| | | AS | HA INCEN | TIVE MASTER CLA | IM FORM | - | | | |
|-------|---|-------------------------|------------|--------------------|-----------------|----------------------------|------------------------|---|--|
| To, | SDM&HO or i/c Block PHC | | | | | | | | |
| Sub: | Submission of ASHA incentive claim for the period from | | ••••• | to | | | | | |
| | ladam, With reference to the subject cited above, I have the honour to ioned below. | o submit the ASI | HA incenti | ves claims for the | period fr | om | | to | as per statement |
| SI no | Activity | Parameter for payment | Rate Rs. | FMR Code | No of Claims | Amount claimed (Rs.) | Documents submitted | Amount approved (Rs.) (For office use only) | Remarks (if any) |
| | | | (| CHILD HEALTH | | | | | |
| 1 | Providing HBNC up to 42 days after birth / discharge from SNCU | per case | 250 | RCH.3 - 23.1 | | | | | |
| 2 | Incentive to ASHA for quarterly visits of HBYC | Per case | 250 | RCH.3 - 23.4 | | | | | For HBYC districts Refer CP RoP |
| 3 | Incentive to ASHA for follow up of SNCU discharge babies and for follow up of LBW babies | per case | 200 | RCH.3-23.2 | | | | | Non HBYC districts only |
| 4 | ASHA incentive for referral of SAM cases to NRC and for follow up of discharged SAM children from NRC | per case | 150 | RCH.7-54.2 | | | | | |
| 5 | Child Death Reporting | per case | 100 | RCH. 3-25.2 | | | | | New |
| 6 | Incentive for E-HBNC (only for Cachar) | per case | 150 | RCH-3-31.2 | | | | | New |
| 7 | Incentive for quarterly mothers' meeting under MAA | per asha per quarter | 100 | RCH.7-56.2 | | | | | |
| 8 | Incentive for National Deworming Day for mobilising out of school children | per asha per round | 100 | RCH.7 -53.3 | | | | | |
| 9 | Incentive for IDCF for prophylactic distribution of ORS to family with under-five children. | per ORS packet | 1 | RCH.7 -58.1 | | | | | The FMR code has been change as this activity is under Nutrition Division. |
| 10 | National Iron Plus Incentive for mobilizing WRA (non pregnant & non lactating Women 20-49 years) | per month per ASHA | 50 | RCH.7- 52.2 | | | | | |
| 11 | NIPI Incentive for mobilizing children and/or ensuring compliance and reporting (6-59 months) | per month per ASHA | 100 | RCH.7 -52.3 | | | | | |

IMMUNIZATION

U.3.1.1.1.11

U.3.1.1.1.11

U.3.1.1.1.11

per case

per case

per case

100

75

50

12 ASHA incentive for ensuring for full immunization(0-1 year)

Ensuring for complete immunization (1 - 2 years)

Ensuring for DPT immunization(5 years)

