

are 225 cases which are dealt by lawyers in Canada, that is, 186 from Canada and 39 of persons from India also filed in Canada. There are 10 cases where no claim has been filed.

PROF. MADHU DANDAVATE : I would like to ask the hon. Minister : Does he recall in the last Session when I asked a question regarding this Kanishka accident and specifically enquired whether there will be no discrimination between the Indian nationals and foreigners in the payment of compensation he had positively said, there is no discrimination ? When I asked him if I bring some cases to him and point out that there is discrimination, he had said that he will look into the matter and remove the discrimination. In this context, I would like to know whether it is not a fact that whereas for foreign nationals 75,000 dollars are paid as a compensation without any condition or rider about their earning capacity and the number of family members, he had just now himself admitted that as far as payment of compensation to the Indian victims is concerned a number of conditions are linked up with the payment of compensation ? If this happens, is it not discrimination ? I also pointed out in the case of Mrs. Gupta who died, adequate compensation has not been paid to her husband. Will he look into the matter and also eliminate the discrimination about conditions for Indian nationals but no conditions for foreign nationals ? If this discrimination exists will he remove it ?

SHRI JAGDISH TYTLER : I stand by what Mr. Dandavate has said and also the reply that I had made in the Lok Sabha. I would like to inform that there has been no European or a foreigner who has received a compensation of 75,000 dollars. Out of the 63 cases settled there are 9 cases where we have paid a compensation of 75,000 dollars and he will be surprised to know out of these 9 cases there are 7 cases of persons who are of Indian origin and there are two cases of those who are also Indians but who have Canadian passport. I have two cases of foreigners. If you look at the composition of people, who unfortunately have died in this unfortunate accident, you will find that there are 159 Canadians, 48 plus 22 crew members, who are Indians, 20 Americans and two Britishers. Of the whole lot, only

two are foreigners, the rest are either Indian nationals or are Indians who have taken nationalities of the foreign countries. Out of the cases to whom we have paid, two are foreigners who have received the compensation. One is Father Gerald, who has received Rs. 1,82,000 and the other is Martin Allen who has received Rs. 3,20,000. That roughly comes to 23000 dollars. The maximum amount of 75,000 dollars has gone to the Indian and not to the foreigners.

PROF. MADHU DANDAVATE : He has not clarified. As far as the rules are concerned, is it a fact that for compensation to the foreign nationals no conditions are imposed, but only for Indians, conditions like earning capacity family members etc. are imposed ?

MR. SPEAKER : It is clear from the reply itself.

PROF. MADHU DANDAVATE : It is not clear, Sir. Let him clarify. Whatever is implemented, that is different, but what are the rules in this regard ?

SHRI JAGDISH TYTLER : Sir, there are no two sets of rules for anybody, except that, no doubt, when we consider compensation being paid, we look at the earning capacity, and of course, the people living in foreign countries, may be Indians or foreigners, have a better capacity of earning than Indians. But there is no such rule that the foreigners have to be paid more. This has been decided by the lawyers in India.

Supply of Measles Vaccines to Rural and Urban Centres

*311. **SHRI MOOL CHAND DAGA :** Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state :

(a) whether it is a fact that the measles vaccines are not regularly available in rural centres as is in the case of urban centres and if so, the reasons therefor;

(b) the criterion for arranging supplies to the rural and urban centres; and

(c) which districts in Rajasthan got full supply, half supply and below half of the demand during the last two years and reasons therefor ?

THE DEPUTY MINISTER IN THE DEPARTMENT OF FAMILY WELFARE (SHRI S. KRISHNAKUMAR) : (a) and (b). A regular programme of Immunisation against measles was started during 1985-86, as part of the National Programme of Universal Immunisation. This programme was taken up in 30 districts of the country during the year 1985-86. This year 62 more districts have been added to this programme. The Immunisation services are delivered through hospitals, dispensaries and MCH Centres in urban areas and, PHCs, Sub-centres and out-reach operations in rural areas. The vaccine is supplied to the State Governments who, in turn, supply to the selected districts as per the requirement of target population of infants to be covered. However, this vaccine can be utilised by the State Governments in non-UIP districts in the event of outbreak of measles.

