

**KINGDOM OF CAMBODIA  
NATION RELIGION KING**



**MINISTRY OF HEALTH**

**STANDARD OPERATING PROCEDURES FOR  
THE  
PERFORMANCE BASED SALARY INCENTIVE  
(PBSI)  
SCHEME  
AT PROVINCIAL LEVEL**

**Prepared by**



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

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## **I. INTRODUCTION**

As part of the DFID support for HIV/AIDS in Cambodia, DFID agreed to provide performance-based salary incentives to staff in NCAHDS and Provinces-cities. Other donors have since joined this scheme. This salary supplementation is linked to job descriptions, and performance appraisal. The supplements paid are modest and broadly in line with other rates being paid. The experimental scheme of PBSI was approved by Ministry of Health and donors, based on the Functional Task Analysis of NCHADS, and then reviewed and updated in December 2003 and August 2006.

The PBSI scheme has been implemented in the national HIV/AIDS program that is covering the entire country. The SOP of this scheme was developed to ensure the transparency and standardization of the scheme with various funding sources as DFID, GFATM, EU/ITM, and CHAI etc.

## **II. PURPOSE OF THIS SOP**

PBSI supported from various sources are managed by the National Center for HIV/AIDS, Dermatology and STD (NCHADS) within the Ministry of Health as part of its National Programme. To ensure that the scheme can achieve its goals and objectives with full transparency, accountability, efficiency and consistency, it is necessary to ensure that the decision making for providing incentives and monitoring the PBSI implementation process is clear, and documented.

The purpose of these procedures is to define:

- mechanisms for approval of provincial PBSI
- transparency in payment approval
- roles and responsibilities at national & provincial levels
- permissible rates for provincial rates and variable indicators
- mechanisms and procedures for decentralization to provinces.

## **III. PBSI PROCEDURES AT PROVINCIAL LEVEL**

### **1. PBSI in provinces**

The PBSI scheme is only introduced in a province after an assessment has been made of the staffing pattern appropriate for that province. This assessment is conducted by the province, and submitted to NCHADS for verification and approval. The assessment should cover:

- The size and complexity of the HIV/AIDS programme in the province, based on prevalence rates, vulnerabilities, and activities.
- The number of ODs and the coverage of HIV/AIDS activities in health sector.
- The services available and/or planned.
- The partners and other agencies working in the province
- The Annual Work Plans of the province.

## **2. Eligibility:**

All staff present in position, with an approved job description, within Provincial Health Department, based upon the Functional Task Analysis of NCHADS, and who are not already receiving any other salary supplementation.

## **3. Participation:**

All eligible staff may participate in the PBSI scheme; should a staff member not wish to participate, he/she may 'opt out'. Such a staff member will continue to function as member of the team, his/her performance will be included in the assessment of the team's performance, but he/she will not receive any incentive. All staff who wish to participate in the system, and are eligible, are required to sign an **APW** (Agreement to Perform Work).

## **4. Agreement to Perform Work:**

This is signed between the staff member, the Provincial Health Director and the Director, NCHADS, and specifies the job description and terms of reference to be performed, level of Incentive offered, the performance indicators, assessment criteria, rates for payment of incentives, and duration of the contract, etc. (See annex 6)

## **5. Team Performance Assessment**

Under this PBSI system, performance is judged by team, not by individual performance, though each staff member in the team contributes to and participates in the process. At the end of each quarter, each team prepares a set of assessment documents of their team's performance against the verifiable indicators, and submits this, as their Team Performance Assessment, to the Performance Assessment Board.

## **6. Performance Assessment Board**

The PAB Members are:

- The Heads of Administration and Finance Bureau
- The Vice- Chief of the Finance Unit
- The Deputy Director with responsibility for Provincial PBSI
- The Director as Chairman,
- The PBSI Focal Person acts as PAB Secretary.

The Board reviews all Team Performance Assessments and approves or changes them.

## **7. Payment of Incentives**

Incentives are paid by quarter and based on the achievement as measured by indicators performance. Once the Finance Unit receives the approved Performance Assessments, incentives will normally be paid within the next 20 days. The budgets for PBSI are allocated in NCHADS Quarterly Work Plans and Annual Work Plan.

## **8. Managing grievances**

If any staff member or team is dissatisfied with the assessment rating of his/her team's performance by the Performance Assessment Board, he/she may appeal to the Director

NCHADS, who may require a written submission with supporting evidence, within 20 days. The Director will be review and consider carefully The decision of the Director is Final.