13

| SI no | Activity | Parameter for payment | Rate Rs. | FMR Code | No of Claims | Amount claimed (Rs.) | Documents submitted | Amount approved (Rs.) (For office use only) | Remarks (if any) |
|-------|--|-----------------------|------------|--|-----------------|----------------------------|------------------------|---|--|
| 15 | mobilization of children in every session site | per session site | 150 | U.3.1.3.4 | | | | | NEW |
| | | | M <i>A</i> | TERNAL HEALTH | | | | | |
| 16 | ASHA incentive for ANC registration within 1st Trimester | Per Case | 50 | RCH.1- 17.2 | | | | | |
| 17 | ASHA incentive for ensuring Full ANC | Per Case | 100 | RCH.1- 17.2 | | | | | |
| 18 | ASHA incentive for Comprehensive Abortion Care | Per Case | 150 | RCH 1-10.1 | | | | | |
| 19 | ASHA incentive for Community Based Distribution of Misoprostol | Per case | 150 | RCH 1-17.1 | | | | | For 17 districts (refer MH Operational guidelines) |
| 20 | ASHA incentive for ensuring Institutional delivery of identified HRP | Per Case | 100 | RCH.1- 17.3 | | | | | |
| 21 | EPMSMA - instt delivery | per case | 500 | RCH.1- 6.1 | | | | | NEW |
| 22 | EPMSMA - IF HRPW identified at PMSMA Site | per case | 100 | RCH.1- 6.1 | | | | | NEW |
| 23 | ASHA Incentive for maternal death reporting | per case | 200 | RCH.1- 9.6 | | | | | NEW |
| 24 | For ensuring early registration of pregnancy and opening of | per case | 50 | | | | | | Applicable for the districts having wage |
| 25 | Rs. 100/ for ensuring one ANC by MO in the third trimester | per case | 100 | State Govt fund | | | | | compensation scheme |
| 26 | For motivating Institutional delivery of the beneficiary | per case | 50 | | | | | | |
| 27 | ASHA incentive for identification for High Risk cases in the post natal period | per case | 250 | RCH-1, sl. No 17.1 (SPIP FY 2023-24) | | | | | New |
| | | | ASHA | Incentive under J | SY | | | | |
| 28 | JSY incentive for ASHA for 1st Delivery(Rural) for Antenatal Component | Per case | 300 | RCH.1 -3.2 | | | | | |
| 29 | JSY incentive for ASHA for 1st Delivery(Rural) for facilitating Institutional Delivery | Per case | 300 | RCH.1 -3.2 | | | | | |
| 30 | JSY incentive for ASHA for 2nd Delivery(Rural) for Antenatal Component | Per case | 300 | RCH.1 -3.2 | | | | | |
| 31 | JSY incentive for ASHA for 2nd Delivery(Rural) for facilitating Institutional Delivery | Per case | 300 | RCH.1 -3.2 | | | | | |
| 32 | JSY incentive for ASHA for 3rd Delivery(Rural) for Antenatal Component | Per case | 200 | RCH.1 -3.2 | | | | | |
| 33 | JSY incentive for ASHA for 3rd Delivery(Rural) for facilitating Institutional Delivery | Per case | 200 | RCH.1 -3.2 | | | | | |

| SI no | Activity | Parameter for payment | Rate Rs. | FMR Code | No of Claims | Amount claimed (Rs.) | Documents submitted | Amount approved (Rs.) (For office use only) | Remarks (if any) |
|-------|--|-----------------------------|----------|---------------|-----------------|----------------------------|---------------------|---|------------------|
| 34 | JSY incentive for ASHA for 4th Delivery(Rural) for Antenatal Component | Per case | 100 | RCH.1 -3.2 | | | | | |
| 35 | JSY incentive for ASHA for 4th Delivery(Rural) for facilitating Institutional Delivery | Per case | 100 | RCH.1 -3.2 | | | | | |
| 36 | JSY incentive(Urban) for Antenatal Component | Per case | 200 | RCH.1 -3.2 | | | | | |
| 37 | JSY incentive (Urban)for facilitating Institutional Delivery | Per case | 200 | RCH.1 -3.2 | | | | | |
| | | | F.A | MILY PLANNING | | | | | |
| 38 | ASHA incentive for accompanying the client for Injectable MPA(Antara Prog)administration | 1st dose/per ASHA | 100 | RCH.6 - 45.2 | | | | | |
| 39 | ASHA incentive for accompanying the client for Injectable MPA(Antara Prog)administration | 2nd dose/per ASHA | 100 | RCH.6 - 45.2 | | | | | |
| 40 | ASHA incentive for accompanying the client for Injectable MPA(Antara Prog)administration | 3rd dose/per ASHA | 100 | RCH.6 - 45.2 | | | | | |
| 41 | ASHA incentive for accompanying the client for Injectable MPA(Antara Prog)administration | 4th dose/per ASHA | 100 | RCH.6 - 45.2 | | | | | |
| 42 | ASHA incentive for accompanying the client for Injectable MPA(Antara Prog)administration | More than 4th dose/per ASHA | 100 | RCH.6 - 45.2 | | | | | |
| 43 | Ensuring 3 years gap between 1st and 2nd child birth | Per case | 500 | RCH 6-50.3 | | | | | |

