

सरकार स्वास्थ्य योजना औषधालय खोलना समग्र प्राथमिकताओं और संसाधनों की उपलब्धता पर निर्भर करेगा। तथापि, उत्तर प्रदेश में निम्नलिखित प्राइवेट अस्पताल केन्द्रीय सरकार स्वास्थ्य योजना लाभार्थियों के उपचार के लिए मान्यता प्राप्त अस्पताल हैं:—

इलाहाबाद

1. कमला नेहरू मेमोरियल अस्पताल।

मेरठ

1. लोकप्रिय अस्पताल।
2. मैसर्स चन्द्रा एक्स-रे अल्ट्रासाउंड स्कैन क्लीनिक।
3. मैसर्स राकेश डेंटल एक्स-रे क्लीनिक।

कानपुर

1. सूरज मेडिकल एवं डायग्नोस्टिक लिमिटेड
2. प्रयाग मेडिकल डायग्नोस्टिक्स सर्विसेज।

लखनऊ

1. विवेकानन्द पॉलीक्लीनिक।

गाजियाबाद

1. नरेन्द्र मोहन अस्पताल।

Child care under minimum needs Programme

2892. SHRI MURLIDHAR CHAND-RAKANT BHANDARE: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government have decided to make child-care as integral part of the Minimum Needs Programme;

(b) what steps have been taken in that direction and what precise schemes are contemplated to ensure adequate child-care which are proposed to be detailed in the MNP; and

(c) what financial provision has been made or is proposed to be made in the Eighth Five Year Plan for funding the schemes?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI D. K. THARA DEVI SIDDHARTHA) (a) and (b) Child care has been an integral part of the total health care delivery system. Under the Minimum Needs Programme, some Sub Centres, Primary Health Centres, Community Health Centres are set up for providing health care and family welfare services to rural population including child care.

(c) No separate provision is made for the child-care schemes and these schemes are a part of the total Health Care System.

Implementation of Tikku Committee Report

2893. SHRI MURLIDHAR CHAND-RAKANT BHANDARE: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) what are the recommendations of the Tikku Committee on the demands of the service Doctors of Central Health Scheme which have so far been implemented and the extent thereof;

(b) the reasons for the delay in implementation; and

(c) what further action is being taken to implement the remaining recommendation?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI D. K. THARA DEVI SIDDHARTHA):

(a) to (c) Government carefully considered the recommendations contained in the Tikku Committee Report and announced its decisions vide O.M. dated 14-11-91 (copy enclosed). (See below) Most of the decisions have been implemented and steps taken in that direction in cases where consultation with U.P.S.C. or other organisations is involved.

No. A. 45013/13/90-CHS—V
Government of India
Ministry of Health & F.W.

New Delhi the November 14th, 1991

OFFICE MEMORANDUM

Subject:—Recommendations of the High Power Committee (Tikku Committee) on service doctors—Decisions thereon.

A Committee had been set up under the Chairmanship of Shri R. K. Tikku, Secretary (Coordination) in the Cabinet Secretariat of the Government of India, to look into all aspects of career improvement and cadre restructuring of the doctors of the Central Health Service. The Committee has since submitted its Report. The various recommendations contained in the Report have been carefully considered and the Government of India have taken the following decision:—

(1) Two additional posts of Additional Directors General of Health Services (Rs. 7300—7600) shall be created by upgrading two of the existing common Senior Administrative Grade posts (Rs. 5900—6700). Appointment to these additional posts of Additional Directors General will be made on the same lines as the existing posts of Additional Directors General.

(2) Four additional posts in the scale of Rs. 7300-7600 shall be operated under Ruls 4(9) of the Central Health Service Rules, 1982, by upgradation of 4 posts in the Supertime scale of Rs. 5900-6700.

(3) 34 additional posts of Director—Professors (Rs. 5900-6700) shall be created in the Teaching Specialists Sub-Cadre of the Central Health Service by upgrading an equivalent number of posts of Professors (Rs. 4500—5700) on floating basis.

