



# Indian Public Health Association

(Official Publication: Indian Journal of Public Health)  
Headquarters Secretariate  
110, Chittaranjan Avenue, Kolkata 700 073  
Registered under Society Act No. S/2809 of 1957 - !

Founder Member  
World Federation of  
Public Health Associations  
Washington, DC

## ANNUAL REPORT OF THE SECRETARY GENERAL, FOR THE YEAR 2008

Hon'ble President Prof. T.S.R. Sai and distinguished members of the Indian Public Health Association, I will now present before you the annual report of the association along with the reports of the state and local branches for the year ending 31<sup>st</sup> December 2008.

### 1. Meetings

Sl.	Meeting	Date & Venue
1.	52 <sup>nd</sup> Annual Central Council Meeting	6th March 2008 at 06.00 pm in the Conference Room, Dean's Office, MAMC, New Delhi
2.	52 <sup>nd</sup> Annual General Body Meeting	7th March 2008 at 06.00 pm in the Auditorium, MAMC, New Delhi
3.	Meeting of IPHA Academic Committee	1 <sup>st</sup> April, 2008 at 04.00 pm in the Office Room of IPHA HQ, Kolkata.
4.	148 <sup>th</sup> Central Council Meeting	18th April, 2008 at 03.30 pm in Dept. of Community Medicine, KIMS, Bangalore
5.	Meeting of IPHA Academic Committee	30 <sup>th</sup> June, 2008 at 05.30 pm in the Office Room of IPHA HQ, Kolkata.
6.	Meeting of IPHA Oration Committee	28 <sup>th</sup> July 2008 at 01.00 pm in the MAMC Guest House, New Delhi
7.	Meeting of IPHA Purchase Committee	1 <sup>st</sup> September, 2008 at 04.00 pm in the Office Room of IPHA HQ, Kolkata.
8.	149 <sup>th</sup> Central Council Meeting	28th September, 2008 at 02.00 pm in IPHA Bhaban, Kolkata
9.	Meeting of IPHA Academic Committee	1 <sup>st</sup> October, 2008 at 04.00 pm in the Office Room of IPHA HQ, Kolkata.
10.	Meeting of IPHA Fellowship Credential Committee	15 <sup>th</sup> October, 2008 at 04.00 pm in the Office Room of IPHA HQ, Kolkata.
11.	Meeting of IPHA Award Committee	15 <sup>th</sup> October, 2008 at 04.00 pm in the Office Room of IPHA HQ, Kolkata.
12.	Meeting of Indian Academy of Public Health	28th November, 2008 at 11.30 Am in IPHA Bhaban, Kolkata
13.	Emergent Meeting of Central Council	8th December, 2008 at 04.00 PM in the Office Room, IPHA, Kolkata
14.	Meeting of the Award Committee	9th December, 2008 at 04.00 PM in the Office Room, IPHA, Kolkata

The minutes of all the Central Council meetings have already been circulated.

### 2. Reports of Functional Committees:

#### A) Academic Committee:

The Academic Committee was constituted under the chairmanship of the Ex- Secretary General Prof. Sandip Ray in the 51<sup>st</sup> IPHA Annual conference. The committee discussed and proposed formation of Indian Academy of Public Health under the auspices of IPHA. This will be a platform to encourage the public health specialist to study the evolution and contemporary development of public health, perfecting the methods of developing evidence based health intervention as per the health needs and improving the

administration of the comprehensive health care package universally. The Academic Committee proposed the following guidelines for the Indian Academy of Public Health:

- 1 The Indian Academy of Public Health will work as an expert committee of the IPHA
2. The Head Office of the Academy shall be situated at the IPHA Headquarters, Kolkata.
3. The Academic Council: An academic council will be formed with the members of the IPHA who must have significant contribution as teacher, research worker, and Public Health practitioner with recognized contribution in Public Health and are willing and able to give sufficient time to fulfill the objectives of the Academy. The CC members and fellows would nominate the council members for a period of Three years. The Academic Committee will screen nominations. Non participation or insignificant contribution, which would be annually monitored, will debar any member to continue. The maximum number of council members would not be more than 10. The Secretary General and President shall be Ex officio members of the Council as per constitutional norms. In addition Chief Editor/Editor will be the ex-officio members. For any specific purpose members with special qualification/experience may be co opted for such activity but with post facto permission of Central council of the IPHA. The Academic council will have a Chairperson and a Member Secretary either of whom should be stationed at the headquarter, to facilitate functioning of the Indian Academy of Public Health. Following ratification by the CC, the Headquarter Secretariat will execute the recommendations made by the Academic council.

