

**KINGDOM OF CAMBODIA  
NATION RELIGION KING**



**MINISTRY OF HEALTH**

**PROVINCIAL  
PBSI  
QUARTERLY REPORT**

**QUARTER II, 2008**

**Prepared by**



**NATIONAL CENTRE  
FOR HIV/AIDS, DERMATOLOGY AND STD**

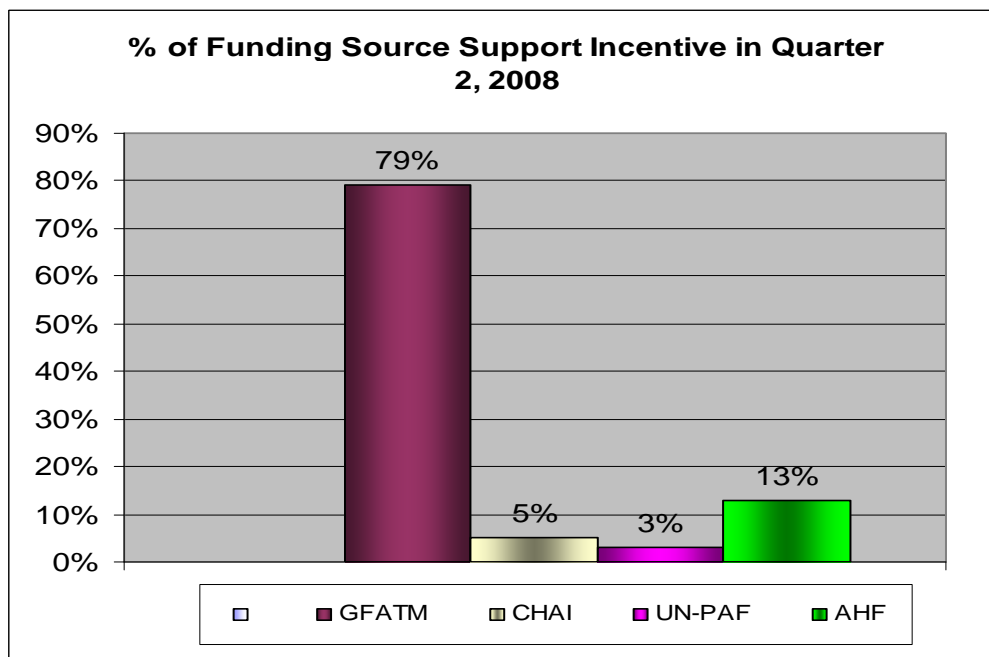
**Phnom Penh, 24 October, 2008**

## TABLE OF CONTENTS

1. INTRODUCTION		
Background		1
Sources of funding for Provincial-level PBSI		1
2. PBSI DATABASE INFORMATION		
Database Design		1
Database Update		2
3. SUBMISSION OF SELF ASSESSMENTS AND DOCUMENTATION		
Submissions from Provinces/cities		2
4. ASSESSMENT		
Assessment Results	2	
5. PAYMENT		
Payment Approval	3	
Monitoring of budget	3	
Budget figure in 2008		3
6. CONCLUSION		4
APPENDICES		
Appendix A	Current Status of teams receiving PBSI from NCHADS	
Appendix B	PAB Minute Meeting for Quarter II, 2008	
Appendix 1	Total Team Detail by Provinces and Sources Q2/2008	
Appendix 2	Total Staffs Received Incentive by Provinces Q2/2008	
Appendix 3	Data Summary of Provincial Staffs Received Incentive within NCHADS & Others Q2/08	
Appendix 4	Data Summary Update by Quarterly, Q2/2008	
Appendix 5	List Submission documents from Provinces, Q2/2008	
Appendix 6	Summary of Provincial Scoring, Q2/2008	
Appendix 7	Incentive Payment by Donors, Q2/2008	
Appendix 8	Summary of Monitoring Budget Q2/2008	

## 1. INTRODUCTION

PBSI scheme is implementing for provincial level, in order to improve motivation and performance of staffs, and improve efficiency of performance based on objective team assessment against set indicator of performance and the payment have been done every quarters. Several funding sources such as GFATM, CHAI, UN-PAF and AHF is supported and all these sources are managed by NCHADS, now there are **947 staffs** in **24** provinces-cities and **5** National Hospitals. In this quarter, additionally the actual PBSI payments were covered **79%** from GFATM, **5%** from CHAI, **3%** from UN-PAF and **13%** from AHF. *Appendix 1*



## 2. PBSI DATABASE INFORMATION

### 2.1 Database Design

The number of provincial-city staff to receive PBSI is computed into an electronic database system in quarterly basis. The database is designed to record the staff who receive incentive within the NCHADS program by provinces-cities, ODs, Referral Hospital, Health Center, VCCT and STI clinic, with the address of the team, staff position, name, amount for which eligible, funding source, and date and duration of APW. The purpose of the PBSI database is to allow NCHADS to monitor which staffs receive PBSI, and avoid the double payment from difference sources for HIV/AIDS program in the country, as well as to budget scheme. *Appendix 1 & 2*

