

Overall Score:

23 - Very Weak

Legal Framework Score:

49 - Very Weak

Actual Implementation Score:

11 - Very Weak

Category 1. Access to "Rules of the Game" in Healthcare

1. Rules of the Game

1. Rules of the Game

45

1.11. In law, information on the provincial government's overall budget is made publicly available to citizens.

Yes | No

Comments:

By law, information is required to be made available to citizens informing them of the provincial government's overall budget.

References:

Public Finances (Management) Act 1995.

Yes: A YES score is earned if, by law, information is required to be made available to citizens informing them of the provincial government's overall budget. The information includes itemized lists of budget allocations.

No: A NO score is earned if there is no legal framework requiring information, with itemized lists of budget allocations, be made available to citizens informing them of the overall budget of the provincial government.

1.12. In practice, mechanisms or processes exist that make the provincial government's health budget publicly available to citizens.

100 | 75 | 50 | 25 | 0

Comments:

Information isn't provided to the people. Where bits and pieces of information are provided it is not consistent. It's only done on an ad hoc basis. There used to be an open day when such information was disclosed to the people. This needs reviving. Radio East New Britain has a very high local coverage. However, the limitation with this is that not everyone owns a radio to be able to listen to it on a regular basis to be updated with the information that is transmitted.

References:

Interview with Nakikus Matalau, Acting Provincial Administrator, East New Britain Provincial Administration.

Interview with Chief Executive Officer, Nonga Base Hospital.

100: Mechanisms or processes exist for citizens to access information on the overall health budget. These processes are easy to access and may include requesting information at a local health clinic or government office. In addition, civil society groups or journalists may disseminate and publicize this information.

75: ..

50: Mechanisms or processes dedicated to citizen access to information on health budgets exist but are not easy for citizens to use. Local health clinic or government offices may not be responsive to citizen requests for information. It may take a long time to process citizen requests or they may require additional costs to access.

25: ..

0: Mechanisms or processes to access information on health budgets are so complicated, time-consuming or costly that the information is effectively out of reach for the majority of individuals and citizen groups.

1.13. In law, the amount of the Ministry of Health's health function grants from the national to provincial levels is made publicly available to citizens.

Yes | No

Comments:

By law, information on the Ministry of Health's health foundation grants from the national to provincial levels is required to be made publicly available to citizens.

References:

Interview with Nicholas Larme, Provincial Health Adviser, East New Britain Provincial Administration.

Yes:

No: A NO score is earned if there is no legal framework requiring information on health function grants transfer of from the national to provincial levels be made publicly available to citizens.

1.14. In practice, mechanisms or processes exist that make the Ministry of Health's health function grants from the national to provincial levels publicly available.

100 | 75 | 50 | 25 | 0

Comments:

Mechanisms do exist for citizens to access information on the transfer of health function grants from the national to provincial levels, but they are not easy for citizens to use. One such mechanisms is through the National Economic and Fiscal Commission (NEFC) reports.

References:

Interview with Nakikus Matalau, Acting Provincial Administrator, East New Britain Provincial Administration.

100: Mechanisms or processes exist for citizens to access information on the health function grants for transfer of funds. These processes are easy to access and may include requesting information at a local health clinic or government office. In addition, civil society groups or journalists may disseminate and publicize this information.

75: ..

50: Mechanisms or processes dedicated to citizen access to information on the health function grants for the transfer of funds exist but are not easy for citizens to use. Local health clinic or government offices may not be responsive to citizen requests for information. It may take a long time to process citizen requests or they may require additional costs to access.

25: ..

0: Mechanisms or processes to access information on the health function grants for the transfer of funds are so complicated, time-consuming or costly that the information is effectively out of reach for the majority of individuals and citizen groups.

1.15. In practice, the provincial government's overall health budget is published in a user-friendly way.

100 | 75 | 50 | 25 | 0

Comments:

It doesn't happen at all.

References:

Interview with Dr. John Maku, Acting Chief Executive Officer, Nonga General Hospital, Rabaul, East New Britain Province.

100: Information on the overall health budget is both user-friendly and accessible to individual citizens, civil society groups and journalists. Information is jargon-free.

75: ..

50: Information on the overall health budget is accessible but may not be user-friendly to citizens, civil society groups or journalists. The information may be overly technical or filled with jargon.

25: ..

0: Information on the overall health budget is not user-friendly or accessible.

1.16. In practice, the provincial government releases its overall health budget within a reasonable time period.

100 | 75 | 50 | 25 | 0

Comments:

Information on these issues needs to get to the lowest level possible. Where there is lack of coordination, linkages are needed between national, provincial, district and Local Level Governments. The bulk of the funding is for staff salaries.