#### 4. TOR

- To encourage, foster and maintain the highest possible standards in public health practice
- To undertake and assist statutory bodies like MCI in redesigning the existing curriculum of public health as per the emerging health needs.
- To undertake or assist others in undertaking training courses or other educational activities designed to enhance the knowledge and skill of public health practitioners.
- To encourage carrying on, by public health practitioners and others, of research on matters of health & health systems with a view to the improvement of public health practice and to undertake or assist others in undertaking such research. To encourage the public health practitioner to do health system research and share the results with the health providers (public & private) & public at large to improve the health condition of the community.
- To assess the quality of health care package & practice by the health care providers and share the same with the public & providers for providing the best evidence based & cost effective health care package and its efficient utilization.
- To standardize the methods of public health practices based on scientific evidence & logic.

At the 1<sup>st</sup> meeting of the ad hoc committee of the IAPH (formed in the 149<sup>th</sup> CC meeting), a decision has been taken to look into the Post Graduate & Undergraduate Public health Curricula to critically analyze their relevance, to define the competencies and skills required, to formulate a core curriculum based on the health, to define the essential inputs infrastructure, man power, hardware & soft ware necessary for conducting such training and to develop an evaluation process. The time frame for this activity has been fixed as within next 6 months

#### B) ORATION Committee:

The recommendations of the Oration Committee have been ratified by the CC members and the Orations during the 53<sup>rd</sup> Annual National Conference have been finalized as follows:

Sl.	Oration	Orator
1.	Dr. B.C. Dasgupta Memorial Oration	<b>Dr. F.U. Ahmed</b> Principal & Dean, Apollo Medical College (Chittoor), AP
2.	Dr. A.L. Saha Memorial Oration	<b>Dr. Sanjay Zodpey</b> Director, Public Health Education, PHFI, New Delhi
3.	Dr. K.N. Rao Memorial	<b>Dr. V. Chandrashekhar</b>

	Oration	Professor & Head, Dept. of Community Medicine, Rangaraya Medical College, Kakinada, AP
4.	Dr. J.E. Park Memorial Oration	<b>Dr. B.C. Das</b> Principal & Dean Kalinga Institute of Medical Sciences Bhubaneswar, Orissa
5.	Dr. J.K. Sehgal Memorial Oration	<b>Dr. P.L. Joshi</b> Director, National Vector Borne, Diseases Control Programme (DGHS), New Delhi

**C) Awards Committee:**

Only 1 paper has been received for the P C Sen Award on Rural Health Practice. This has been subjected to preliminary review and has qualified for presentation during the award paper session. Despite repeated reminders through the journal there was no submission for the S D Gaur Award. Members are requested to take earnest measures to improve participation in both these competitive paper sessions. The previous backlogs of R N Roy award have been cleared. Since the 53<sup>rd</sup> conference has been scheduled during early January and the last issue of the journal published only during the last week of December, there was not enough time to review the published papers for the R N Roy award for best paper published in IJPH during 2008. This will be awarded during the next conference.