#### **IV. ASSESSMENT OF PERFORMANCE-PERFORMANCE TASKS, VERIFIABLE INDICATORS AND PERFORMANCE LEVELS**

##### **1. Tasks**

Based upon the Functional Task Analysis (FTA), for all teams a set of tasks is identified against which the team’s performance is assessed. These tasks are selected to identify essential, measurable and transparent, functions each unit must perform in order to meet the Terms of Reference of the Unit in operational terms, and are drawn from the teams’ Term of Reference and Job Description assigned (*see annex 1 for detailed tables of Tasks and Verifiable Indicators*).

##### **2. Verifiable Indicators**

For each performance task a set of verifiable indicators is identified which specify levels of performance (*See annex 1 for detailed tables of Performance Tasks and Verifiable Indicators*). The indicators are graduated to show ‘High’ performance, ‘Satisfactory’ performance, ‘Low’ performance, and ‘Inadequate’ performance, which are then scored:

**Table1: Level of Performance**

<b>Performance</b>	<b>Score</b>
High	3
Satisfactory	2
Low	1
Inadequate	0

##### **3. Rates:**

Rates for PBSI are paid as a percentage of a ‘base rate’ according to the score achieved. To reinforce the concept of performance-related incentives, the base rate(100%) is for High Performance; lower levels of performance are thus reductions from the base.

**Table 2: Percentages by score**

<b>Performance score</b>	<b>Percentage of rate paid</b>
High	100%
Satisfactory	70%
Low	40%
Inadequate	0%

**Table3: Incentive Rate**

<b>Unit</b>	<b>Rate</b>		
	<b>High</b>	<b>Satisfactory</b>	<b>Low</b>
PHD and Accountant	\$80	61	43
PAO (5 persons)	\$60	46	33

STI clinic staff	\$60	46	33
VCCT staff	\$60	46	33
OI & ARV staff	\$60	46	33
Pediatric staff	\$60	46	33
Lab. CD4 staff	\$60	46	33
Data Management staff	\$60	46	33

#### 4. Provincial Assessment Sheet:

Assessment sheets were designed to describe Performance Tasks, Variable Indicators and Achievement by Provinces-cities; spread by each team from form 1 to 8 (see annex 2) of :

- |                           |                                  |
|---------------------------|----------------------------------|
| 1- Form P1: HAMT          | 2- Form P2: STI Team             |
| 3- Form P3: VCCT Team     | 4- Form P4: OI & ARV Team        |
| 5-Form P5: Lab. CD4 Team  | 6- Form P6: CMS Team             |
| 7-Form P7: Pediatric Team | 8- Form P8: Data Management Team |

## V. HIV/AIDS TEAMS

### 1. Teams:

The HIV/AIDS Programme is implemented by teams; so NCHADS classifies the teams as:

#### 1.1 HIV/AIDS Management Team (HAMT): between 3-7 staff per province-cities

##### All Provinces:

1. Provincial Health Director
2. Accountant
3. Provincial AIDS Office Manager

##### According to Provincial Assessment:

1. Provincial AIDS Office Assistant Manager
2. STI Officer
3. BCC Officer
4. CoC Officer

#### 1.2 STD Team: there are 5 STD staff per clinic.

1. Lab Technician (2 persons)
2. Clinician (3 persons)

#### 1.3 VCCT Team: there are 4 staff per site

1. Laboratory technician (2 persons)
2. Counselor (2 persons)

#### 1.4 OI & ARV Team: there are 9-12 staff per site

1. Care team leader (1 person)

2. Clinician (3-4 persons)
3. Lab. Technician (1 person)
4. Counselor (2-3 persons)
5. Logistics Management Officer (1 person)
6. X-ray Technician (1 person)

**1.5 Lab. CD4 Team:** there are 3 CD4 Lab staff per site

**1.6 Pediatric Team:** there is 2-4 staff per site

1. Team Leader –Clinician (1)
2. Clinician (1)
3. Nurse Counselor (2 persons)

**1.7 Data Management Team:** there are 2 data management officers per site

## 2. Job Description and Terms of Reference:

Job Description and Terms of Reference are assigned based on Functional Task Analysis by position for each team (*see annex 3 of Job Description and annex 4 of TOR*).