References:

Interview with Nakikus Matalau, Acting Provincial Administrator, East New Britain Provincial Administration.

Interview with Chief Executive Officer, Nonga Base Hospital.

100: Budgets are released at sufficient intervals, according to a pre-determined time schedule. Budgets are publicly released at least once per fiscal year.

75: ..

50: A schedule for the release of health care budgets exists, but in practice it is not followed. Budgets are often released late or too sporadically for public scrutiny.

25: ..

0: Budgets are not released to the public or are released on such an infrequent basis that citizen-based auditing is impossible.

1.17. In law, information on official fees for types of health services to ensure reliable pricing and eliminate informal payments, with clearly designated exemptions, is made publicly available to citizens.

Yes | No

Comments:

There is a legal framework that requires information on official fee structures for types of health services to be made publicly available to citizens.

References:

Public Hospitals (Charges) Act 1972.

User Fees – Section 29 of the National Health Administration Act 1997.

Yes:

No: A NO score is earned if there is no legal framework for such information.

1.18. In practice, mechanisms or processes exist that make information on official fees for types of health services to ensure reliable pricing and eliminate informal payments, with clearly designated exemptions, is publicly available to citizens.

100 | 75 | 50 | 25 | 0

Comments:

Information is provided on an ad hoc basis to the people.

References:

Interview with CEO at Nonga Base Hospital.

100: Mechanisms or processes exist for citizens to access information on official fee structures for types of health services. These processes are easy to access and may include requesting information at a local health clinic or government office. In addition, civil society groups or journalists may disseminate and publicize this information.

75: ..

50: Mechanisms or processes dedicated to citizen access to information on official fee structures for types of health services exist but are not easy for citizens to use. Local health clinic or government offices may not be responsive to citizen requests for information. It may take a long time to process citizen requests or they may require additional costs to access.

25: ..

0: Mechanisms or processes to access information on official fee structures for types of health services are so complicated, time-consuming or costly that the information is effectively out of reach for the majority of individuals and citizen groups.

1.19. In practice, official fees are published in a user-friendly way.

100 | 75 | 50 | 25 | 0

Comments:

Information on these issues needs to get to the lowest level possible. There is need for further open dialogue on these issues.

References:

Interview with Hosea Turbarat, Manager, Kairak Vudal Resource Training Centre, PNG University of Natural Resources and Environment.

100: Information on official fees is both user-friendly and accessible to individual citizens, civil society groups and journalists. Information is jargon-free.

75: ..

50: Information on official fees is accessible but may not be user-friendly to citizens, civil society groups or journalists. The information may be overly technical or filled with jargon.

25: ..

0: Information on official fees is not user-friendly or accessible.

1.20. In law, information on essential drugs lists (listing the safest, most efficacious and cost-effective medicines relevant to public health) to ensure that the health system meets minimum medicine needs is made publicly available.

Yes | No

Comments:

By law, information on essential drugs list is required to be made publicly available. The Department of Health National Health Standards specifies the essential drugs to be issued by each health facility.

References:

Drugs Act 1952. Drugs Regulation 1958. National Health Standards

Yes:

No: A NO score is earned if there is no legal framework for making information on essential drugs list publicly available.

1.21. In law, information on essential health staffing/patrols to ensure that the health system meets minimum medicine needs is made publicly available.

Yes | No

Comments:

By law, information on essential staffing/patrols is required to be made publicly available. The need to ensure that this happens is as stipulated in the duty statements of those tasked with the responsibility.

References:

Public Health Act 1971 (1973)

Yes:

No: A NO score is earned if there is no legal framework for making information on essential staffing/patrols publicly available.

1.22. In law, information on different types of health facilities (e.g., rural hospitals, health care centers) to ensure that the health system meets minimum medicine needs is made publicly available.

Yes | No

Comments:

By law, information on essential health facilities is required to be made publicly available. The body that is responsible for ensuring that this happens is the Health Standards Division of National Department of Health.

References:

National Health Standards.

Yes:

No: A NO score is earned if there is no legal framework for making information on essential health facilities publicly available.

1.23. In practice, mechanisms or processes exist that make information on the access to essential drugs lists publicly available to citizens.

100 | 75 | 50 | 25 | 0

Comments:

Essential drugs lists are not made available publicly. Twelve key drugs must be available at any health facility at any time. The public understands that there is a referral system in place to send patients to where drugs are available, if the drugs are used up at their closest facility.

References:

Interview with Nicholas Larme, Provincial Health Adviser, East New Britain Provincial Administration.