(c) During 1985-86, the first year of the implementation of the Universal Immunisation Programme, the two districts, namely, Bharatpur and Kota taken up for Universal Immunisation from Rajasthan, were allocated the vaccines in full.

[*Translation*]

SHRI MOOL CHAND DAGA : Mr. Speaker, Sir, every year, two lakh children die of measles. Each child between the age of 9 to 12 months is required to be administered measles vaccine. The hon. Minister should kindly reply to my question. He has stated that 30 districts were selected in 1985-86. I would like to know what was the criterion on the basis of which these districts were selected ? Also please state the requirement of Rajasthan in respect of measles vaccine and the supplies actually made to them. Besides, I would also like to know whether the criterion fixed for the supply of vaccine to these districts was followed or not ?

[*English*]

SHRI S. KRISHNA KUMAR : The criteria of selection of the districts under the universal immunization programme are

five; infrastructure availability preferably in ongoing area projects, high coverage under the ICDS, strong and motivated leadership at the district level, present coverage of the eligible population, 50 per cent and above, reasonable distances and communication facilities for supervision and evaluation by the State and Central offices.

I have here the vaccine allocation for the State of Rajasthan. The target in 1985-86 was 1.2 lakhs doses; 1.5 lakhs was the allocation and 1.46 lakhs was supplied. In 1986-87, the allocation was 5.3 lakhs and the supply is .46 lakhs. This is because the Rajasthan Government, itself, under the Famine Relief Programme had purchased last year 3.14 lakh doses of measles vaccine from their Health Budget. I have with me here, a telegram received from the Rajasthan especially in relation to this question, which says :

"No shortage of vaccine during 1985-86 and 1986-87 in UIP Blocks or UP urban areas till date. 1.44 lakh doses are in balance. No shortage."

[*Translation*]

SHRI MOOL CHAND DAGA : The hon. Minister has said that this can be possible only at places where means of communication are available, such as Bharatpur and Kota. But I would like to know what the Government have thought about the remote areas where poor people fall victim to this disease ? He has stated that seven districts have been selected for 1985-86 and 1986-87. Will the hon. Minister be pleased to state which two districts of Rajasthan have been selected ?

[*English*]

SHRI S. KRISHNA KUMAR : The criteria for the selection of the districts have already been detailed by me. As the hon. Members are aware, this immunisation programme, the expanded variety of universal immunisation, has been started to increase the coverage from about 40 to 50 per cent for various immune preventable diseases to 100 per cent in the next three years. In the first year we selected 30 districts; in the second year we have already selected 62 districts; next year, we select 90

districts; 120 districts in 1988-89; and the rest of the 412 districts in 1989-90. The phasing of the districts is such as to enable us to increase the coverage in the very first year. That is why we need a certain amount of infrastructure, trained manpower and accessibility. More difficult districts will be tackled later. That is why infrastructure is put as a criterion. This is dictated by consideration of feasibility. If you will give me one minute, Sir, 'yes'. I have here the other four districts in Rajasthan. They are Sikar, Banswara, Dungar Pur and Ajmer, and their selection is purely on the basis of the recommendations of the Rajasthan Government. We have not disturbed their priorities and in fact we have asked all the State Governments to give the prioritised lists of districts for the selection in the next 3 years.

SHRI K.S. RAO : Is the Minister thinking of involving any voluntary organisations such as the women's welfare organisations and the local medical associations in implementing this programme effectively ?

SHRI S. KRISHNA KUMAR : Involvement of voluntary organisations especially in the selection and mobilisation of beneficiaries, education, supply of vaccines, etc. is encouraged by the Government and instructions in this regard have been given to the State Governments and the Programme Officers.

[*Translation*]

SHRI RAJ KUMAR RAI : Mr. Speaker, Sir, the hon. Minister has mentioned about five districts and has also talked about the availability of sufficient infrastructure and transportation facilities. I think, the entire House would agree with me that the very criteria that have been fixed for the supply of vaccine is wrong.

MR. SPEAKER : You put the question.

SHRI RAJ KUMAR RAI : This vaccine needs to be made available in the areas which badly need it and are poor, where deaths are taking place and where no means of transportation are available. Keeping this in view, will the hon. Minister change the criteria ?

[*English*]

MR. SPEAKER : It depends upon the State Governments. That is what he says.

