

FORM DH2
Monthly ASHA Performance For

Month _____, Year _____

District/HD: _____

| Sl. No. | Activities of ASHA | No. of ASHAs Earned Incentive | % of ASHAs Earned Incentive | Total No. of Cases Reported by ASHAs | Maximum Cases Reported By An ASHA |
|---------|--|-------------------------------|-----------------------------|--------------------------------------|-----------------------------------|
| 1 | Pregnant Women under JSY Registered within 12 Weeks with ANM Who Have Received Complete ANC and had Institutional Delivery | | | | |
| 2 | Pregnant Women under JSY Received Complete ANC Who Had Registered with ANM within 12 Weeks | | | | |
| 3 | Pregnant Women under JSY Escorted and Admitted to Govt. Health Facilities / Health Facilities under 'Ayushmati' Scheme / CDC for Institutional Delivery | | | | |
| 4 | Home Delivery Cases Where Timely Visit Of Newborns (14 Days Old) and Post Natal Mother Conducted On 1st, 3rd, 7th & 14th Days Respectively Including Correct Filling Up Of Form 6 | | | | |
| 5 | Institutional Delivery Cases Where Timely Visit Of Newborns (14 Days Old) and Post Natal Mother Conducted On 3rd, 7th & 14th Days Respectively Including Correct Filling Up Of Form 6 | | | | |
| 6 | SNCU Discharged Institutional Delivery Cases Where Timely Visit of Newborns and Post Natal Mother Conducted on 1st, 3rd, 7th & 14th Days Respectively from the Day of Discharge (including Correct Filling Up of Form 6) | | | | |
| 7 | Timely Visit Of Newborn (42 Days Old) and Post Natal Mother Conducted On 21st, 28th, And 42nd Days Respectively Including Correct Filling Up Of Form 6 | | | | |
| 8 | SNCU Discharged Institutional Delivery Cases Where Timely Visit Of Newborns and Post Natal Mother Conducted on 21st, 28th, and 42nd Days Respectively from the Day of Discharge (including Correct Filling Up of Form 6) | | | | |
| 9 | Newborns Discharged from SNCUs after Treatment Were Visited at Home in the 1st Quarter (including Correct Filling Up of Form 6) | | | | |
| 10 | Newborns Discharged from SNCUs after Treatment Were Visited at Home in the 2nd Quarter (including Correct Filling Up of Form 6) | | | | |
| 11 | Newborns Discharged from SNCUs after Treatment Were Visited at Home in the 3rd Quarter (including Correct Filling Up of Form 6) | | | | |
| 12 | Newborns Discharged from SNCUs after Treatment Were Visited at Home in the 4th Quarter (including Correct Filling Up of Form 6) | | | | |
| 13 | Children Fully Immunized In 1st Year | | | | |
| 14 | Children [Who Had Full Immunization In 1st Year] Completing All Immunization In 2nd Year on Time | | | | |
| 15 | Timely Visit Of Children Conducted at the End of 3 Months, 6 Months, 9 Months, 12 Months, and 15 Months Respectively Under HBYC Including Correct Filling Up of All Relevant Documents | | | | |
| 16 | Children Administered DPT Booster within 5-6 Years of Age | | | | |

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| 17 | Women Were Provided Total Abortion Care Services as per Norms along with Submission of Properly Filled Up Form 5 with Monthly Report | | | | |
| 18 | Eligible Couples Ensured Delay Of Pregnancy By Two Years After Marriage | | | | |
| 19 | Clients Has Been Escorted To The Health Facility For PPIUCD Insertion | | | | |
| 20 | Clients Has Been Escorted To The Health Facility For PAIUCD Insertion | | | | |
| 21 | Leprosy Cases without Visible Deformity where Identification and Registration Has Been Facilitated | | | | |
| 22 | Leprosy Cases with Visible Deformity where Identification and Registration Has Been Facilitated | | | | |
| 23 | PB Cases Completed Treatment Where Registration Has Been Facilitated | | | | |
| 24 | MB Cases Completed Treatment Where Registration Has Been Facilitated | | | | |
| 25 | Blood Slides Prepared / RDT Conducted | | | | |
| 26 | Positive Pf And Pv Cases Detected By Blood Slide / RDT, Provided Complete Treatment As Per Drug Regimen | | | | |
| 27 | Confirmed Kala-azar Cases Referred By ASHA Who Have Got Admitted In Govt. Health Facility And Completed Treatment | | | | |
| 28 | Suspected Acute Encephalitis Syndrome / Japanese Encephalitis Cases Sent To Health Centre By ASHA Have Been Confirmed | | | | |
| 29 | Cases Where Line Listing, Filling Up of CBAC Form and Screening for NCD Have Been Ensured | | | | |
| 30 | Cases Diagnosed with Hypertension, Diabetes, Cancer Where Treatment Initiation and Compliance upto 1 Year Have Been Ensured | | | | |



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|---------|--|-------------------------------|-----------------------------|
| 1 | Attended VHND and Mobilized Beneficiaries | | |
| 2 | Attended Sub Centre on Wednesdays, Maintained the Village Health Register, and Supported Universal Registration of Birth & Death | | |
| 3 | Attended Sub Centre on Wednesdays and Prepared / Updated Due List of Children to be Immunized | | |

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|---------|--------------------|-------------------------------|-----------------------------|
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|----|---|--|--|
| 4 | Attended Sub Centre on Wednesdays and Prepared / Updated List of ANC Beneficiaries | | |
| 5 | Attended Sub Centre on Wednesdays and Prepared / Updated List of Eligible Couples | | |
| 6 | Either Directly Administered or Supervised Administration of IFA Syrup, 8 to 10 Times per Child (Twice Weekly) as per NIPI Guideline, to at least 90% of Eligible Children (6 Months to 60 Months) in Her Area, Updated All Relevant Documents, and Submitted Monthly Report to ANM | | |
| 7 | Through Regular Home Visits, Created Awareness Regarding Iodine Deficiency Diseases, Counselling on the Usefulness of Iodized Salt in Preventing Iodine Deficiency Diseases, Tested At Least 50 Salt Samples (1 Sample per Household) using STKs and Taken Appropriate Steps | | |
| 8 | Completed Half Yearly Line listing of Households | | |
| 9 | Organized Minimum 2 Village Level Meeting with Beneficiaries | | |
| 10 | Conducted Minimum 6-8 Village Level Meetings with PWs and PNC Mothers during the Last Quarter | | |
| 11 | Attended 3rd Weekly Meeting with ANM at Sub Centre and Submitted Monthly Report along with Drug Stock Register | | |

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|---|--|--|--|
| ASHAs Who Have Earned Incentive But Have Not Performed Any Beneficiary Wise Activity During The Month (including ANC activities for Non JSY Beneficiaries) | | | |
| No. Of ASHAs Named In The List Who Have Not Earned Any Incentive (including ANC activities for Non JSY Beneficiaries) | | | |

CMOH or His / Her Authorized Representative: _____

Signature with Date and Official Stamp