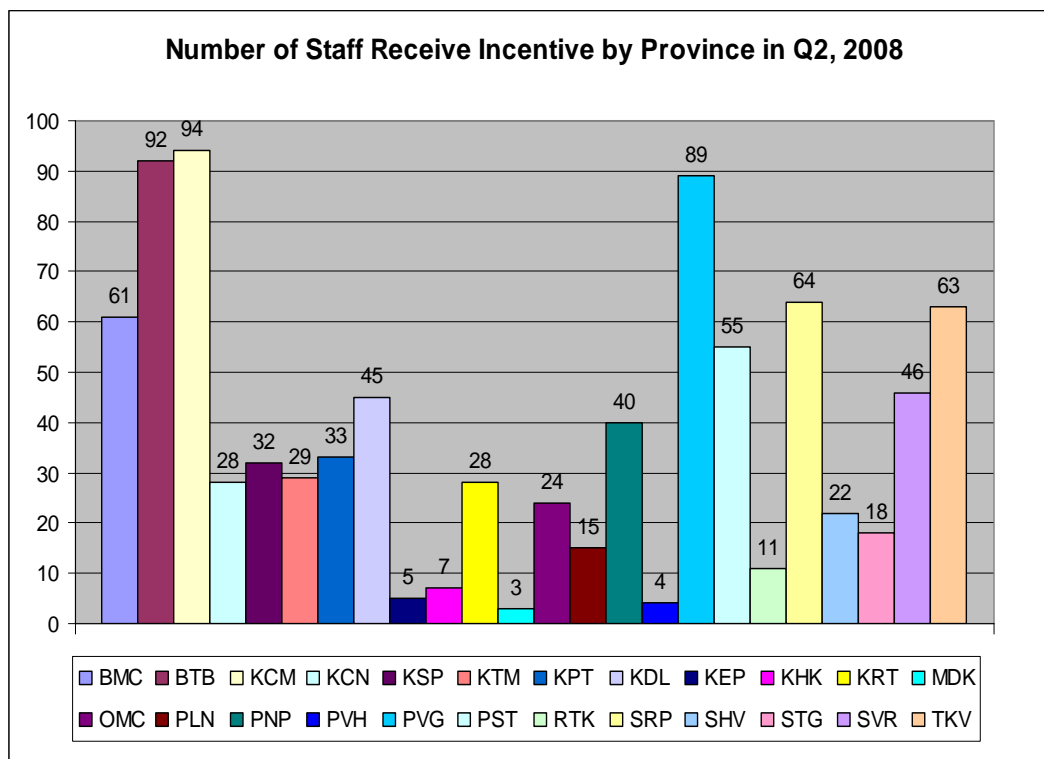
### 2.2 Database Update

Due to scaling up of the HIV/AIDS program for care and support to PLHA in the country, NCHADS has been expanding the PBSI scheme to more and more provinces-cities.

In second quarter 2008, NCHADS continue to provide incentive to all province-cities from previous quarter with **947** staffs and we have provided to additional **23** staffs on PBSI and **2** staffs have been requested to resign from work. *Appendix 4*

Up to now NCHADS has **24** HAMT, **29** STI teams, **78** VCCT teams, **30** OI & ARV teams, **15** Pediatric teams, **4** CD4 Lab. teams, **7** Linked response staffs and 11 Data management teams; for a total of **947** staffs receiving PBSI within NCHADS PBSI scheme. *Appendix 3 and Appendix A*

**2.3 Figure: Number of Staffs Received Incentive by Provinces in Q2, 2008**



### 3. SUBMISSION OF SELF ASSESSMENTS AND DOCUMENTATION

#### Submission from Provinces/cities

Each quarter, after self assessment, provinces-cities submitted the assessment documents to NCHADS Performance Assessment Board (PAB) for verification and payment approval. For the **second** quarter, 2008 along with the PBSI timeframe for submitting documents, some of provinces-cities/ hospital were submitting those documents **are late**. *Appendix 5*

### 4. ASSESSMENT

#### Assessment Results

Based on verification of staff work performance during Quarter 2, 2008 and self assessment report from each Provincial Health Department, it is noted that nearly all VCCT team scored 3 *except 2 VCCT teams got score only 2.25*; mostly of the STI, OI & ARV, Pediatric, Data Management and Lab CD4 teams scored rang from 2.5 to 3.

However, during this second quarter HAMT team has not evaluated yet, due to NCHADS has not enough budget for provinces to implement projects.

