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सत्यमेव जयते

भारत सरकार

स्वास्थ्य एवं परिवार कल्याण मंत्रालय  
निर्माण भवन, नई दिल्ली - 110011

GOVERNMENT OF INDIA

MINISTRY OF HEALTH & FAMILY WELFARE

NIRMAN BHAVAN, NEW DELHI - 110011

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स्वास्थ्य एवं परिवार कल्याण मंत्रालय  
BY SPEED POST

The recent tragic event in which an ASHA in Muzaffarnagar in the State of Uttar Pradesh committed suicide after being gang-raped exemplifies the vulnerability of our women health workers – be they ASHA, the ANM or the AWW. While the societal ills that underlie phenomenon of such violence against women need action on several fronts, listed below are a few suggestions that can be taken at the level of the State and district to ensure pre-emptive action against such events and also some suggestions on what needs to be done if violence has occurred:

1. Circulate an order, emphasising the Facility-in-Charge of the DH/Facility should ensure that effective safety and security measures are in place for ASHAs accompanying pregnant women to Facility. ASHA Ghars must be in place and wherever in place, Facility-in-Charge must ensure the safety and security of the ASHAs.
2. Every sub-centre, cluster level meeting and PHC meeting must specifically include a discussion on whether any of the frontline staff/health workers has faced any form of sexual harassment in the past month. If so, the ASHA facilitator must inform the Block Community Level Mobilizer and the Block Medical Officer to take necessary action. Even perceived threats of harassment/safety must be taken seriously.
3. All support staff must be trained in the Handbook on Mobilizing for Action on Violence against Women by December 2016.
4. The VHSNC should be used as an effective mechanism to support the ASHA and other frontline workers. The existing VHSNC handbook includes a monthly review of cases of sexual harassment and violence which needs to be reinforced.
5. Wide publicity must be given to the grievance redressal mechanism set up for the ASHA. States must ensure effective functioning of such



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mechanism so as to build the confidence of the ASHA that her complaints would be addressed in a timely manner.

6. This unfortunate incident indicates that we must reiterate and drive home the point about the critical importance of ensuring safety of ASHAs. This incident does show the vulnerability of our women outreach workers-be they ASHA, the ANM or the AWW. A Complaint Committee/Cell headed by a woman as per Vishaka Guidelines is required to be set up in every workplace/Facility. The States must ensure that such Committees are strengthened and activated for addressing issues related to sexual harassment of female health workers. The Cell should also work in coordination with the Women's helpline and other institutional mechanisms created for this purpose.
7. States must undertake gender sensitization training of all service providers so that complaints made by the female staff are investigated promptly and appropriately.
8. Treatment for frontline workers who are victims of sexual violence to be assured free of cost for the entire duration including tertiary level care.
9. Provide some form of social security measures for ASHAs as has been done in Jharkhand, Chhattisgarh, Assam, Odisha and Sikkim.
10. Consider death benefit like scheme as has been done in Assam and Jharkhand.

I am sure you will take all other appropriate steps as well to ensure safety of ASHAs and encourage them. They have been great contributors to communitization and Health care delivery in our country.

Yours sincerely,

Sd/-

(C.K. Mishra)

Principal Secretary/Secretary (Health & FW)  
All States/Union Territories

**Copy to:**

Mission Director, NHM (All States/UTs)

  
(C.K. Mishra)