| SI no | Activity | Parameter for payment | Rate Rs. | FMR Code | No of Claims | Amount claimed (Rs.) | Documents submitted | Amount approved (Rs.) (For office use only) | Remarks (if any) |
|-------|---|--|----------|-------------------|-----------------|----------------------------|------------------------|---|------------------|
| 44 | Ensuring delaying 2 years for first child birth after marriage | Per case | 500 | RCH 6-50.3 | | | | | |
| 45 | Ensuring limiting after 2 child | Per case | 1000 | RCH 6-50.4 | | | | | |
| 46 | For motivating a woman for PPIUCD insertion | Per case | 150 | RCH 6-44.5 | | | | | |
| 47 | For motivating PAIUCD | Per case | 150 | RCH 6-44.4 | | | | | |
| 48 | Home Delivery Contraceptive-Condom | Per case | 1 | | | | | | |
| 49 | Home Delivery Contraceptive-Oral Pills | Per case | 1 | Social marketing | | | | | |
| 50 | Home Delivery Contraceptive-EC | Per case | 2 |] | | | | | |
| 51 | For motivating Female sterilization | Per case /per ASHA | 300 | RCH 6-42.2 | | | | | |
| 52 | For motivating a woman for PPS | Per case /per ASHA | 400 | RCH 6-42.2 | | | | | |
| 53 | For Motivating Minilap | Per case /per ASHA | 300 | RCH 6-42.2 | | | | | |
| 54 | For motivating Male sterilization | Per case | 400 | RCH6-43.2 | | | | | |
| 55 | ASHA incentive for updation of EC survey before each MPV campaign | Per campaign | 150 | RCH 6-46.3 | | | | | |
| 56 | Incentive to mobilize Saas Bahu Sammelan | 1 Sanmelan every month/ per ASHA | 100 | RCH 6-46.4 | | | | | |
| 57 | Incentive for Distributing Naye Pahel Kit | Per Kit/ per ASHA | 100 | RCH 6-46.2 | | | | | |
| | | | ADO | DLESCENT HEALTH | | | | | |
| 58 | Menstrual Hygiene – For selling sanitary napkin. | per pkt/per ASHA | 1 | Social marketing | | | | | |
| 59 | Incentive for selection and support of Peer Educator | per peer educator | 100 | RCH.5-38.3 | | | | | |
| 60 | Incentive for mobilizing adolescents and community for AHD | Per AHD/per ASHA | 100 | RCH.5-38.4 | | | | | |
| | | | ASHA Mo | nthly Routine Act | ivities | | | | |
| | ASHA Monthly Routine Activities (Rs. | 2000/- pm) | | | | | | | |
| | a) Mobilizing and attending Village Health and Nutrition Day | Per VHND held | 200 | | | | | | |

| SI no | Activity | Parameter for payment | Rate Rs. | FMR Code | No of Claims | Amount claimed (Rs.) | Documents submitted | Amount approved (Rs.) (For office use only) | Remarks (if any) |
|-------|---|------------------------------------|----------|----------|-----------------|----------------------------|---------------------|---|------------------|
| 1 | b) Convening and guiding monthly Village Health Sanitation and Nutrition meeting. | Against each VHSNC Meeting | 150 | | | | | | |
| | c)Attending PHC Review meeting | Each Review meeting attended | 150 | | | | | | |

