit (MVU) Bijanbari



Fig 6: ABC-ARV Camp in Bada Pattabong TG in collaboration with MVU Bijanbari



Fig 7: ABC-ARV Camp in Namring TG in collaboration with BLDO Takdah TE



Fig 8: ABC-ARV Camp in Pulbazar, Bijanbari in collaboration with MVU Bijanbari



Fig 9: ABC-ARV Camp in Namring TG in collaboration with BLDO Takdah TE

Reason for doing camps outside our target areas

Additionally, this year we have done multiple camps outside our target areas, like:

- Rimbik
- Ghalaytar, Sittong 1 GP
- Sonada
- Jalapahar Cantonment Area
- Risheehat
- Relling
- Pulbazar
- Mangpoor
- Takdah

This is because; to achieve our goal of neutering minimum 70% of dog population we need government support. We realized that when we conduct camps in collaboration with government Mobile Veterinary Units (MVU) the turn up is more since they get free medications for their animals through them. This also helps us maintain cordial relations with the government for future collaborations. Most of these camps have been requested by BLD Officers and Veterinary officers for the public. This gives rise to trust, collaboration, interdependency and symbiotic relationship between the government department and our NGO which will be beneficial in the future.

ABC-ARV Camps conducted with the request of local bodies



Fig 10: DGAS-DTW ABC-ARV Team felicitated by the President of Uday Kiran Samaj and members at Limboo Busty,



Fig 11: ABC-ARV Camp at Sonada in collaboration with We Care Sonada, another animal welfare NGO



Fig 12 & 13: DGAS-DTW ABC-ARV Camp at Rimbik Samten Monastery



Over the months there has been an increase in requests for ABC-ARV camps due to sensitization by the team and by locals through social media.

Guidelines for ABC-ARV Camps followed by DAS

1. Interested parties need to submit application requesting for the same.
2. In-case of 2 days camp:
 - a. First day: All free roaming/stray dogs will be operated and kept in the hall with a volunteer caretaker. They will be released the next day after proper check up.
 - b. Second day: first half remaining community/FRDs there after owner dogs if any*
3. For one-day camps: First half will be stray dogs followed by owner dogs to make sure stray dogs fully recover by the time the team leaves the venue
4. Inform and collaborate with locally stationed government vets/para-vets/prani-mitras so that they can provide quick aid if needed, as these camps are mostly held in places far away from our station.

Most of the time the organizing parties are generous enough to arrange community halls, electricity, water, food, tables and bricks for us. They assign volunteers to help us register the dogs for ABC and ARV and also keep watch during post-op recovery. Sometimes our Integrated Bite Case Management (IBCM) Officers also join us to sensitize the public on rabies, benefits and importance of ABC surgeries for population control.



Fig 14: Caretakers of community dogs waiting for the dogs to recover post-op

Activities in an ABC-ARV Camp



Fig 15: Hauling out the gears at Limboo busty, Tukvar TE ABC-ARV Camp



Fig 16: Dog Catching at Jalapahar Cantonment ABC-ARV Camp



Fig 17: Community Dog Care Takers/Owners bringing their dogs for ABC



Fig 18: Preparing for ABC-ARV Camp on site



Fig 19: Calming and gaining trust of a scared stray dog before sedation during ABC-ARV Camp



Fig 20: Prepping for surgery at Jalapahar Cant. ABC-ARV Camp



Fig 21: Dr. Shivani & Naren during surgery at Kurseong ABC-ARV Camp



Fig 22: Post-op monitoring at Sonoda ABC-ARV Camp



Fig 23: Preparing to autoclave next batch of sets before lunch at Limboo Busty ABC-ARV Camp



Fig 24: Local volunteers looking after dogs post-op recovery at Limboo Busty ABC-ARV Camp



Fig 25: Dogs during post-op recovery



Fig 26: Packing up after Namring TE ABC-ARV Camp

Updated camp leaflet

WORKING IN COLLABORATION WITH



Darjeeling Animal Shelter ABC Recovery Information Leaflet

Immediately after the surgery:

- Keep the animal in a confined room with good ventilation and soft comfortable bedding
- Supervise/ attend the dog till complete recovery (Can hold his/her Head on its own. Can walk without support.)
- Animals recovering from surgery can sometimes stagger/fall down, please keep a watch on such animals.
- Provide clean drinking water
- Do not let the animal lick the surgical site

In the evening after surgery:

- Provide freshly prepared food (Kholey) don't forget clean drinking water!
- Buprenorphine oral tab: after food

Next day after surgery

- Melobest oral tab: after food, once a day x 2 days
- Buprenorphine oral tab: after food & repeat in the evening




Wound care and management

- Do not touch the wound if it looks clean and dry
- Clean the wound with Normal Saline if in-case the wound is soiled
- Do not let the dog lick the wound

Fig: Leaflets we distribute at the ABC-ARV Camps for public sensitization

These leaflets are handed over to the owners or care-takers during ABC-ARV Camps so that it would be easier for them to know what to do and when to approach the vet post-op.