[*Translation*]

SHRI RAJ KUMAR RAI : What are their instructions ?

MR. SPEAKER : The State Government knows it better.

[*English*]

SHRI S. KRISHNA KUMAR : The immunization programme which was started in 1960 has, in 25 years, covered only 40% of the infants. The rest of the 60% we are going to cover in three years under a very ambitious programme, which involves a lot of organizational effort, including especially the building of the cold chain for vaccine which is the critical aspect of the whole programme. (*Interruptions*) That is the way we have planned it.

[*Translation*]

SHRI GIRDHARI LAL VYAS : I would like to know from the hon. Minister whether he has any record of the places in Rajasthan where incidence of this disease of measles is higher and where it has claimed more infants ? What is their criterion of selection of the districts ? Rajasthan Government can recommend the name of any district. When the Central Government propose to have Universal immunisation, why do they not cover all the districts ? I would like to know the names of the district where incidence of this disease is comparatively higher and whether such districts will be selected on priority basis in order to eradicate this disease ?

[*English*]

SHRI S. KRISHNA KUMAR : State-wise figures I have. I don't have district-wise figures.

[*Translation*]

SHRI GIRDHARI LAL VYAS : There is favouritism in it...

(*Interruptions*)

MR. SPEAKER : How will he come to know of it ?

SHRI GIRDHARI LAL VYAS : Which are the districts where incidence of this disease is higher ? He has not replied to it...
(Interruptions)

MR. SPEAKER : Shri C.P. Thakur.

SHRI C.P. THAKUR : I would like to know whether besides the selected districts, any steps have been taken to provide vaccination facilities in the teaching hospitals and maternity centres ?

[English]

There are teaching hospitals all over the country, or recognized maternity centres. Is there any arrangement being done to supply vaccines to these teaching hospitals and recognized maternity centres ?

SHRI S. KRISHNA KUMAR : I would like to clarify that the universal immunization programme is only an added effort to cover the gap between 40% and 100% in all the districts in three years. There is a regular immunization programme taking place in all the Districts all over the country; and as per that programme, selected institutions in urban and rural areas are being supplied with vaccines.

MR. SPEAKER : Next question No. 312—Mr. Suryawanshi is not available. Question 313 : Mr. Mohandas is also not available.

Now Question 314—Shri Mohd. Ayub Khan.

[Translation]

Shekhawati Express

*314. SHRI MOHD. AYUB KHAN : Will the Minister of TRANSPORT be pleased to state

(a) whether Shekhawati Express running between Jaipur and Delhi merges with another train to form a single train at Loharu, causing great hardship to passengers for want of space;

(b) if so, the steps being taken to increase the capacity of this train; and

(c) if not, whether arrangement is proposed to be made to start Shekhawati Express from Sikar instead of Jaipur ?

THE MINISTER OF TRANSPORT (SHRIMATI MOHSINA KIDWAI) : (a) Trains No. 233/234 Shekhawati Express and 209/210 Link Express are combined at Loharu to form a single train for Delhi. This has not caused any hardship to passengers as there is no reduction in the number of coaches coming from Jaipur.

(b) The capacity of the train increases due to addition of coaches coming from Bikaner at Loharu.

(c) No, Sir.

SHRI MOHD. AYUB KHAN : Mr. Speaker, Sir, this train named 'Shekhawati Express' is known in that area by the name of 'Jakhar Express'. Initially, it was decided that this Jakhar Express would start from Sikar and run upto Delhi. I would like to know why this Jakhar Express originates from Jaipur when there are already a number of trains originating from Jaipur ?

PROF. MADHU DANDAVATE : This train should run direct upto Parliament House.

SHRI MOHD. AYUB KHAN : Here is my second supplementary. The hon. Minister has stated that there is no reduction in the number of coaches although two trains are combined at Loharu to form a single train. But if you happen to see the condition of the passengers at Jhunjhunu and Chidawa, you will be amazed. They do not get space to sit. Will the hon. Minister be pleased to state whether the number of coaches in this train would be increased ?

MR. SPEAKER : You can get the number of coaches increased.

SHRI AJAY MUSHRAN : The hon. Member asking the question as well as the hon. Minister replying to it come from Rajasthan.

MR. SPEAKER : Charity begins at home,