**D). Fellowship Credential Committee:**

**Based on the proposals and applications received, the following fellowships were awarded:**

**Honorary Fellowship Award:**

1.	<b>Dr. Jai P. Narain</b>	Director Department of Communicable Diseases World Health Organization Regional Office for South-East Asia Indraprastha Estate, New Delhi – 110002
----	--------------------------	--

**Fellowship Award:**

8 applications received, one rejected and seven were accepted by the credential committee. Following life members were elected for the award of fellowship. Total ballot received 59 and valid votes were 54. Following life members were elected as follows:

1. **Dr. Debnath Chaudhuri**
2. **Dr. Gautam Kumar Joardar**
3. **Dr J. Ravi Kumar**
4. **Sri. Ram Narayan Mandal**
5. **Ms. Geeta Sengupta**
6. **Dr. Rabindra Nath Sinha**

However the poor response of Fellowship ballots is a cause for concern.

**E. Public Health Cadre Committee:**

Following the decision taken in the last ACC and AGB, on the basis of the presentation made by this committee, an appeal has been drafted for submission to the Hon'ble Minister of Health and Family Welfare GoI, as follows:

<b>Memo No.....</b>	<b><u>An Appeal</u></b>	<b>Date:</b>
To <b>Dr A Ramdoss</b> The Hon'ble Minister in Charge Department of Health & Family Welfare		

## Government of India

Public health practice has been defined as the science and art of disease prevention, prolonging life, and promoting health and well-being through organized community effort for the sanitation of the environment, the control of communicable infections, the organization of medical and nursing services for the early diagnosis and prevention of disease, the education of the individual in personal health and the development of the social machinery to assure everyone a standard of living adequate for the maintenance or improvement of health.

. A successful public health system focuses on prevention and health promotion rather than the cure and treatment. This paradigm aims at promoting health systems that actively change the conditions that make people sick.

Public health systems throughout the developing world are consistently involved in improving health services. In spite of the vastly improved technology and communication facilities, delivery of health care by these systems remains a labor-intensive process hence manpower remains a critical component.

Prime Minister of India said 'The importance of public health in India's development cannot be over emphasized' The National Health Policy 2002 aimed towards a policy structure to reduce health inequalities by ensuring a more equitable access to health services across the social and geographical expanse of the country and increasing the aggregate public health investment through a substantially increased contribution by the Central Government.

We need public health professionals equipped with expertise and managerial skills to design and deliver health programmes at the national level and down to the village level. We must also provide relevant training to enhance the capabilities of health care providers involved in public health activities. The Calcutta Declaration on Public Health (December 1999) called for countries to promote public health as a discipline; to recognize the leadership role of public health in formulating and implementing evidence-based healthy public policies, in creating supportive environment and enhancing social responsibility, and in advocating increased allocations of human and financial resources for health to strengthen and reform public health education, training and research.

The public health administration at the State level is to render effective service delivery. This warrants creation of a separate public health cadre for different categories of personnel e.g. Health Officers, Public Health nursing etc. The posts of incharge CHC, Dy CMO, CMO, programme officers at state and Director Public to be manned by those with public health qualification

We must address the capacity gap among health personnel. There is a severe shortage of trained public health professionals with an understanding of the principles and practice of Public health services including broad based multi-disciplinary knowledge of the determinants of health. In the changing scenario, issues like public health standards, public private partnership and accreditation and health insurance need special inputs in the training and attitude of health managers. Managing epidemiological surveillance and programme interventions based on that shall result in cost efficient and effective preventive and promotional efforts. All this requires a sound knowledge and professional skill of epidemiology, biostatistics, health management, HMIS etc. This can be done by only those with PG qualification in public health and not a generalist. Due to shortage of trained public health professionals, public health services are delivered by personnel who are only trained to provide clinical service. Such deficiencies in the public health sector have much more profound effect than in the area of patient care. This ad- hoc working arrangement neither helps in carrying out the public health activities as per the National Programs effectively nor improves the patient care as this becomes an additional burden to the clinicians who are basically trained for patient care only. (The shortage of trained manpower is more acute within the public health services sector and generates a more severe impact than deficiencies in the clinical sector.

We need public health professionals equipped with technical expertise and managerial skills to design and deliver health programs from the national level down to the village level. We must also augment public health training capacity and provide relevant need based training to enable States to provide effective public health services and provide health services to the needy with the Primary health care approach Though "Health" is in the state list of the constitution but the nature of public health activity is beyond the scope of state function and hence may be considered as a concurrent list activity. Accordingly to formulate & implement the Public Health Activities in the country, a uniform All India based Public health Cadre is the need of the day. So there should be a uniform recruitment, training, posting, promotion policy for Public Health Professionals.