Each Job Description describes:

Title of Position

Accountable to and for: to make lines of authority clear

Job Summary

Specific Responsibilities: specific for that position

General Responsibilities; general for all staff working in the programme

## VI. PBSI PROVINCIAL PROCEDURE

### 1. Criteria for approval for providing incentives

Since available funds allocated for PBSI are limited, and may vary from year to year, NCHADS needs to estimate how many staff in various provinces-cities can be covered, based upon the targets and priorities of the annual work plan. To ensure the budget is available and work will be achieved, NCHADS sets the criteria for approval for teams to receive incentives to provinces-cities as below:

**Table 4: Criteria for approval, by teams**

#### 1: HAMT

Criteria	To be confirmed by NCHADS' Technical Unit	Responsible Unit
1. HAMT nominated, with approval by Director	Yes <input type="checkbox"/> No <input type="checkbox"/>	PM&R
2. Planning, Reporting & Filing System	Yes <input type="checkbox"/> No <input type="checkbox"/>	PM&R

established: - HIV/AIDS and STI Planning system incorporated in AOP - Reporting system - Filing System		
3. Good record of submitting plans and reports on time during previous year	Yes <input type="checkbox"/> No <input type="checkbox"/>	PM&R
4. Good record of submitting Financial Reports on time during previous year	Yes <input type="checkbox"/> No <input type="checkbox"/>	Finance

## 2: PAO

Criteria	To be confirmed by NCHADS' Technical Unit	Responsible Unit
1. Nomination letter for PAO staff responsibilities from PHD with approval by NCHADS Director Working times	Yes <input type="checkbox"/> No <input type="checkbox"/>	PM&R
2. LoAs signed with all NGO partners	Yes <input type="checkbox"/> No <input type="checkbox"/>	PM&R
3. Events (WAD etc) well conducted during previous year	Yes <input type="checkbox"/> No <input type="checkbox"/>	BCC
4. All SWs covered by NGO outreach & peer education services	Yes <input type="checkbox"/> No <input type="checkbox"/>	BCC
5. CUCC & CUWG established and meeting regularly	Yes <input type="checkbox"/> No <input type="checkbox"/>	BCC
6. Condoms distributed during last year	Yes <input type="checkbox"/> No <input type="checkbox"/>	BCC
7. Supervision to ODs being regularly conducted	Yes <input type="checkbox"/> No <input type="checkbox"/>	PM&R

## 3: STI/RTI Clinic

Criteria	To be confirmed by NCHADS' Technical Unit	Responsible Unit
1. STI/RTI Clinic linked to: - 100% CUCC, CUWG - Outreach and peer education	Yes <input type="checkbox"/> No <input type="checkbox"/>	STI/RTI
2. Nomination letter from PHD with approval by NCHADS Director	Yes <input type="checkbox"/> No <input type="checkbox"/>	PM&R
3. All staff of STI/RTI team trained by NCHADS	Yes <input type="checkbox"/> No <input type="checkbox"/>	STI/RTI
4. At least 80% coverage of Brothel-based SWs.	Yes <input type="checkbox"/> No <input type="checkbox"/>	STI/RTI

**4: VCCT/LS**

<b>Criteria</b>	<b>To be confirmed by NCHADS' Technical Unit</b>	<b>Responsible Unit</b>
1. Nomination letter from PHD with approval by NCHADS Director	Yes <input type="checkbox"/> No <input type="checkbox"/>	PM&R
2. All staff of VCCT team trained by NCHADS	Yes <input type="checkbox"/> No <input type="checkbox"/>	VCCT & LS
3. Caseload over 40	Yes <input type="checkbox"/> No <input type="checkbox"/>	VCCT & LS
4. Included in NCHADS QA programme	Yes <input type="checkbox"/> No <input type="checkbox"/>	VCCT & LS

**5. Lab. CD4**

<b>Criteria</b>	<b>To be confirmed by NCHADS' Technical Unit</b>	<b>Responsible Unit</b>
1. Nomination letter from PHD with approval by NCHADS Director	Yes <input type="checkbox"/> No <input type="checkbox"/>	PM&R
2. Lab. staff trained by BD/NCHADS	Yes <input type="checkbox"/> No <input type="checkbox"/>	VCCT & LS
3. CD4 machine installed	Yes <input type="checkbox"/> No <input type="checkbox"/>	VCCT & LS