Fig 27: Last page and first page of the leaflet

HOW A SURGICAL WOUND SHOULD LOOK	
DAYS	SURGICAL WOUND IMAGE
DAY 1	 Clean wound, some bumps, no oozing
DAY 3	 Clean wound, some bumps, no oozing, no redness
DAY 7	 Clean wound, some bumps, no oozing, no redness





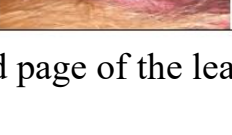

CONTACT DARJEELING ANIMAL SHELTER IMMEDIATELY IN Ph. No.:- 9547270076 / 8250525127 IN CASE THE WOUND LOOKS LIKE THIS:	
	1. The wound does not look clean and dry
	2. If there is pus discharge
	3. If it is red and inflamed
	4. If it is hot to touch
	5. If the dog is licking the surgical site constantly
	6. If the suture is broken

Fig 28: Second page and third page of the leaflet

Community Engagement



Fig 29: Community coming together at Singla TE ABC-ARV Camp

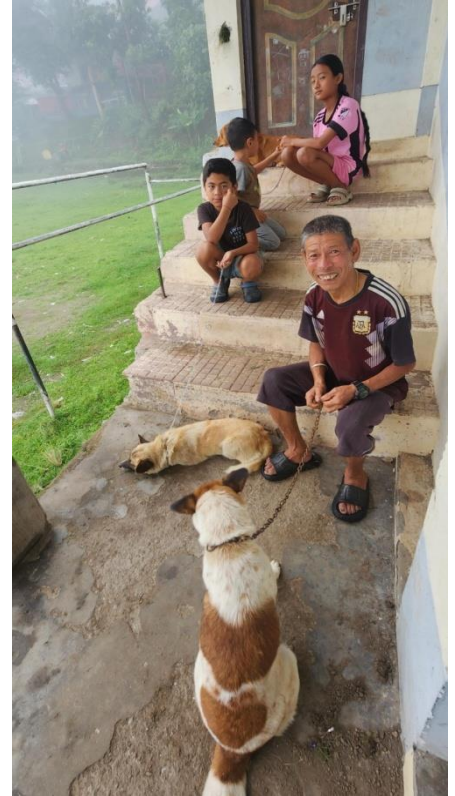


Fig 30: Happy faces of locals at Namring TE free ABC-ARV Camp

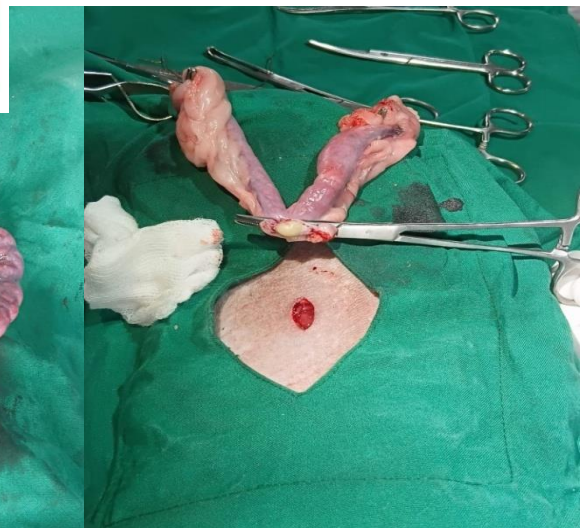
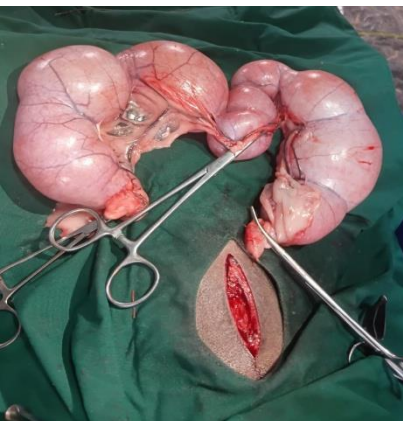