In the context of the above, the Indian Public Health Association believes a separate cadre of Public Health managers may be the most appropriate option to address some of the issues raised above.

The proposed cadre should have:

- An All India based rational cadre structure - need-based and scientifically formulated
- A well-defined recruitment policy – to attract young and talented medical professionals
- A rational promotion policy – to motivate the officers. Seniority will not be the only criteria for promotion, but qualification and performance should also be considered
- Incentives – Higher pay scales, pay to the post, quicker promotions, fringe benefits like allowances for transport, telephone, conference attendance, etc. can be taken up after cadre has been created.
- Encouragement and incentives for higher education and training in public health related courses
- Seat reservation for In Service Carders in Post Graduate Seats & their proper utilization in their Service Sector.
- Medical persons will be at the helm of affairs due to their technical knowledge, scientific background, epidemiological exposure, orientation of social research & close contact with society.
- The Public Health Specialists must possess at least DPH qualification.
- The Post Graduate Degree / Diploma must be recognized by Medical Council of India or National Board of Examination, (NBE) Govt. Of India.
- Preference will be given to those candidates who are in service in government/ registered non-governmental sectors.
- In service candidates must get the facility of Trainee Reserve with all the benefits of the respective Service.
- The successful candidates should be properly utilized in the respective Service, after completion of the training

**NON-MEDICAL Public Health Professionals** should also get opportunities for appropriate need based education, in-service training, placement & incentives for better functioning. Non Medical Professionals should possess PG qualification in their respective branches like DPHNO, DHE, MPH, and Master in Medico-Social Work etc .

#### **Eligibility for Admission to Public Health Post graduate Course**

- Recognized Bachelor's Degree in Medicine and Surgery, in the field of Allopathy/ Ayurveda / Unani / Siddha / Homeopathy and Dental surgery/
- Recognized Bachelor's degree in the field of Nursing/ Pharmacy/Physiotherapy/ Hearing and Speech Therapy/ Rehabilitation / Public Health & other allied subjects with at least one year working experience in respective fields.
- Recognized Master's Degree in. Psychology / Sociology / Anthropology / Economics / Social Work /Nutrition/ Political Science / Education/ Population Sciences/Life Sciences/Disaster Management /Environmental Science/ Mass Communication/ Bio-Statistics with at least three years not one year working experience in medical and health fields.

We would request you to consider our proposal and to translate it into action at the earliest.  
With regards

Yours sincerely  
Secretary General  
Indian Public Health Association

#### **F. Purchase Committee**

A purchase committee has been formed in the 149th CC meeting for procurement of goods for the association including the Bhaban. The committee consists of:

- (i) Secretary General – Dr. Madhumita Dobe
- (ii) Two Joint Secretaries – Dr. R. Biswas and Dr. Kuntal Biswas
- (iii) Treasurer – Dr. Surajit Ghosh ( Convenor)
- (iv) One C.C. member – Dr. A.C. Baishya
- (v) Dr R N Chaudhuri - Ex Treasurer

The Secretary General stated that the final draft of the minutes of the Purchase Committee, including the modalities of purchase as drafted from the inputs of all the members of the committee was circulated via e mail to all CC members on 20<sup>th</sup> October 2008 for feedback within next fifteen days after which, these shall be deemed accepted. On Tue, 21 Oct Dr Sandip Ray Immediate Past Secretary General had replied that "In response to the purchase committee report it may be commented that it will be very for the future of the association. There was no decision in CC that it will be deemed accepted. Even if one member objects, it should be brought into the notice of CC before it is accepted". Dr V.K. Srivastav Chief Editor stated that "I find the purchase guidelines OK". Dr V Mahadik Railway Branch CC member, stated that "I generally agree with the purchase procedure proposed". Dr Sanjay Rai, Dr Sanjay Zodpey and Dr B C Das also affirmed the minutes circulated. There was no further feedback despite a reminder sent by Secretary General on 22 Oct 2008. They will be presented for ratification in AGB

### 3. Indian Journal of Public Health:

#### a. Present Status of Publication:

In 2008, four issues of the Journal have been published timely. In this year we could not publish any special theme based issue. However, one issue has been sponsored by 52<sup>nd</sup> Annual Conference of IPHA held at New Delhi.

