

population projections only upto 2016 A.D. based on the 1991 census population presuming current trend for rate of growth of population. According to this, the group has projected the population of India at 126.4 crores in 2016 A.D.

(c) The Family Welfare Programme has contributed to significant reductions in birth rate in many states. The effort in the IXth Plan will be for making significant impact in States/Districts which are lagging behind. The Health Care system in States is being substantially strengthened for infrastructure and working systems. Also the practice of setting contraceptive targets from above, which was responsible for many distortions has been replaced last year by a system of decentralised planning at Primary Health Centre level involving local community prominently.

Major Ports on Western Coast

*39. SHRI ANNASAHIB M.K. PATIL : Will the Minister of SURFACE TRANSPORT be pleased to state :

(a) whether the Government have plans to expand/upgrade/modernise major ports on Western Coast;

(b) if so, the details thereof, project-wise;

(c) the details of the progress achieved on ongoing projects in Maharashtra; and

(d) the details of new proposals recently cleared/under active consideration of the Government for ports in Western Coast and the present status thereof ?

THE MINISTER OF SURFACE TRANSPORT (SHRI T.G. VENKATRAMAN) : (a) Yes, Sir.

(b) The following major projects have been proposed for inclusion in 9th Plan (1997-2002) at various major ports on Western Coast :

Kandla

1. Multipurpose berth and development of infrastructure facilities at Vadinar
2. Replacement M.D. Kutch Vallabh
3. Construction of 11th and 12th Cargo Berth
4. Development of Container Handling Facilities
5. Construction of Grain Jetty
6. Additional Cargo Berth

Mumbai

7. Replacement of Submarine Pipe-lines and Modernisation of jetties 1,2, & 3 Jawahar Dweep
8. Acquisition and Development of land at Wadala.
9. Construction of 2nd Liquid Chemical/Specialised Grades of POL Berth off New Pir Pau Pier
10. Replacement of Wharf Cranes in Indira & Victoria Dock

Jawaharlal Nehru

11. Additional Port crafts (3 tugs and 2 pilot launches)

Mormugao

12. Replacement of Wharf Cranes
13. Acquisition of Container Handling Equipment
14. Modification to existing Ore Handling Plant

New Mangalore

15. Infrastructure for Container Handling
16. Port Facilities for MRPL Expansion

Cochin

17. Deepening of Channel upto 12.8 meters draft
18. Replacement of Mattanchery Bridge (1/3rd Cost Port's share)

(c) The progress on major projects of Mumbai Port is as under :—

(Rs. in crores)			
Name of the Project	Estimated Cost	Actual Expr. upto Dec. 96	Actual/Anticipated date of Completion
Construction of an Oil Berth at Pir Pau	110.89	82.15	January, 1997 (Commissioned)
Replacement of Grab Dredger Vikas	30.00	3.43	March, 1997
Installation of Vessel Traffic Management System	32.96	2.39	March, 1997
Replacement of Submarine pipelines	165.15	50.00	December, 1999

(d) Recently, a proposal to construct a Two-berth Container Terminal through private sector at Jawaharlal Nehru Port has been approved. Modernisation of Marine Oil Terminal at Mumbai Port through plan programme and construction of a Marine Chemical Terminal and B&C Grade Chemical Terminal at Jawaharlal Nehru Port through private sector are under process.

Illness Assistance Fund

*40. SHRI V.V. RAGHAVAN : Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state :

(a) whether an Illness Assistance Fund has been set up at National and State level to help the poor undergoing expensive medical treatment; and

(b) if so, the details thereof and the guidelines issued as to the eligibility of patients to receive assistance from this fund and the authority to which application has to be sent ?

THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI SALEEM IQBAL SHERVANI) : (a) and (b) National Illness Assistance Fund has been set up vide Ministry of Health & Family Welfare Resolution dated 13.1.97, which has been published in the Gazette of India (Extraordinary) (Part I-Section I) (No. 9).

It has been provided in this Scheme that every State/U.T. (with Legislature) may set up an Illness Assistance Fund, which shall be a registered Society. The donation received by this Society from State Govt./UT Adm. will be supplemented by a grant-in-aid from Central Govt./UT subject to a maximum of Rs. 5 crores for States which have a larger proportion of population living below poverty line and Rs. 2 crores for other States/UTs. The poverty line shall be as defined by Planning Commission. The Fund could also be subscribed by individuals, corporate bodies and other national/international philanthropic organisations. The contributions received by this Fund would be exempt from payment of Income Tax under Section 80 (G) of Income Tax Act. The accounts of the Society would be audited by A.G. of the State/U.T. every year.

This Fund would release financial assistance to patients, below poverty line, living in India, suffering from life-threatening diseases for undergoing medical treatment at any of the superspeciality Hospitals/Institutes or other Govt./private Hospitals, participating in the Scheme. The assistance will be in the form of a one-time grant which will be released to the Medical Superintendent of the Hospital, in which the treatment has been received.

A provision of Rs. 25 crores has been made in the budget grant of Ministry of Health & Family Welfare during 1996-97 for release of grant-in-aid to States.

It has also been decided that a National Illness Assistance Fund should be set up with an initial donation from Ministry of Health & Family Welfare of Rs. 5 crores. This Fund could also be subscribed by individuals, corporate bodies and non-corporate bodies. The contributions made to this Fund will also be exempt from payment of Income Tax under Section 80 (G) of Income Tax Act. The Management Committee of NIAF will be chaired by Union Health Minister. The NIAF will be a registered Society and its accounts will be subject to audit by C&AG every year.

Wherever the quantum of financial assistance to a poor patient is less than Rs. 1.5 lakhs, the release will be done by the Fund at the State/U.T. level and if the quantum of assistance is in excess of Rs. 1.5 lakhs, in an individual case, the case will be recommended to NIAF at the Centre.

NIAF will also decide about the budget outlay for grant of similar assistance to be released to such population living in UTs without Legislature.

Applications for necessary financial assistance under this Scheme can be addressed to the Illness Assistance Fund of the respective State/UT or NIAF.

[Translation]

Post Lying Vacant

168. SHRI N.J. RATHWA : Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state :

(a) whether ad-hoc and permanent appointments against various posts, especially of Senior Resident Doctors (ophthalmology in All India Institute of Medical Science and Rajender Prasad Eye Centre, New Delhi), have not been filled up in accordance with the reservations during the last three years and general category candidates have been appointed against the reserved posts;

(b) whether the Government are aware that such Scheduled Castes/Scheduled Tribes candidates, who were appointed against various posts on the basis of open merit have been accommodated against reserved posts;

(c) if so, the steps taken or proposed to be taken by the Government so far to fill up the reserved posts in accordance with reservation and observing the reservation rules strictly;

(d) whether any complaint has been received in this regard till date; and

(e) if so, the action taken by the Government in this regard ?

THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI SALEEM IQBAL SHERVANI) : (a) to (c) No regular appointments to the post of Senior Resident Doctors are being made in the Institute from July/September, 1994 onwards due to stay orders of the High Court of Delhi on reservation issue. On receipt of a clarification from the Court on 19.8.96, the Institute was directed to make recruitment to the post of Senior Resident Doctors on ad-hoc basis with reservation as provided for in the instructions on the subject.

(d) Yes, Sir.

(e) The comments of the Institute have been called for.

Iodine Deficiency

169. SHRI BUDHSEN PATEL : Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state :

(a) the percentage of population in the country suffering from iodine deficiency;

(b) the areas in the country where goitre disease is contacted locally;