**6. OI/ART Team**

<b>Criteria</b>	<b>To be confirmed by NCHADS' Technical Unit</b>	<b>Responsible Unit</b>
1. New OI/ART service established based on: - Existing VCCT, CHBC, PLHA - Functioning of RH ( Human Resources, Lab Support, Room for OPD for OI/ART Services, etc) - Partners (NGOs, Donors...) - Commitment of local authority and HCW	Yes <input type="checkbox"/> No <input type="checkbox"/>	AIDS Care
2. Nomination letter of OI/ART team from OD, PHD with approval by NCHADS Director	Yes <input type="checkbox"/> No <input type="checkbox"/>	PM&R
3. OI/ART team trained by NCHADS (Long-term, Secondment, Mentoring)	Yes <input type="checkbox"/> No <input type="checkbox"/>	AIDS Care
4. At least 50 patients in the first quarter	Yes <input type="checkbox"/> No <input type="checkbox"/>	Data Mgt
5. At least first Continuum of Care Coordination Committee and MMM Meetings held	Yes <input type="checkbox"/> No <input type="checkbox"/>	AIDS Care

## 7. Pediatric Care Team

Criteria	To be confirmed by NCHADS' Technical Unit	Responsible Unit
1. New pediatric service established based on: - Existing CoC (OI/ART for adults, VCCT, CHBC, PLHA) - Functioning of pediatric services RH ( Human Resources, Lab Support, Room for OPD for OI/ART Services, etc) - Partners (NGOs, Donors...) - Commitment of local authority and HCW	Yes <input type="checkbox"/> No <input type="checkbox"/>	AIDS Care
2. Nomination letter of pediatric care team from OD, PHD with approval by NCHADS Director	Yes <input type="checkbox"/> No <input type="checkbox"/>	PM&R
3. Team trained by NCHADS	Yes <input type="checkbox"/> No <input type="checkbox"/>	AIDS Care
4. At least 30 patients in the first quarter	Yes <input type="checkbox"/> No <input type="checkbox"/>	Data Mgt
5. Included in Continuum of Care Coordination Committee regularly and MMM Meetings held	Yes <input type="checkbox"/> No <input type="checkbox"/>	AIDS Care

## 2. Process of incentive approval

The criteria for approval is assessed by NCAHDS' units and verified by the PAB, with final approval from NCHADS Director (*see approval format annex 5*). The approval should define:

- Number and names of staff to receive incentives
- team location
- date starting
- source of funds

The provinces-cities are notified of the approval results by official letter from NCHADS. NCHADS then prepares the APWs between NCAHDS and Provincial Health Director and implementing staffs (*see annex 6 of APW*).

## 3. Quarterly Performance Based Salary Incentive Assessment Process

For the PBSI system, NCHADS has prepared assessment sheets for provinces-cities by teams with verifiable indicators. The performance is judged every quarter through the following transparent arrangements:

- **Self Assessment (provinces-cities):**

At the end of each quarter the provinces-cities have to conduct self-assessment, using the assessment sheets, based on work reasonably achieved following their

terms of reference and job descriptions; these are verified by Provincial AIDS Manager and approved by Provincial Health Director. This assessment is then submitted to NCHADS within 2 weeks after the end of each quarter (*see letter format annex 7*).

- **Performance Assessment Board (NCHADS)**

The assessment sheet will be verified by NCHADS relevant units; then collated by PBSI Coordinator, and submitted to PAB for review and approved (*see payment approval format annex 8*).

#### **4. Performance Based Salary Incentive Payment Process**

The payment will be made after PAB approval according to the score-rate system. After approval of the complete set of PBSI documents, NCHADS accountant officers prepare the payment documents for provinces-cities; and keep records at NCHADS Finance Department.

#### **5. Incentives for new teams, additional staff and turn-over**

In this case, the provinces-cities should follow the process below:

- **New team or staff:** All HIV/AIDS officers who receive incentive must be part of a team and this team must have been established and nominated by MoH or Provincial Health Department. The request for PBSI should be submitted officially to NCHADS Director with number of the team or staff and name list (*see letter format annex 9*).
- **Additional Staff:** if the HIV/AIDS programme in one province wishes to enlarge and needs more staff to implement in that area, the Chief of OD or team leader has to write a request letter through provincial health department to NCHADS. The letter should describe the reason, which team, time starting, number staff requested and name (*see letter format annex 10*).
- **Staff turn-over:** In case of staff movement, the provinces-cities must send an official letter to inform NCHADS with clear reason and shift from whom to whom or stop working. NCHADS will keep this document for reference and prepare APW for new staff (*see letter format annex 11*).