During 2008, we have received a total of 134 articles, of which 28 has already been published. Special articles from eminent public health specialists have also been published.

Submission of articles to the Journal is also increasing over the years. A comparative analysis of 5 years is mentioned below:

Year	Status of the articles				Total
	Published	Accepted	Rejected/ withdrawn	Under review	
2004	16	-	52	-	68
2005	25	-	47	-	72
2006	28	-	59	-	87
2007	39	-	59	-	98
2008	29	2	65	38	134

#### b. Review System and Editorial Board Meeting:

Submitted articles are initially screened by peer group meeting, which is regularly being held on every Monday. Reviewers list has also been updated. Articles are usually being sent to reviewers through e-mail. Authors are also communicated through e-mail. We have been able to ensure faster communication and response.

Since last AGB, three formal editorial board meeting have been held. Many of the outside members, who could not attend the meetings, expressed their views and opinions on the agenda issues. The minutes and important suggestions of the meetings have also been regularly shared with them.

We could not yet develop an online submission and reviewing system of the articles. The proposals by Med know publishers regarding collaboration with IJPH are yet to be explored and finalized.

Journal website has been updated. This has also been decided to make available abstract/summary of all the published articles in the journal for last two years.

#### c. Subscription, Advertisement, Processing and Reprint Cost and Related Issues:

Presently 284 copies of the journal are being subscribed by individuals/institutions /agencies. As an initiative to increase the institutional subscribers, list of state wise institutional subscribers have been prepared and shared with all state branches. They were requested to prepare the list of other institutions which can be approached for subscribing the journal and to send such a list to the IPHA HQ. No such list was received from any state. This may once again be highlighted in the AGB.

Revised subscription rate, processing and reprint cost, advertisement rates has resulted financial benefit as compared to previous years. This year we have also been able to publish one advertisement.

#### 4. IPHA BHABAN:

We are grateful to all who have donated towards development of the infrastructural facilities at the Bhaban. More furniture and fixtures have been procured. One LCD Projector has been purchased for use in the seminar room and resource center. A Glow Sign has been installed on the roof of the IPHA Bhaban. Our members have helped us immensely with their advice and support.

A **Public Health Resource Center** has been inaugurated at the Bhaban by Dr Surya Kanta Mishra, Honorable Minister In charge, Dept. of Health & Family Welfare, Government of WB on the 53<sup>rd</sup> Foundation Day of IPHA. A large consignment of books has been received from WHO SEARO and is gratefully acknowledged. Due to paucity of space in the originally designated room no.5, we have shifted the center to the room which was earlier designated to be the dormitory. In this regard the donation of Rs 100,000 from the organizing Committee of the 52<sup>nd</sup> All India Annual Conference is gratefully acknowledged.

We earnestly solicit their continued co operation and support in improving the facilities at the Bhaban. We appeal to all our members to use the facilities during their official and personal visits at Kolkata and to generate further funds for the IPHA Bhaban.