| SI no | Activity | Parameter for payment | Rate Rs. | FMR Code | No of Claims | Amount claimed (Rs.) | Documents submitted | Amount approved (Rs.) (For office use only) | Remarks (if any) |
|-------|--|--|----------|--------------|-----------------|----------------------------|---------------------|---|---|
| | Activities Like: I) Line listing of household done at beginning of the year and updated after every six months. II) Maintaining village health register and supporting universal registration of births and deaths. III) Preparation of due list of children to be immunized updated on monthly basis. IV) Preparation of list of ANC beneficiaries to be updated on monthly basis and submission of micro birth plan for each of the PW. (State priority) V) Preparation of list of eligible couples updated on monthly basis. | Monthly Completion of the activities | 1500 | HSS.3 -159.1 | | | | | |
| | Umbrella Programmes | | | | | | | | |
| 62 | NPCB - For ensuring Treatment of Cataract surgery in Govt. facility | Per case | 250 | NCD.1-87 | | | | | |
| 63 | NPCB - For ensuring Treatment of Cataract surgery in Private facility | Per case | 350 | NCD.1-88 | | | | | |
| 64 | Incentive for completion of 6 month treatment of DSTB | Per case | 1000 | NDCP.4 -73.1 | | | | | Payment of Claim should be through Senior Treatment Supervisor(STS) TB Cell |
| 65 | Incentive for completion of treatment of DRTB | Per case | 5000 | NDCP.4-77.1 | | | | | Payment of Claim should be through Senior Treatment Supervisor(STS) TB Cell |
| 66 | Informant incentive | Per case | 500 | NDCP.4- 75.2 | | | | | Payment of Claim should be through Senior Treatment Supervisor(STS) TB Cell |
| 67 | Incentive for Providing TPT | Per Case | 250 | NDCP.4 -76.5 | | | | | Payment of Claim should be through Senior Treatment Supervisor(STS) TB Cell |
| 68 | Incentive for facilitating Bank Account Seeding of Patients for NPY | Per Case | 50 | NDCP.4 -74.3 | | | | | Payment of Claim should be through Senior Treatment Supervisor(STS) TB Cell |
| 69 | Incentive for House to House Survey (Active Case Finding) | Per House | 10 | NDCP.4 -73.3 | | | | | Payment of Claim should be through Senior Treatment Supervisor(STS) TB Cell |
| 70 | NLEP – Sensitization ASHA Incentive for training on Leprosy | per training per ASHA | 100 | NDCP.3-69.7 | | | | | |
| 71 | NLEP - Incentive for case detection. | Per case | 250 | NDCP.3-69.3 | | | | | |
| 72 | NLEP - for ensuring complete treatment of PB cases. | Per case | 400 | NDCP.3-69.4 | | | | | |

| SI no | Activity | Parameter for payment | Rate Rs. | FMR Code | No of Claims | Amount claimed (Rs.) | Documents submitted | Amount approved (Rs.) (For office use only) | Remarks (if any) |
|-------|---|-----------------------|----------|-------------|-----------------|----------------------------|------------------------|---|------------------|
| 73 | NLEP - for ensuring complete treatment of MB cases. | Per case | 600 | NDCP.3-69.5 | | | | | |

