

submitted its application for allotment of land;

(b) whether sponsorship is required for allotment of land for medical institutions;

(c) if so, the reasons therefor; and

(d) the time by which land will be allotted?

THE MINISTER OF URBAN DEVELOPMENT (SHRI MURASOLI MARAN): (a) 13.4.1985

(b) and (c). Sponsorship by the Ministry of Health and Family Welfare/Delhi Administration for allotment of land to medical institutions in Delhi is necessary to ascertain, inter alia, the genuineness, professional competence and the financial soundness of the applicant society and the need for the specific medicare facility in the locality in which land is applied for.

(d) Allotment of land is not considered in the absence of requisite documents from the applicant.

Ban Sagar Dam Project

8927. **SHRI SUKHENDRA SINGH:** Will the Minister of WATER RESOURCES be pleased to state:

(a) the total allocation proposed to be made for the Ban Sagar Dam Project during 1990-91;

(b) the details of the steps being taken for the rehabilitation and resettlement of the displaced persons of the villages affected thereby;

(c) whether financial assistance is being received from International Financial Organisations and whether bilateral talks for such assistance is going on with other countries; and

(d) if not, whether there is any proposal to hold such talks in future?

THE MINISTER OF STATE OF THE MINISTRY OF WATER RESOURCES (SHRI MANUBHAI KOTADIA): (a) Rs. 52 crores.

(b) According to guidelines, oustees are entitled for free residential plots of size 90' x 50' and a resettlement grant of Rs. 750. The families settling on their own are provided a resettlement grant of Rs. 2000. In addition, a family receiving a compensation of less than Rs. 500 is to get grant-in-aid of Rs. 500 which reduces proportionately as the amount of compensation increases. Also 25% of the seats in the Industrial Training Institute at Basta have been reserved for the oustees of Bansagar and Bodhghat projects. Resettlement colonies are to be equipped among others, with civil amenities such as primary health centres, schools approach roads, dug wells, ponds, parks and electricity.

(c) and (d). No, Sir.

[English]

Expert Group on Iodisation of Salt

8928. **SHRI RAM NAIK:
DR. VENKATESH KABDE:
DR. DAULATRAO SONUJI
AHER:**

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether in our country goitre in rural and adivasi areas is on account of non-availability of adequate food, predominance of local food containing goitrogenic factors in diet, poor hygienic conditions and hardness of water; and

(b) whether Government propose to review compulsory iodiation of salt and intro-

duction of iodised salt for free sale in the market for those who need it?

THE MINISTER OF ENERGY AND MINISTER OF CIVIL AVIATION (SHRI ARIF MOHAMMAD KHAN): (a) Iodine Deficiency Disorders including goitre occur in population living in iodine deficient environment. Although iodine deficiency is the major cause of endemic goitre, other environmental factors also act in conjunction with iodine deficiency in the development of goitre. The daily requirement of iodine is fulfilled mainly by food (90%) and from natural water. Cereals, pulses, vegetables and fruits grown on iodine deficient soil are deficient in iodine. Some of vegetables and fruits contain goitrogenic factors but these goitrogens are inseparable. Various experimental studies conducted have revealed that the quantity of goitrogens required to produce goitre will necessitate consumption of such foods in very large quantities everyday. Iodine depletion of soil is due to deforestation which is lined with frequent floods and rivers changing their course.

In India, it is estimated that 150 million people including those living in rural and tribal areas, are at risk from IDD of which 54 million have iodine, Deficiency Disorders and 2.2 million are cretins.

(b) The surveys carried out by the Directorate General of Health Services, Indian Council of Medical Research and the All India Institute of Medical Science have revealed that no region in the country can be considered completely free from goitre and other Iodine Deficiency Disorders. Iodisation of salt is the cheapest and proven method of prevention of Iodine Deficiency Disorders. If any specific scientific data regarding adverse effects of consumption of iodised salt in the country is brought to the notice of the Government, then matter could be referred to I.C.M.R. to review the technical issues in the matter.

Modernisation of Irrigation Projects in Rajasthan

8929. SHRIMATI VASUNDHARA RAJE: Will the Minister of WATER RESOURCES be pleased to state:

(a) whether some irrigation projects are proposed to be modernised in Rajasthan;

(b) if so, the details thereof; and

(c) the details of funds allocated or proposed to be allocated for this purpose?

THE MINISTER OF STATE OF THE MINISTRY OF WATER RESOURCES (SHRI MANUBHAI KOTADIA): (a) and (b). Out of the 10 modernisation projects received at the Centre from December, 1979 to August 1989, 8 projects have been returned due to basic deficiencies/non-compliance by the State Government of the observations of Central Water Commission for more than one year. Two projects, namely, Jaismond and Gambhiri Modernisation Projects estimated to cost Rs. 29.1 crores and envisaging benefits to about 24,000 hectares, have been examined and comments sent to the State Government for compliance.

(c) The State Government in their Annual Plan 1990-91 has proposed a provision of Rs. 5.3 crores.

Holiday Homes In Country

8930. SHRI BABANRAO DHANKE: Will the Minister of URBAN DEVELOPMENT be pleased to state:

(a) the State-wise details of holiday homes/guest houses under the control of his Ministry;

(b) the procedure for allotment of these holiday homes/guest houses;