(4) 35 additional posts of Consultants (Rs. 5900-6700) shall be created

in the Non-teaching Specialists Sub-cadre of the Central Health Service by upgrading an equivalent number of posts of Specialists Grade I (Rs. 4500—5700) on floating basis.

(5) The distinction between the Non Functional Selection Grade (Rs. 4500-5700) and Functional Grade (Rs. 4500-5700) will be eliminated in the Central Health Service. All Associate Professors in Non-Functional Selection Grade (Rs. 4500-5700) shall be designated as Professors from 1.12.1991. All Specialists Grade II officers (Non-teaching and Public Health Sub-Cadres) in the Non-Functional Selection Grade (Rs. 4500-5700) shall be designated as Specialists Grade I w.e.f. 1-12-1991.

(6) All Professors (Rs. 4500-5700) and Specialists Grade I officers (Non-teaching and Public Health Sub-cadres) will be eligible for consideration for promotion to the Senior Administrative Grade level posts (Rs. 5900-6700) subject to availability of vacancies, provided they have completed at least 3 years of regular service in the scale of Rs. 4500-5700 irrespective of whether the said service was performed in the Functional Grade or Non functional Grade of Rs 4500-5700. The Associate Professor and Specialists Grade II officers presently in the Non-functional Selection Grade and to be designated as Professors and Specialists Grade I officers respectively from 1-12-1991, shall *en masse* be placed below the existing Professors and Specialists Grade I officers respectively for the purpose of preparing eligibility lists for consideration for promotion to Senior Administrative Grade level posts (5900-6700).

(7) As in the case of Teaching Sub-cadre, so also in the Sub-cadres of Non-teaching Specialists and Public Health Specialists, the minimum essential qualification for recruitment as Specialist Grade II officers (Rs. 3000-5000) shall, *inter-alia*, be a post-graduate degree with three years' ex-

perience after obtaining the post graduate degree, or postgraduate diploma with five years experience after obtaining the postgraduate diploma. All Specialists Grade II officers, recruited in accordance with the modified Recruitment Rules as mentioned above, shall be promoted to the scale of Rs. 3700-5000 on completion of 2 years of service in the scale Rs. 3000-5000, subject to seniority-cum-fitness.

(8) Recruitment to the posts belonging to Super-Specialities, for which the essential minimum qualification is, *inter-alia*, DM or MCH or equivalent, shall be made in the scale of Rs. 3700-5000 in the Teaching/Non-teaching Specialists Sub-cadres.

(9) In all the three Sub-cadres, (Teaching Non-teaching, and Public Health), officers with 6 years service in the scale of Rs. 3700-5000, or total 8 years service in the scales Rs. 3000-5000 and Rs. 3700-5000, shall be placed in the scale of Rs. 4500-5700 according to existing guidelines (which *inter-alia*, provide for overall good performance and at least two "very good" assessment during the preceding 5 years). On such placement in the scale of Rs. 4500-5700, the Associate Professors will stand designated as Professors, and the Specialists Grade II officers (Non teaching and Public Health) shall stand designated as Specialists Grade I officers.

(10) The Senior Medical Officers (Rs. 3000-4500) will be promoted as Chief Medical Officers (Rs. 3700-5000) on completion of six years of regular service as Senior Medical Officers or on completion of ten years of combined regular service as Medical Officers and Senior Medical Officers of which at least two years he shall be as Senior Medical Officers on the basis of seniority-cum-fitness subject to their clearing the bench mark of 'Good' with no zone of selection and without linkage to vacancies. The promotions shall be *intitu* and personal to the officers promoted. Incidentally, this will provide a second