Regarding the result above, the PAB decided to approve by giving payment 100% payment by following to the PBSI rate to all teams who got score 2.5 to 3 and giving payment 70% to team who have got score 2.25. *Appendix 6*

## 5. PAYMENT

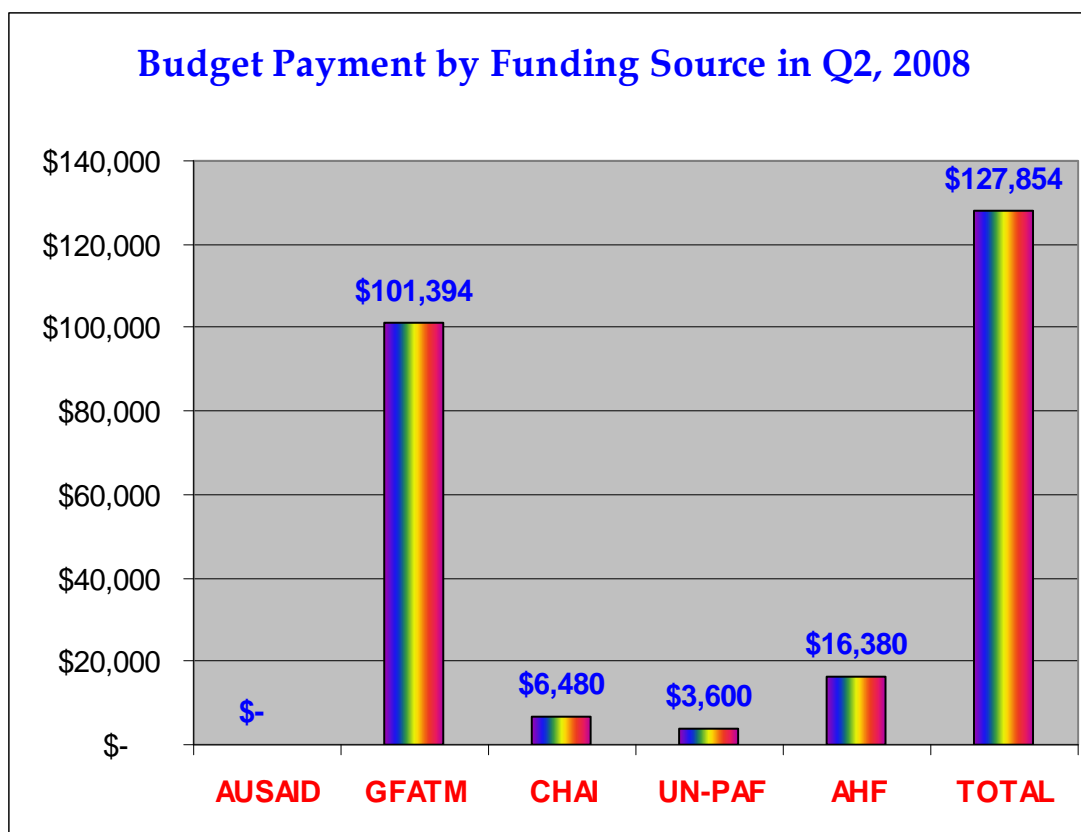
### 5.1 Payment Approval

In quarter 2, 2008 NCHADS PAB approved a total amount of **\$127,854** for PBSI payment for **682** provincial staffs, of which from GFATM (\$101,394), CHAI (\$6,480) UN-PAF (\$3,600) and AHF (\$16,380). *Appendix B & 7*

### 5.2 Monitoring of budget

After reviewing the total budget expenditure for 2 quarters in year 2008, we noted that 2 sources of fund CHAI and AHF have been expended according to the plan. CHAI is providing incentive to new team (VCCT & Linked response) for 23 staffs in which a pilot project and are implementing in Neak Leoung OD, Prey Veng Province.

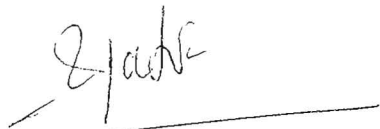
AUSAID funding source has committed to provide incentive for NCHADS staffs and 24 province staffs through WHO, up to now NCHADS has not received transfer yet to NCHADS bank account. Thus, all staffs that receiving incentive from AUSAIDS source will be committed to pay in next quarter. *Appendix 8*



## 6. CONCLUSION

In this quarter, some issues and challenges related to the PBSI scheme were noted:

- For new team that have passed PBSI criteria from previous quarters, NCHADS still keep considering to provide incentive to those staff if NCHADS has any more budget available.
- NCHADS has sent 225 APW who have to receive incentive from AUSAID source to all Provincial Health Department for signing and return back to NCHADS.



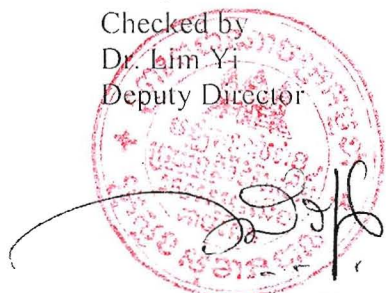
Prepared by:  
Ms. Pich Rathmony  
PBSI Coordinator

Date: 24/10/08



Checked by:  
Dr. Lim Yi  
Deputy Director

Date: 24/10/08



Seen & Approved by:  
Dr. Mean Chhi Vun  
NCHADS Director

Date: 07/11/08