Fig 31: Sandy with her caretaker at Bernesbek TE ABC-ARV Camp



Fig 32: Community coming together at Tukvar TE ABC-ARV Camp

Importance of ABC-ARV Out-reach Camps



On few of ABC-ARV Camps on the bordering areas we encountered distressing cases with nearly 80% of female dogs brought in for ABC were suffering from pyometra. When we inquired, we learned that the animals had been injected with Human Contraceptive Injections (HCI) called “Sangini”, to prevent pregnancies. With no proper access to sterilization services, dog owners felt compelled to opt for HCI, despite the steep cost of INR 1000/- per shot. The use of HCI in animals not only puts their health at risk but also raises concerns about unqualified individuals administering such treatments. These situations highlight the undeniable importance and need for skilled humane and reliable ABC services, not only in municipality but also in rural and isolated areas, where safer options are often unavailable.

Fig 33: Pyometra as a result of using Human Contraceptive Injections

Sensitization through different medias

To reach our target population we use the help of different medias like postering, social media platforms and word of mouth. The most effective being collaborating with the panchayats, local organizations, self help groups who use word of mouth and social media platforms for information dissemination.



Fig 34: Social-media posts on Facebook by the local organizing body



Fig 35: The DAS team postering in Puttabong village, a week before the camp was held. These posters are in Nepali

New Animal Ambulance for ABC



Fig 36 & 37: Making full use of our new well equipped ABC Animal Ambulance during ABC-ARV Camp at Relling



The new ambulance with foldable tables, in-built generator and attached canopy has helped us conduct ABC-ARV Camps in places where community halls and electricity were unavailable. In the past were lack of these would make us feel crippled, now makes our team unstoppable in any adversities.

Perks of New Shelter Bike



Fig 38: Taking a patient for X-ray



Fig 39: Post-ABC Survey

Since we've bought the new bike it has helped us in numerous situations which posed as challenging before, like taking single or small patients for X-rays, saves time in traffic jam during tourist season and saves us from the hassle of taking ambulance for pre-post ABC surveys

Upgrading sedation alley



Fig 40: Before



Fig 41: After

It has been much warmer and safer for the patients after increasing the height of the sedation alley walls. The windows help in regulating fresh air to assure ample light and air circulation for the patients, and the 6mm heavy duty rubber sheet acts as an insulation for the sedated animals.

Annual Enumeration of Dogs



Fig 42: walking through roads, alleys and in-between houses for our annual dog enumeration data collection

Post ABC Survey



Fig 43: Post ABC Survey at Singla TE



Fig 44: Post ABC Survey at Bada Pattabung TE



Fig 45: Post ABC Survey at Tukvar TE, para-vets feeding the data in the app

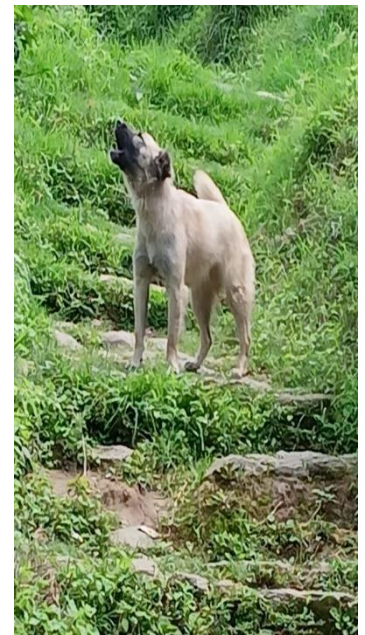


Fig 46 & 47: Meeting our furry friends during post ABC Survey

Refresher courses for para-vets



Fig 48: Dr. Shivani explaining how to approach a dog in pain



Fig 49: DAS team performs a mock session on CPR



Fig 50: Refresher session on surgical scrubbing, surgical gloving, consent and surgical form fill up



Fig 51 & 52: Para-vets performing surgical scrubbing and surgical gloving



Fig 53: Session on Five Freedoms under Animal Welfare



Fig 54: How to carry/handle a docile dog



Fig 56: How to correctly fold a surgical drape and pack a surgical set



Fig 55: How to administer vaccine subcutaneously

WVS Training for DAS Para-Vets



Fig 57: Para-vet Umang receiving his WVS training completion certificate



Fig 58: Para-vet Riwaz receiving his WVS training completion certificate

Sending our para-vets for WVS training course has helped increase their confidence and efficiency, also making them good adapters as they learn and work with different people in the training programme.

