

(c) if so, the action that has been taken to provide financial assistance to popularise the above game; and

(d) the steps proposed to be taken to popularise the above game in other parts of the country also?

THE MINISTER OF STATE IN THE DEPARTMENTS OF YOUTH AFFAIRS AND SPORTS AND WOMEN AND CHILD DEVELOPMENT IN THE MINISTRY OF HUMAN RESOURCE DEVELOPMENT : (SHRIMATI MARGARET ALVA):(a) and (b). Yes, Sir.

(c) Under the Sports Authority of India plan scheme of Promotion of Indigenous Games and Martial Arts, financial assistance upto Rs. 25,000/- is made available for holding of competitions in indigenous games and martial arts popular in a particular area of the country but which could not flourish due to financial constraints and inadequate media coverage. A proposal was received from Karnataka for financial assistance under the scheme, for holding of Buffalo Game Competition at State level. An amount of Rs. 25,000/- was sanctioned.

(d) There is no specific proposal for popularisation of this particular indigenous game throughout the country. However, the scheme provides for publication of literature on indigenous games and martial arts for its wide publicity.

Tribal Health Research Centres

466. SHRI MANIK REDDY: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the number of Tribal Health Research Centres functioning in the country; and

(b) the details thereof regarding loca-

tion etc.

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (KUMARI SAROJ KHAPARDE): (a) Two Regional Medical Research Centres of Indian Council of Medical Research (ICMR) are functioning in tribal areas. The Central Council for Research in Homoeopathy (CCRH) have also set up 22 Clinical Research Units (T). Similarly, The Central Council for Research in Ayurveda and Siddha (CCRAS) have established 5 Tribal Health Care Research Projects in Ayurveda, 2 in Siddha. 1 in Amethi system of Medicine besides 2 regional Research Centres.

(b) Two Regional Medical Research Centres established by ICMR are functioning at Jabalpur (Madhya Pradesh) and Port Blair (Andaman and Nicobar Islands).

The Clinical research Units set up by CCRH are located at (1) Aizwal (2) Bastar (3) Bharmaur (4) Bhrauch (5) Dandeli (6) Darjeeling (7) Diphu (8) Gonda (9) Idduki (10) Itanagar (11) Jayapore (12) Kohima (13) Leh (14) Manipur (15) Pondicherry (16) Ranchi (17) Salem (18) Sambalpur (19) Shillong (20) Sikkim (21) Tripura and (22) Vijayawada.

Five Tribal Health Care Research Projects in Ayurveda set up by CCRAS are located at (1) Ziro (2) Car-Nicobar (3) Palamau (4) Jhabua and (5) Dhule; two projects in Siddha are located at (1) Thripathur and (2) Chikmagalur; and one project in Amchi system of Medicine is at Leh. Besides, two Regional Research Centres of CCRAS are functioning at Itanagar and Gangtok

[Translation]

Shortage of Doctors in Rural Areas

467. SHRI HARISH RAWAT : Will the Minister of HEALTH AND FAMILY WEL-

FARE be pleased to state:

(a) whether there is a shortage of doctors in about fifty per cent Government hospitals situated in rural areas;

(b) if so, whether there is any proposal under consideration of Union Government to start an All India Rural Medical Service to overcome this shortage; and

(c) if not the other steps being taken to meet the shortage of Doctors in rural areas?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (KUMARI SAROJ KHAPARDE):

(a) and (b). According to the information received from State Governments, around 12% of the posts of doctors in rural areas are reportedly lying vacant.

(c) In order to attract doctors to serve in rural areas, the 8th Finance Commission, on the suggestions of the Ministry of Health & Family Welfare has provided special funds to the States for providing the following incentives to doctors serving in rural areas and not allowed private practice;

(i) A rural allowance equal to 25% of the basic pay subject to a maximum of Rs. 250/- per month for the doctors serving in Primary Health Centres; and

(ii) House rent allowance at the rate of Rs. 150/- per month where the doctors are not provided residential accommodation.

In addition, the Finance Commission has made special provision of Rs. 53.52 crores for construction of residential quarters for the doctors. The hilly areas have been provided 30% 'make-up' in the cost of construction.

Consequent to the introduction of these incentive schemes, there appears to be at

present better deployment of doctors in rural areas.

[English]

Increase In Steel Prices

468. SHRI KAMAL NATH:
SHRIMATI BASAVARAJES-
WARI:

Will the Minister of STEEL AND MINES be pleased to state:

(a) whether despite the average fifteen per cent hike in the steel prices announced by Government, the Steel Authority of India is likely to incur a huge loss during the current year;

(b) the extent of the loss and the reasons therefor; and

(c) the steps taken to remedy the situation?

THE MINISTER OF STATE IN THE DEPARTMENT OF STEEL IN THE MINISTRY OF STEEL AND MINES (SHRI YOGENDRA MAKWANA): (a) The question of profit or loss of SAIL during the current year will be known only when the Financial Accounts get compiled and audited at the end of the financial year.

(b) and (c). Do not arise.

NWDB Assistance to Voluntary Agencies in Orissa

469. SHRI ANADI CHARAN DAS: Will the Minister of ENVIRONMENT AND FORESTS be pleased to state:

(a) the voluntary agencies in Orissa getting assistance from the National Wastelands Development Board;