#### 5. Activities :

Sl.	Venue, Date & Time	Activity	Sponsored by	Chief Guest
1.	IPHA Bhaban 5th June, 2008	<b>World Environment Day celebration,</b> <ul style="list-style-type: none"> <li>• Plantation of trees at IPHA Bhaban</li> <li>• Essay competition for school, undergraduate medical and postgraduate public health students on "Protecting Health from Climate Change"</li> </ul>	IPHA	DHS, Govt. of WB
2.	Students' Health Home 31 <sup>st</sup> May, 2008	<b>World No Tobacco Day</b> Interactive session on "Tobacco free Youth"	Govt. of West Bengal	Dr. SS. Sahoo WHO Senior Consultant National Tobacco Control Program
3.	Hotel East End, Dibrugarh 26 <sup>th</sup> April 2008	<b>Media Meet on Smoking and Death in India</b>	IPHA HQ in collaboration with CGHR	
4.	Circuit House Seminar Room, Agartala 27 <sup>th</sup> May 2008	<b>Media Meet on Smoking and Death in India</b>	IPHA HQ in collaboration with CGHR	Sm Bhubaneswari Devi, Vice Chairman of Agartala Municipal Corporation & Director, Census Operation, Agartala
5.	Press Club, Kolkata, 31 <sup>st</sup> May 2008	<b>Media Meet on Smoking and Death in India</b>	IPHA HQ in collaboration with CGHR	
6.	23 Districts of	<b>Evaluation of PPTCT</b>	UNICEF,	

	Andhra Pradesh July, 2008	<b>Outreach Program in Andhra Pradesh</b>	Hyderabad Field Office & Andhra Pradesh State AIDS Control Society	
7.	IPHA Bhaban 26th – 28th September, 2008	<b>Workshop on NCD Prevention – Making Health Promotion work</b>	WHO, India Country Office	DHS, Govt. of West Bengal and Dr. Surjya Kanta Mishra, Honorable Minister Incharge, Dept. of H&FW, Government of WB

## 6. NETWORKING:

- Regular interaction is maintained with the World Federation of Public Health Associations. Dr M Dobe has been selected as a member of the Scientific Committee of the 12<sup>th</sup> Public Health Congress to be held in 2009
- Participated in the 61<sup>st</sup> Session of the WHO Regional Committee for South-East Asia at New Delhi during September, 2008.
- Member - India-Country Coordinating Mechanism (India-CCM) for the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM)
- Member – Jana Sankhya Sthirata Kosh.

## 7. PROPOSALS:

Several proposals for projects, workshops and other programs have been submitted and are being processed – we hope to undertake these activities with contributions from our esteemed members all over the country. We appeal to all our esteemed members to involve the association particularly in multi centric public health projects for which this association has a unique capacity and expertise.

## 8. Branch Activities:

Out of 22 branches only 8 have submitted their report. Those who failed to submit report will not be considered for recognition until and unless considered by the AGBM.

**8.A. Berhampur Local Branch :** The branch hold its last Annual General Body Meeting on 11<sup>th</sup> November, 2007. The branch celebrated World Health Day, World Rabbits Day, World Breast feeding week and conducted many training programmes during the year 2007-08. The branch submitted all the requirements as per the format provided by the IPHA HQ. The list of office bearers are as follows:

<b>President</b>	Prof. Trilochan Sahu	<b>Two members in</b>	Dr. Radha Madhab
<b>Hon. Secretary</b>	Dr. Radha Madhab Tripathy	<b>Central Council</b>	Tripathy Dr. Durga Madhab Satpathy

**8.B. Gujarat State Branch:** The branch hold its last Annual General Body Meeting on 8<sup>th</sup> July, 2007. The branch holds its 12 meetings. The branch was involved in many public health activities. The branch organized. The list of office bearers are as follows:

<b>President</b>	Dr. Dileep	<b>Two members</b>
<b>Hony. Secretary</b>	Mavlankar Dr. V.M. Patel	<b>in Central Council</b>

**8.C. West Bengal State Branch :** The branch hold its annual general body meeting on 26th October 2008. The total strength of the members in the branch is 1050. The branch was involved in many public health activities throughout the year. During the year the branch enrolled 3 new life members. Following are the office bearers of the branch :

<b>President</b>	Dr. S.P. Mukhopadhyay	<b>Two members in</b>	Dr. Sachhidananda
<b>Hon. Secretary</b>	Dr. (Mrs.) Dipika Sur	<b>Central Council</b>	Sarkar
			Dr. Subhasish Saha