### **VII. PBSI FLOW CHART:**

This chart shows the procedure of PBSI flow from Provinces-cities to NCHADS and NCHADS to Provinces-cities; also the responsibilities of each departments/units with the timeframe.

Actually PBSI Procedure, it spends around 7-8 weeks with period following below:

- ***First week after next quarter:*** This period, Operational District/ Referral Hospital / Health Center/Clinic for preparing PBSI documents to Provincial Health Department.
- ***Second week after next quarter:*** This period, Provincial Health Department have to check all PBSI documents from Operational District/ Referral Hospital / Health Center/Clinic for verify scoring and preparing the payment requested letter to NCHADS.
- ***Third and Forth week after next quarter:*** for NCHADS units to prepare the provincial achievement check list report and scoring.
- ***Fifth and Sixth week after next quarter:*** During this period, PBSI focal point person check and verify all PBSI documents which submitted from Province-cities and will submit those documents to PAB for approval.
- ***Seventh and Eighth week after next quarter:*** After PAB approved the payment for province-cities, and then Finance Unit has to clear the payment to provinces-cities.

**Deadline for Reports Documents To Verify Assessment Indicators for Provinces-cities:**

Table 5: Summary deadline for reports documents from Provinces-cities to NCHADS

<b>Type of Report</b>	<b>Deadline for Province</b>	<b>Units Responsible (NCHADS)</b>
Work Plan	the end of quarter before new quarter	PMR Unit
Monthly Report	2 weeks after next month	PMR Unit
Financial Report	2 weeks after next month	Finance Unit
NGOs Coordination minute Meeting	2 weeks before next quarter	PMR Unit
1- STI high risk population attending report. 2- VCCT Average monthly caseload report. 3- OI & ARV Clients (Adult and Pediatric) attending regularly report.	2 weeks before next quarter	Data Management Unit
1- CoC minute meeting report. 2- MMM or Mini MMM minute meeting report	2 weeks before next quarter	AIDS Care Unit
1- Quick turnover of testing result (CD4) report. 2- Prepare reagent/consumable requirement report. 3- Prepare drug requirement	10 days of the following quarter*	Logistic Management Unit

**Note\*:** the submitting report will vary from time to time according to CMS schedule.

## **VIII. ROLE AND RESPONSIBILITIES**

### **1. Role & Responsibilities at Provincial Level**

To facilitate the management of the PBSI scheme in the proper way, some tasks are the responsibility of particular staff:

#### **1.1 Provincial Health Director**

- 1- Sign Agreement to Perform Work (APW) with NCHADS for provincial staffs.
- 2- Participate in the panel of self assessment for HAMT.
- 3- Approve or make any comments on, all PBSI documents as request letter, payroll list, assessment sheet, and other documents related to PBSI.

### 1.2 Provincial AIDS Office Manager/ PAO Assistant

- 1- Keep recorded of number of provincial health staffs being provided incentive from NCHADS.
- 2- Coordinate the APW for Staff and Provincial Health Director to sign.
- 3- Consolidate the Achievement Report related to PBSI indicators such as STI, VCCT, and OI & ARV.... program from ODs for sending to NCHADS.
- 4- Assess and provide score on OD work performance based on NCHADS PBSI Assessment Sheet and give it to Provincial Health Director for seen and approved.
- 5- Clarify any issues occurring during the Performance Assessment Board (PAB) NCHADS Assessment.

### 1.3 Accountant

- 1- Prepare the budget requested letter and Payroll list for submitting with the assessment sheets to NCHADS.
- 2- Coordinate the payment of incentives between NCHADS and Provincial staff.

### 1.4 Operational District Manager

For all teams implementing in the operational district, the assessment sheet is going through OD Manager.

### 1.5 Team Leader/ Chief of STI/RTI Clinic/Chief of VCCT/LS:

Team Leader, Chief of STI/RTI clinic, and Chief of VCCT/LS prepare all relevant assessment sheets and submit to PAO.

## 2. Role & Responsible at National Level (NCHADS)

To ensure accuracy of the assessment, NCHADS units must verify performance achievement from Province-cities, assess the service performance based on the supervision records, and keep all documents related to PBSI document for internal control.