100: Mechanisms or processes exist for citizens to access information on the access to essential drugs list. These processes are easy to access and may include requesting information at a local health clinic or government office. In addition, civil society groups or journalists may disseminate and publicize this information.

75: ..

50: Mechanisms or processes dedicated to citizen access to information on the access to essential drugs list exist but are not easy for citizens to use. Local health clinic or government offices may not be responsive to citizen requests for information. It may take a long time to process citizen requests or they may require additional costs to access.

25: ..

0: Mechanisms or processes to access information on the access to essential drugs list are so complicated, time-consuming or costly that the information is effectively out of reach for the majority of individuals and citizen groups.

1.24. In practice, mechanisms or processes exist that make information on the access to health staffing/patrols publicly available to citizens.

100 | 75 | 50 | 25 | 0

Comments:

There is high coverage of radio in the rural areas. The radio keeps people informed sometimes of the patrol schedule.

References:

Interview with Provincial Administrator (anonymous).

100: Mechanisms or processes exist for citizens to access information on the access to health staffing/patrols. These processes are easy to access and may include requesting information at a local health clinic or government office. In addition, civil society groups or journalists may disseminate and publicize this information.

75: ..

50: Mechanisms or processes dedicated to citizen access to information on the access to health staffing/patrols exist but are not easy for citizens to use. Local health clinic or government offices may not be responsive to citizen requests for information. It may take a long time to process citizen requests or they may require additional costs to access.

25: ..

0: Mechanisms or processes to access information on the access to health staffing/patrols are so complicated, time-consuming or costly that the information is effectively out of reach for the majority of individuals and citizen groups.

1.25. In practice, mechanisms or processes exist that make information on the access to different types of health facilities publicly available to citizens.

100 | 75 | 50 | 25 | 0

Comments:

People have knowledge about the health facilities and which one is open or closed. This usually occurs by word of mouth or by radio.

References:

Interview with CEO Nonga Base Hospital.

100: Mechanisms or processes exist for citizens to access information on the access to different types of health facilities. These processes are easy to access and may include requesting information at a local health clinic or government office. In addition, civil society groups or journalists may disseminate and publicize this information.

75: ..

50: Mechanisms or processes dedicated to citizen access to information on the access to different types of health facilities exist but are not easy for citizens to use. Local health clinic or government offices may not be responsive to citizen requests for information. It may take a long time to process citizen requests or they may require additional costs to access.

25: ..

0: Mechanisms or processes to access information on the access to different types of health facilities are so complicated, time-consuming or costly that the information is effectively out of reach for the majority of individuals and citizen groups.

1.26. In practice, information on essential drugs lists are published in a “user-friendly” way at the provincial level.

100 | 75 | 50 | 25 | 0

Comments:

Information is not provided to the people. Where bits and pieces of information are provided it is not consistent. It's only done on an ad hoc basis. There used to be an open day when such information was disclosed to the people.

References:

Interview with CEO Nonga Base Hospital.

100: Information on essential drugs lists is both user-friendly and accessible to individual citizens, civil society groups and journalists. Information is jargon-free.

75: ..

50: Information on essential drugs lists is accessible but may not be user-friendly to citizens, civil society groups or journalists. The information may be overly technical or filled with jargon.

25: ..

0: Information on essential drugs lists is not user-friendly or accessible.

1.27. In practice, information on health staffing/patrols are published in a “user-friendly” way at the provincial level.

100 | 75 | 50 | 25 | 0

Comments:

There is high coverage of radio in the rural areas. The radio keeps people informed sometimes of the patrol schedule (though this is broadcast and not published).

References:

Interview with Dr. John Maku, Acting Chief Executive Officer, Nonga General Hospital, Rabaul, East New Britain Province.

100: Information on health staffing/patrols is both user-friendly and accessible to individual citizens, civil society groups and journalists. Information is jargon-free.

75: ..

50: Information on health staffing/patrols is accessible but may not be user-friendly to citizens, civil society groups or journalists. The information may be overly technical or filled with jargon.

25: ..

0: Information on health staffing/patrols is not user-friendly or accessible.

1.28. In practice, information on health facilities are published in a “user-friendly” way at the provincial level.

100 | 75 | 50 | **25** | 0

Comments:

Information is meant to be made publicly available to citizens. This is usually done using radio, not in print. This is not user-friendly because most of our people are illiterate.

References:

Interview with ENB Provincial Administrator (anonymous).

100: Information on health facilities is both user-friendly and accessible to individual citizens, civil society groups and journalists. Information is jargon-free.

75: ..

50: Information on health facilities is accessible but may not be user-friendly to citizens, civil society groups or journalists. The information may be overly technical or filled with jargon.

25: ..