**8.D. South Kolkata Down Town Branch :** The branch hold its last annual general body meeting on 26<sup>th</sup> March 2008. Total members in the branch is 79. The Branch worked for man power development and gave theoretical and practical training in the field of public health and nutritional programmes. The branch organized one day training programme on immunization at community Medicine, NRS Medical College, Kolkata. The branch also organized two day field survey programme and observed world health day, no tobacco day, tuberculosis day and AIDS Day in a befitting manner. Following are the office bearers of the branch :

<b>President</b>	Mr. Ajit Kmar Sur	<b>Two members in</b>	Mr. Tapan Kumar Dutta
<b>Hon. Secretary</b>	Mr. Tapan Kumar Dutta	<b>Central Council</b>	Mrs. Manju Chatterjee

**8.E. Delhi State Branch :** The branch hold its last annual general body meeting on 8<sup>th</sup> November 2008. Total members in the branch is 245. The branch successfully organized the 52<sup>nd</sup> All India Annual Conference from March 7-9, 2008 attended by 644 delegates and co-delegates. From the conference savings branch transferred Rs. 5.25 Lakhs to the IPHA HQ. The branch organized a symposium in collaboration with WHO on "The setting based approach to health promotion: concepts and application in common settings". During the year branch enrolled 16 life members. Following are the office bearers:

<b>President</b>	Dr. J.P. Gupta	<b>Two members in</b>	Dr. G.K. Ingle
<b>Hon. Secretary</b>	Dr. G.K. Ingle	<b>Central Council</b>	Dr. S.K. Pradhan

**8.F. Barrackpore Sub Division Branch (Kolkata) :** The branch held its last annual general body meeting on 26<sup>th</sup> April 2008. This branch is one of the most active branches and is involved in many public health activities throughout the year. The branch arranged for BP, BMI and blood grouping tests to the visitors of the Palta Book Fair. The branch also organized nutrition education programs to the mothers. The branch organized a seminar on healthy life style in the Asokegarh Girls High School. The branch observed world health day and also conducted breast feeding programme. The list of office bearers are as follows :

<b>President</b>	Dr. Kuntal Biswas	<b>Two members in</b>	Ms. Manisha Kar
<b>Hon. Secretary</b>	Mr. Barun Kumar Ray	<b>Central Council</b>	

**8.G. Railway Service Branch :** This branch hold its last Annual Conference and General Body Meeting at Secunderabad on 20-21 December, 2008. 112 participants attended the conference. During the year branch enrolled 11 life members. The branch proposes to host the 54<sup>th</sup> Annual Conference of IPHA in 2010. Following are the office bearers:

<b>President</b>	Dr. Suhas Nandgave	<b>Two members in</b>	Dr. R.K. Jain
<b>Hon. Secretary</b>	Dr. N.K. Depal	<b>Central Council</b>	Dr. Mihir Chowdhury

**8.H. Maharashtra State Branch :** The Maharashtra State Branch of IPHA was involved in may public health activities. Branch held its Annual General Body Meeting on 11<sup>th</sup> August, 2007 at Pune. Branch organized inter collegiate public health quiz in 26 medical colleges. The branch submitted all the requirements as per the format provided by the IPHA HQ. The total strength of the membership of the branch is 549. This year the branch enrolled 4 life members. The branch submitted their audit report. The list of the office bearers are as follows:

<b>President</b>	Dr. Prakash Doke	<b>Two members in</b>	Dr. S. S. Dodwad
<b>Hon. Secretary</b>	Dr. (Lt. Col.) B.S. Nasir	<b>Central Council</b>	

**9. Website:**

M/s Aeser Technology has developed the new updated website and is in the process for making it more dynamic with links to membership directory and journal.

**10 Brochure:** with collective efforts of the committee consisting of Dr. S.S. Basu, Mr. R.N. Mandal and Mr. Amal Basu, the brochure has been printed and is available for distribution at the conference venue..