time-bound promotion to General Duty Medical Officers, as the first time-bound promotion from the level of Medical Officers (Rs. 2200-4000) to the level of Senior Medical Officers (Rs. 3000-4500) on completion of 4 years of service, on seniority-cum-fitness basis, has already been implemented. As at present, the placement of Chief Medical Officers in the Grade Rs. 4500-5700 to the extent of 15 per cent of all the senior duty posts of General Duty Medical Officers Sub-cadre, on the basis of the existing guidelines (overall good performance with at least two "very good" assessment during the preceding 5 years) will continue. Chief Medical Officers in the scale of Rs. 4500-5700 with 3 years service in the scale of Rs. 4500-5700 with 5 years service in the scale of Rs. 4500-5700, or total 17 years of Group A service will continue to be eligible for promotion to the Senior Administrative Grade level posts (Rs. 5900-6700), subject to availability of vacancies.

(11) All the posts occupied by the Medical Officers/Senior Medical Officers/Chief Medical Officers/Super Time Grade Officers of the General Duty Medical Officers Sub-cadre of the Central Health Service in the various hospitals and teaching and other institution, where the functions to be performed are predominantly of specialised nature normally required to be performed by Specialist doctor shall be converted into Specialist posts, which shall be filled as per the existing provisions in the recruitment rules for Specialists. From the General Duty Medical Officers Sub-cadre posts equal to the number of Medical Officers/Senior Medical Officers/Chief Medical Officers/Super Time Grade Officers posts shall be abolished. The conversion of such posts of the General Duty Medical Officers Sub-cadre in the hospitals and teaching and other institutions to those of Specialists posts will open up opportunities for qualified officers belonging to the General Duty Medical Office

Sub-cadre to enter the Specialists Sub-cadres through open competition.

(12) Direct recruitment at the level of Rs. 4500-5700 as well as Rs. 3700-5000 can be made depending on the identification of the posts.

(13) The benefit of added years of service available under Rule 30 of the Central Civil Services (Pensions) Rules 1972, shall be available for all the members of the Central Health Service.

(14) The feasibility of transferring any part of the work relating to Cadre Management of the Central Health Service to the Directorate General of Health Services and providing more training facilities to the Member of the Central Health Service shall be examined by the Ministry of Health and Family Welfare.

(15) The Ministry of Railways, the Ministry of Defence, and other organisations shall separately process proposals for restructuring the Cadre and providing greater avenues of promotion in the light of decisions taken for the Central Health Service Cadre by the Government.

(16) The question of increasing the age of superannuation for doctors from 58 to 60 years is deferred for more detailed examination by the Department of Personnel & Training regarding its implications and repercussions.

(17) The Department of Personnel & Training (All India Services Division) shall examine, in due course, the question of formation of an All India Medical and Health Service in consultation with the State Governments.

2. The Government after careful consideration of all aspects have not found it possible to accept other recommendations of the High Powered Committee.

3. The amendments to the Central Health Service Rules, 1982 wherever

necessary, consequent upon the above decisions, shall issue in due course.

Sd/-

(S. HARIHARAN)

Dy. Secy, to the Govt. of India

(Tel No. 3014495)

USAID programmes on reducing the spread of AIDS

2894. SHRI MURLIDHAR CHANDRAKANT BHANDARE: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state;

(a) whether the US Agency for International Development has developed an approach that could dramatically reduce the spread of AIDS;

(b) whether the USAID programme is proposed to be extended to a number of countries including India; and

(c) if so, what are the main features of the approach and the USAID programme?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI D. K. THARA DEVI SIDDHARTHA):

(a) to (c) The general approach of the U.S. Agency for International Development to prevent and control AIDS has been to promote behaviour change to reduce sexual partners and high risk sexual behaviour among high risk groups, to generate increase in demand for and access to condoms and to improve services to people suffering from sexually transmitted diseases. The Agency is planning to intensify its programme in 10 to 15 countries, including India during the next five years. The Agency is planning to concentrate its resources in Tamil Nadu by focussing attention on the high risk groups there.