

year. Out of 23 persons kidnapped in these cases during the current year, 17 victims were recovered and 50 persons involved in these cases were arrested.

In addition, Delhi Police registered 20 cases during the current year (upto the 15th December, 1998) in which victims had been allegedly threatened of dire consequences if they did not pay the money demanded from them.

(c) Yes, Sir. Delhi Police recently deputed a senior officer to study the functioning of Anti-Extortion Cells set up by Mumbai Police.

(d) and (e) Delhi Police have recently set up an Anti-Extortion Cell under the Crime Branch to effectively handle the cases of extortion of money. This is expected to help in particular the investigation of those extortion cases in which the victims hesitate to lodge formal complaint against the culprits.

[Translation]

Hospitals in Rural Areas

*337. SHRI MADAN PRASAD JAISWAL:
SHRI HARIBHAI CHAUDHARY:

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

(a) the number of hospitals functioning at present in rural areas in the country, State-wise;

(b) the main criteria for upgrading the primary health centres to rural hospitals in the country;

(c) whether these hospitals are sufficient to meet the requirement of local population;

(d) if not, whether the Government propose to increase the number of hospitals and provide more medical facilities to the people living in the rural areas of the country; and

(e) if so, the details thereof and if not, the reasons therefor?

THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI DALIT EZHILMALAI): (a) and (b) Primary Health Centres and Community Health Centres, for providing health services to the rural population, are opened and developed by the respective State Governments with State Plan funds. According to norms, laid down by Government of India,

a Primary Health Centre caters to a population of 30,000 and a Community Health Centre to a population of 1,20,000. The norms are liberalized for hilly and tribal areas. A State wise list of Primary Health Centres and Community Health Centres is given in the enclosed statement.

(c) Yes, Sir. If fully provided with infrastructure, staff and medical consumables, the Primary Health Centres and Community Health Centres are reasonably sufficient to provide the needed medical facilities to designated population.

(d) and (e) It is for the concerned State Governments to consider further expansion for Primary Health Centres and Community Health Centres.

Statement

Total number of Primary Health Centres and Community Health Centres functioning in the country as on 31.12.1997.

Sl. No.	State/UT	PHCs	CHCs
1	2	3	4
1.	Andhra Pradesh	1335	207
2.	Arunachal Pradesh	47	9
3.	Assam	619	105
4.	Bihar	2209	148
5.	Goa	18	5
6.	Gujarat	960	186
7.	Haryana	398	64
8.	Himachal Pradesh	315	55
9.	J&K	337	45
10.	Karnataka	1601	242

1	2	3	4
11.	Kerala	956	80
12.	Madhya Pradesh	1814	198
13.	Maharashtra	1695	304
14.	Manipur	72	16
15.	Meghalaya	82	13
16.	Mizoram	38	6
17.	Nagaland	33	5
18.	Orissa	1352	157
19.	Punjab	484	105
20.	Rajasthan	1636	261
21.	Sikkim	24	2
22.	Tamil Nadu	1436	72
23.	Tripura	56	11
24.	Uttar Pradesh	3808	310
25.	West Bengal	1556	89
26.	A&N Islands	17	4
27.	Chandigarh	—	1
28.	D&N Haveli	6	—
29.	Daman & Diu	3	1
30.	Delhi	8	—
31.	Lakshadweep	4	3
32.	Pondicherry	43	4
All India		22962	2708

Constitution of Co-ordination Committee

*338. SHRI MOHAMMAD ALI ASHRAF FATMI:
Will the Minister of HOME AFFAIRS be pleased to state:

(a) whether a co-ordination committee has been set up to combat the Naxalite problem effectively;

(b) if so, the terms of reference of the committee;

(c) the areas affected by this problem; and

(d) the strategies considered to combat the extremists?

THE MINISTER OF HOME AFFAIRS (SHRI L.K. ADVANI): (a) Yes Sir.

(b) The terms of reference of the Coordination Centre are as under:—

(i) To review the status of the activities of the left wing extremist groups in the four affected States of Andhra Pradesh, Madhya Pradesh, Maharashtra and Orissa;

(ii) To monitor the progress of the Plan of Action in respect of each State; and

(iii) To make recommendations, both on development and security aspects of the problem for their resolution.

The Coordination Centre is headed by the Union Home Secretary with Chief Secretaries and Directors General of Police of the four affected States, as Members.

(c) The districts primarily affected by Left Wing Extremism in these States are as follows:—

Andhra Pradesh: Warangal, Karimnagar, Nizamabad, Adilabad, Khammam, Medak and Nalgonda.

Madhya Pradesh: Bastar, Balaghat and Rajnandgaon.

Maharashtra: Gadchiroli, Chandrapur and Bhandara.

Orissa: Malkangiri, Ganjam, Koraput, Gajapati and Rayagada.

(d) Central Government has taken adequate measures to help the States to fight the menace. These include holding of coordination meetings with the States concerned as well as with the various intelligence and investigating