| SI no | Activity | Parameter for payment | Rate Rs. | FMR Code | No of Claims | Amount claimed (Rs.) | Documents submitted | Amount approved (Rs.) (For office use only) | Remarks (if any) |
|-------|--|----------------------------|----------|-----------------|-----------------|----------------------|------------------------|---|---------------------------|
| 74 | Partial Incentives to the ASHAs for Leprosy suspects | Per case | 50 | NDCP.3-69.6 | | | | | |
| 75 | NVBDCP -For malaria slide collection. | Per case | 15 | NDCP.2: 64 | | | | | |
| 76 | NVBDCP -For ensuring treatment of Malaria positive cases. | Per case | 200 | NDCP.2: 64 | | | | | |
| 77 | - ASHA incentive for referral of AES/JE cases to the nearest CHC/DH/Medical College | per patient | 300 | NDCP.2- 66.1 | | | | | |
| 78 | ASHA Incentive for Dengue and Chikungunya | per month for 5 months. | 200 | NDCP.2- 67.1 | | | | | Only for 1212 urban ASHAs |
| 79 | NIDDCP – For testing 50 salt samples per month. | Per month/ per ASHA | 25 | RCH.8- 62.1 | | | | | |
| | | | | NCD | | | | | |
| 80 | Incentive for population enumeration,CBAC filling and mobilizing for NCD screening | per form | 10 | HSS.1 - 150.1 | | | | | |
| 81 | Incentive for follow up and treatment compliance for 6 months for patients diagnosed with Hypertension, Diabetes, Mellitus & 3 common cancers (Oral, Breast, Carvical) | per patient | 50 | HSS.1 - 150.1 | | | | | |
| | | | | Other Incentive | S | | | 1 | |
| 82 | Incentive for ABHA ID Creation | Per case | 10 | HSS.3-163 | | | | | New |
| 83 | Mobile bill reimbursement of ASHA | Per | 100 | HSS.12-195.10 | TATE 00 | VE BUBOS | _ | | |
| | Additional Rs. 1000/- incentive to ASHA un | | | TO ASHA UNDER S | IAIE GO | VI. BUDGE | | | |
| | a)Line Listing of Adolscent and linkage with WIFS | der State Govt. | 100 | <u> </u> | | | | | |
| | | | 50 | | | | | | |
| | b)Identification of SAM Children using MUAC Tape c)Line Listing of Screened children under RBSK by Mobile Health Team in her area | | 50 | | | | | | |
| 1 | d)Facilitation of High Risk Pregnancy identification and line listing | | 100 | | | | | | |
| | e)Follow up of Full ANC with complete routine examination of each pregnant women | | 100 | | | | | | |
| | f)Mobilizing for screening of HIV of all pregnant women | | 50 | | | | | | |
| 84 | g)Identification of Malaria/Dengue/JE cases and line listing | | 100 | From State | | | | | |
| 04 | h)Identification of TB Cases and line listing | | 100 | Budget | | | | | |

| SI no | Activity | Parameter for payment | Rate Rs. | FMR Code | No of Claims | Amount claimed (Rs.) | Documents submitted | Amount approved (Rs.) (For office use only) | Remarks (if any) |
|-------|---|-----------------------|----------|----------|-----------------|----------------------|---------------------|---|------------------|
| | i)Updating of MCP Card and ensuring opening of bank A/C of beneficiary registered in her area | | 50 | | | | | | |
| | j)Participating in NCD Screening in her area | | 100 | | | | | | |
| 1 | k)Ensuring supplement of IFA to under 5 children and line listing | | 50 | | | | | | |
| | l)Follow-up of full immunization with JE,MR,Rota Virus, Vitamin A, etc and line listing | | 100 | | | | | | |
| | m)Identification of number of under 5 children with diarrhea traced and distributed ORS during the month and line listing | | 50 | | | | | | |

| SI no | Activity | Parameter for payment | Rate Rs. | FMR Code | No of Claims | Amount claimed (Rs.) | Documents submitted | Amount approved (Rs.) (For office use only) | Remarks (if any) |
|-------------------------------------|--|-----------------------|------------|--------------|-----------------|----------------------------|------------------------|---|-----------------------------|
| 1 | ty wise claim forms along with supporting documents are also that, all claims are genuine and services are rendered by me re | | _ | | im submi | tted. Kindly | make the payr | nent. | |
| | Yours faithfully, | | | | | | | | |
| ASHA Bank M Contac Village | of the ASHA: Account No: | | _ | | | | | | |
| | Certify that the claims mentioned above are correct. | | | | | | | | |
| | Signature of ASHA Supervisor | | | | Signatu | re of ANM | | | Signature of CHO |
| | | For | office use | only | | | | | |
| | | | | | | | | | |
| 1 | ount of Rstoto(Rupeestototo | | | | | only) | approved for p | ayment of AS | HA incentive for the period |
| | and the difficult is debited to t | account timo | -0 551. | | | | | | |
| | | | | | | | | | |
| | Signature of ABPM | Signature of BAM | | Signature of | ВСМ | | Signature of BPM | | Signature of SDM & HO |