Enrichment Zone



Fig 59: Putting up of sign board after completion of fencing the enrichment zone



Fig 60: Maintenance of enrichment zone by DAS para-vets



Fig 61: Beautiful baby recovering from TVT basking in the sun, soaking up all the warmth in our enrichment zone



Fig 62: Two BFFs relaxing in a sunny day

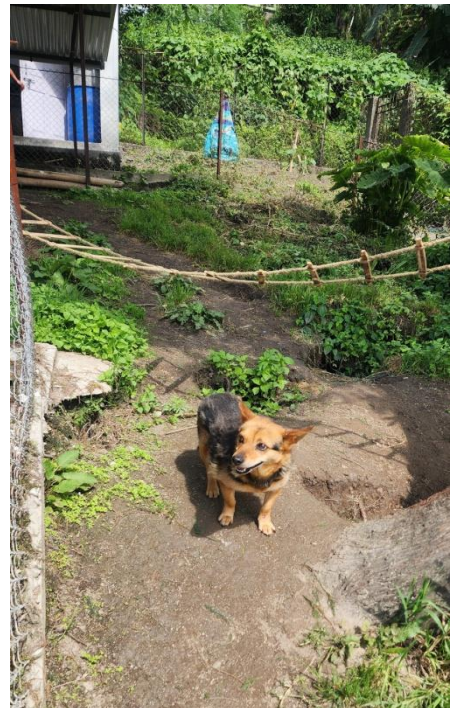


Fig 63: Rescue dog enjoying a little time-out

The enrichment zone has helped us make the ailing animal's stay here at the shelter a little more livable. It's their best time of the day getting to feel the soil and grass beneath their feet with such a huge area for relieving themselves. The warm sun and cool breeze helping them settle their nerves.

Challenges Faced & Changes Brought

Sl. No.	Challenges Faced	Changes Brought
1.	To decrease the time a dog stays at the shelter	Adopted new surgery protocol
2.	Unable to conduct ABC Camps at remote areas without electricity, substantial hall and other amenities	Fully equipped ABC Animal Ambulance with generator, detachable tables and canopy
3.	Two drum autoclave took up too much space and electricity to sterilize costing us more than an hour during camps	Bought single drum small autoclave which cuts 2/3 rd of the time
4.	Had to complete 10 surgeries and wait for the sets to get sterilized since it was 2-drum autoclave and sterilizing single drums wasted time	With the help of smaller autoclave we started sterilizing sets continuously after completing every 5 surgeries which saves a lot of time
5.	Only 10 full surgical sets making us loose time during sterilization in camps	Purchased 8 more sets
6.	During 2-days over night halt camps it was challenging as drapes did not dry over night and in some places there were scarcity of water to wash the drapes	Made extra drapes so that we had enough for 50 surgeries as we started doing 20-25 surgeries per day due to proper time management
7.	Plain leaflets with only literature which were discarded by the public soon after reaching home	Updated leaflets with pictures for visual representation to keep the public engaged
8.	Rubber mats were used on OT tables during camps	Changed to mattresses to provide insulation and comfort esp. during winter seasons

Sl. No.	Challenges Faced	Changes Brought
9.	Generator fuel gives out quickly	We always carry extra fuel
10.	Electricity issues during camps	Bought extension cord
11.	Dearth of man power during camps to fill consent forms, register, keep the public in check so they do not contaminate our prepared area	Asked for local volunteers and incorporated it in our guidelines as a necessity
12.	Faced a few cases where the owners fought to operate their dogs before strays/FRDs in camps	Enforced a guideline where strays/FRDs were kept as first priority in every situation
13.	In a camp they reported a single stray animal with infected surgical site the next day after getting wet in the rain	Made it mandatory in our guidelines that first preference will be given to stray/community/free roaming dogs who should be held over night at the venue and will be let out after through examination by DAS team or assign local vets/para-vets/prani-mitras/volunteers the next day
14.	We were using single mobile phone for both clinic and ABC which hindered our surgeries esp. during camps attending calls for clinic	Purchased separate mobile phone for ABC data storage and connections
15.	Staff following old operational protocols	Conducted numerous refresher and crash courses to update themselves
16.	Difficulty in organizing camps	Sensitized public through IBCM officers about Rabies and importance of dog population management through ABC surgeries, and also collaborated with government and local bodies which improved our turnover in camps