Indicators are assigned in the assessment sheet as the responsibility of relevant units:

**Table 6: Summary of Roles and Responsibilities of NCHADS Units:**

NCHADS	Form	Verifiable indicator	Responsibilities
<b>PMR Unit</b> <i>(see annex 12 a of form for PMR Unit)</i>	P1 (HAMT)	1- Work Plan Submitted 2- Quarterly work plan 3- Monthly Reports 4- NGOs Coordinating Minute Meeting	1- Summary check list report <sup>☞</sup> . 2- Keep documentary evidence.
<b>Finance Unit</b> <i>(see annex 12 b of form for finance Unit)</i>	P1 (HAMT)	1- Account maintained 2- Financial monthly reports	1- Assess how the provincial accounts are maintained based on supervision report 2- Summary check list

<sup>☞</sup> The Check list reports has to submit to PBSI Focal Person, for scoring verification from provinces-cites

			report.
<b>DM Unit</b> <i>(see annex 12 c of form for DM Unit)</i>	P2 (STI/RTI)	1- STI service for high risk group.	1- Summary check list report. 2- Keep documentary evidence.
	P3 (VCCT/LS)	1- VCCT average monthly case load 2- Service quality counseling	1- Summary check list report. 2- Assess the service quality counseling based on supervision reports. 3- Keep documentary evidence.
	P4 (OI & ART)	OI & ARV Clients Attending (adult).	1- Summary check list report. 2- Keep documentary evidence.
	P7 (Pediatric)	OI & ARV Clients Attending (pediatric).	1- Summary check list report. 2- Keep documentary evidence.
	P8 (Data Mgt.)	1- Timelines of the quarterly report 2- Completion of quarterly reports 3- Quality of the quarterly report	1- Assess the provinces performance result every quarterly. 2- Keep documentary evidence.
<b>STI/RTI Unit</b> <i>(see annex 12 d of form for STI Unit)</i>	P2 (STI/RTI)	STI service quality in special STI clinic(s).	Assess the service quality provided by clinic based on supervision reports.
<b>VCCT/LS Unit</b> <i>(see annex 12 e of form for VCCT Unit)</i>	P5 (CD4 Testing)	Quick turnover of testing result.	Assess based on the supervision reports.
<b>AIDS Care Unit</b> <i>(see annex 12 f of form for PMR Unit)</i>	P4 (OI & ART) P7 (Pediatric)	1- CoC Coordination Committee Meetings. 2- MMM & Mini MMM Meeting taking place. 3- Provide good care services	1- Summary check list report. 2- Keep documentary evidence. 3- Assess base on the supervision reports.
<b>Logistic Management Unit</b> <i>(see annex 12 g of form for Logistic Unit)</i>	P2 (STI/RTI) P3 (VCCT) P4 (OI & ART) P7 (Pediatric) P5 (CD4 Testing)	1- Prepared Drug Requirements. 2- Prepared consumables requirements. 3- CD4 monthly test	1- Summary check list report. 2- Keep documentary evidence.
<b>PBSI Focal Person</b> <i>(see annex 12 h of score monitoring sheet form)</i>	P1 to P8	All indicators	1- Verify scoring rate from provinces & NCHADS Units. 2- Summary final score rating for submit to PAB.

### 3. Performance Assessment Board Members and Function

- **PAB Members**

The Heads of the Administration and Finance Bureau, the Vice -Chief of the Finance Unit, the Deputy Director with responsibility for Provincial PBSI and the Director as Chairman, are the PAB Members. The PBSI Focal Person acts as PAB Secretary.

- **Function:**

- **PAB:** Regularly reviews all criteria for provision of PBSI; reviews provincial team performance assessments, approves them; and forwards them to the Finance Unit for payment.
- **PAB Secretary:** minute taking and reporting on all PAB meeting and keeping the records.

### IX. PBSI MONITORING SYSTEM

To avoid duplication in payments of PBSI to teams and staff, NCHADS has a data sheet to monitor exactly who is eligible for payments from which source (*see annex 13 data sheet format*). This data sheet is regularly up-dated and checked.

NCHADS records the date of receiving all PBSI submission reports from provinces-cities (such as Assessment Sheet and other reports to follow submission period) (*see annex 14*).

The results from the quarterly provincial PBSI assessments, as approved by the PAB, are shared with all provinces-cities; manager/director for the purpose of improving their work performance.

Phnom Penh.....December 2006

Seen & Approved by:

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Dr. Mean Chhi Vun  
NCHADS Director