

**FORM BH2**  
**Monthly ASHA Performance For**

Month \_\_\_\_\_, Year \_\_\_\_\_

District/HD: \_\_\_\_\_ Block: \_\_\_\_\_

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				

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
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	New or Previously Treated TB Cases Where DOTS Have Been Provided Leading to Completion of Treatment / Cure				
30	Cases Where Line Listing, Filling Up of CBAC Form and Screening for NCD Have Been Ensured				
31	Cases Diagnosed with Hypertension, Diabetes, Cancer Where Treatment Initiation and Compliance upto 6 Months Have Been Ensured				

Sl. No.	Activities of ASHA	No. of ASHAs Earned Incentive	% of ASHAs Earned Incentive
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		
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		

Sl. No.	Activities of ASHA	No. of ASHAs Earned Incentive	% of ASHAs Earned Incentive
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 9-10 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		
<b>ASHAs Who Have Earned Incentive But Have Not Performed Any Beneficiary Wise Activity During The Month (including ANC activities for Non JSY Beneficiaries)</b>			
<b>No. Of ASHAs Named In The List Who Have Not Earned Any Incentive (including ANC activities for Non JSY Beneficiaries)</b>			
<p style="text-align: center;"><b>BMOH or His / Her Authorized Representative: _____</b></p> <p style="text-align: right;"><b>Signature with Date and Official Stamp</b></p>			