**11. Membership:**

This year 130 new life members have been enrolled. The contribution of branches towards membership subscription is as follows :

Sl.	Name of Branch	Number
1.	Delhi State Branch	16
2.	Railway Service Branch	11
3.	Srinagar Local Branch	7
4.	Pondicherry Local Branch	5
5.	Maharashtra State Branch	4
6.	West Bengal State Branch	3
7.	Guwahati Local Branch	3
8.	PGIMER Chandigarh Branch	2

**Rest have been enrolled at Headquarters.**

The membership registry has been updated and is available at Conference venue – soft copies are available @ Rs 50 each. A list of silent members has been prepared (whose journals are regularly returned by post) – this has been circulated to all the branches for their feedback which is still awaited.

The MIPHA scrolls have been prepared and will be distributed at the conference.

With increasing requests for membership from foreign nationals and Institutions, there is urgent need for fixing these rates.

All members are requested to continue their efforts towards membership drive.

**12. Fiscal position:**

The detailed report will be presented by the Treasurer. We are happy to note that our financial position has improved further this year.

The accounting system has been fully computerized with tally software. For the first time fully computerize ledger has been prepared.

**13. FCRA:**

Despite our efforts, we were unable to obtain FCRA clearance due to technical problems with foreign contributions received earlier. The whole process has to be re initiated – for this we need the offer of foreign contribution for any project/program – I would earnestly solicit cooperation and assistance from our esteemed members in this regard.

**14. Donations:**

A large amount of donations (Rs 6, 66,450.00) have been received from the following sources this year

Sl.	Donor	Amount
1.	Member delegates of the 52nd Conference	1,00,000
2.	Dr. G. Anjaneyulu	25,000
3.	Mr. B.M. Bhanot (for IPHA Bhaban)	15,000
4.	Organizing Committee 52nd Conf (for IPHA Bhaban)	1,00,000
5.	do (for IJPH & IPHA Bhaban)	4,00,000
6.	Participants of PPTCT Survey	26,450
	<b>Total</b>	<b>6,66,450</b>

IPHA gratefully acknowledges this wonderful gesture of all donors. Special mention must be made of the highest contribution made by the Organizing Committee of the 52<sup>nd</sup> Conference for a total sum of 6 lakhs towards development of the Association and IJPH.

- 15. I would like to place on record our appreciation for the wonderfully hosted 52<sup>nd</sup> ANNUAL NATIONAL CONFERENCE OF IPHA held from 7<sup>th</sup> to 9<sup>th</sup> March, 2008. Particular mention must be made for the committed efforts of the Organizing Chairman **Dr. Mahendra Dutta**, the Organizing Secretary **Dr. G.K. Ingle** the Joint Secretary **Dr. DK Taneja** and their wonderful team.**

## 16 Revision of honorarium of honorary staff.

. Considering the present economic situation and the appeals made by them, enhancement of honorarium of the headquarter staff is proposed as follows:

Sl.	Name	Existing Honorarium	Proposed
1.	Mr. J.K. Singh	6000+1000 + free accommodation & electricity at Bhaban	7000 + 1000 (Rs 100 per day additionally on the days of occupancy at the Bhaban
2.	Mr. Soumya Chatterjee	2500	3000
3.	Mr. B.K. Bhuiyan	2000	
4.	Mr. Rafik Ahmed	500	Rs 50 per day additionally on the days of occupancy at the Bhaban
5.	Peon	100	250
6.	Darwan	50	150
7.	Safaiwala	50	100

I take this opportunity to gratefully acknowledge the overwhelming support and cooperation received from all government and non government sectors, Institutions and organizations and especially from W.H.O. and UNICEF. I would like to express my appreciation of the unwavering support extended by one and all in carrying out my duties and responsibilities – especially my office staff – for their sincere efforts to keep the ball rolling smoothly.

May I also take this opportunity to offer our condolences for our deceased fellow members - may their souls rest in peace.

My final appeal today goes to all our members to share their experiences, suggestions and expertise – to make IPHA stronger every day, to advocate strongly for and on behalf of the Association in every opportunity, to reach out and recruit other members to participate in the activities of the Association. Your commitment and participation remains the source of strength and success for the Association!

Let this great association flourish in all its glory in the days to come.

**Dr. Madhumita Dobe**

Secretary General