Sl. No.	Challenges Faced	Changes Brought
17.	Faced problem catching remaining/new dogs in the municipality areas	Identified and made list of all dog feeders/animal lovers in each ward and asked for their help during catching mostly without using nets and also asked them to inform us if there were any new dog citing in their respective locality.
18.	No designated space for sedation pre-op and the prepping room would be cramped with to be and already sedated animals	Converted the small passage outside prepping room into sedation alley
19.	Using human weighing scale which would be difficult when we had to carry aggressive/timid/very heavy dogs to weigh them	Bought animal weighing scale with larger platform
20.	Following old treatment protocols	Updated protocols after thorough research and discussion, eg. TVT protocol, deworming and vaccination schedules
21.	Using the same formats, recording keeping methods, outdated forms	Updated all and immediately put to use
22.	Faced problem during tourist season due to heavy traffic jam where taking out our vehicle was futile for surveys	The new bike has put this issue to rest.

Lessons learnt & variables to be considered in the ABC Project

In spite of all these efforts there are still few months in a year, where we do not perform well and are unable to reach our target due to the following reasons.

1. During monsoon season camps we do not find stray/FRDs as its pouring and they have all taken shelter in places where they cannot be found. The public also do not show up for the same reason.
2. Some days our vehicle breaks down
3. Some camps even if we reach the venue by 8am after starting at 5-6am from base, the public doesn't show up since it's the only day they get holiday.
4. Some camps are cancelled over night as the organizing committee decides that village picnic is more important.
5. Few people come but only want to get their pets vaccinated against rabies and refuse to sterilize them since it is a male dog and castrating them makes them less of.
6. In some camps the team has to reach the venue and catch dogs for more than half a day, operate and get back to base, leaving us very less time to do good numbers.
7. Government parties are willing to conduct camps only during weekdays which is difficult in Tea Estates as they are daily wagers and are unwilling to take leave for the same. This also means that their dogs follow them to the tea gardens during the day so it is sometimes futile to hold camps as we will not be able to catch dogs even if we wanted to.

Impact created

Implementing the One-Health approach of facing a problem with interdisciplinary involvement of the community has been the best at going forward with this project fairly smoothly.

Bringing together the government veterinary department, municipality, panchayats, samaj, self-help groups, NGOs, animals lovers, animal feeders and the local community to organize ABC-ARV camps to help control dog population and vaccinate against rabies.

Creating awareness about the importance and need for ABC surgeries and how it is beneficial for their animals as it saves them from 70% of STDs and other reproductive organ diseases, how it helps in controlling animal abuse and abandonment cases and how it helps in reducing pack formation which intern reduces dog-bite incidents. All these have helped us increase community participation and positive response from the public.

Seeing our technically sound and skilled veterinary team in action has garnered trust and faith throughout the communities we have interacted with, which has resulted in the increased requests for ABC-ARV Camps.

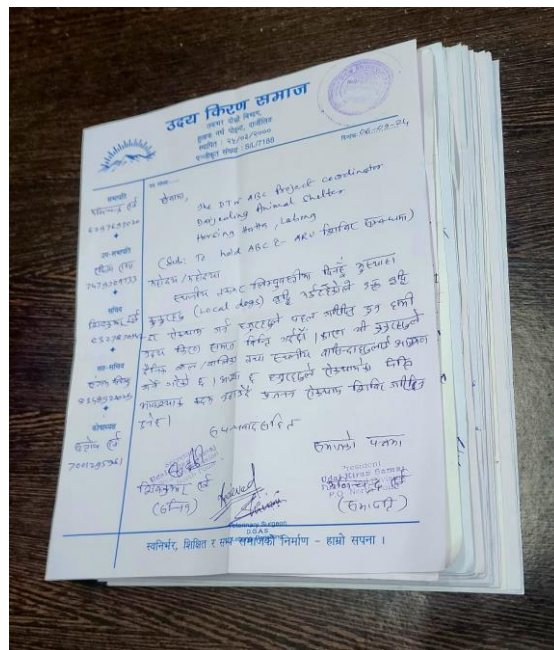


Fig 64: A stack of applications requesting ABC-ARV Camps from government and non-government organizations/bodies

Thank You DTW!



With hearts full of gratitude the Darjeeling Animal Shelter family thanks DTW for funding DAS and in turn helping numerous animal and human lives. All the funds have been put to good use and has helped us improve our skills and productivity. We thank you for helping us help those in need and creating impact in the hearts of all who have received our services.

Dr. Shivani Pradhan

(Veterinary Epidemiologist & Preventive Medicine Specialist)

Vet-In-charge

Darjeeling Animal Shelter

Harsing Hatta

Lebong-734105