0: Information on health facilities is not user-friendly or accessible.

1.29. In law, information on a code of ethics for registered doctors and other health service providers is made publicly available at the provincial level.

Yes | No

Comments:

Radio East New Britain plays a vital role disseminating information with high coverage in rural areas (which provides information about health services). Local health clinics and government offices may not be responsive to citizens’ request for information. To disseminate information most facilities rely on their notice boards. Information on the Determination of roles and responsibilities has been distributed to the public through the print media and through CIMC public forums.

References:

Interview with Nicholas Larme, Provincial Health Adviser, East New Britain Provincial Administration

Interview with Dr. John Maku, Acting Chief Executive Officer, Nonga General Hospital, Rabaul, East New Britain Province.

Yes: A YES score is earned if, in law, information on a code of ethics for registered doctors and other health service providers is made publicly available at the provincial level.

No: A NO score is earned if there is no legal framework for making information on a code of ethics for registered doctors and other health service providers publicly available at the provincial level.

1.30. In practice, mechanisms or processes exist that make information on codes of ethics for registered doctors and other health service providers available to citizens at the provincial level.

100 | 75 | 50 | 25 | 0

Comments:

The Medical Society is a potential mechanism for making information available to the public on the code of ethics, but this is not included in the constitution of the MSPNG.

References:

Interview with Prof. Mathius Sapuri, President, Medical Society of PNG.

www.mspng.org

100: Mechanisms or processes exist for citizens to access information on codes of ethics for registered doctors and other health service providers at the provincial level. These processes are easy to access and may include requesting information at a local health clinic or government office. In addition, civil society groups or journalists may disseminate and publicize this information.

75: ..

50: Mechanisms or processes dedicated to citizen access to information on codes of ethics for registered doctors and other health service providers exist at the provincial level but are not easy for citizens to use. Local health clinic or government offices may not be responsive to citizen requests for information. It may take a long time to process citizen requests or they may require additional costs to access.

25: ..

0: Mechanisms or processes to access information on codes of ethics for registered doctors and other health service providers are so complicated, time-consuming or costly that the information is effectively out of reach for the majority of individuals and citizen groups.

1.31. In practice, information on codes of ethics for healthcare service providers is published in a “user-friendly” way at the provincial level.

100 | 75 | 50 | 25 | 0

Comments:

Information is not published in any user friendly way on code of ethics for the public.

References:

Interview with Prof. Mathius Sapuri, President, Medical Society of PNG.

www.mspng.org

100: Information on codes of ethics for healthcare service providers is both user-friendly and accessible to individual citizens, civil society groups and journalists at the provincial level. Information is jargon-free.

75: ..

50: Information on codes of ethics for healthcare service providers is accessible but may not be user-friendly to citizens, civil society groups or journalists at the provincial level. The information may be overly technical or filled with jargon.

25: ..

0: Information on codes of ethics for healthcare service providers is not user-friendly or accessible at the provincial level.

1.32. In law, information on rules for hiring, firing and rewarding doctors is made available to citizens at the provincial level.

Yes | No

Comments:

There is a legal framework that requires information on rules for hiring, firing and rewarding doctors to be made publicly available to citizens. This legal framework constitutes the Public Service General Orders, the Medical Registration Act, Public Services Management Act, and the Public Services Conciliation and Arbitration Act.

References:

Public Service General Orders. The Medical Registration Act 1980.

The Public Service Management Act 1995.

The Public Services Conciliation and Arbitration Act 1969.

Yes: A YES score is earned if there is a legal framework that requires information on rules for hiring, firing and rewarding doctors to be made publicly available to citizens at the provincial level.

No: A NO score is earned if there is no legal framework to make information on rules for hiring, firing and rewarding doctors publicly available at the provincial level.

1.33. In practice, mechanisms or processes exist through which citizens can access information on the rules for hiring, firing and rewarding doctors at the provincial level.

100 | 75 | 50 | 25 | **0**

Comments:

Processes do exist for citizens to access information on rules for hiring and firing and rewarding doctors. They may do so through the Provincial Health Office or the Medical Society.

References:

Interview with Nicholas Larme, Provincial Health Adviser, East New Britain Provincial Administration.

100: Mechanisms or processes exist for citizens to access information on the rules for hiring, firing and rewarding doctors at the provincial level. These processes are easy to access and may include requesting information at a local health clinic or government office. In addition, civil society groups or journalists may disseminate and publicize this information.

75: ..

50: Mechanisms or processes dedicated to citizen access to information on the rules for hiring, firing and rewarding doctors exist but are not easy for citizens to use at the provincial level. Local health clinic or government offices may not be responsive to citizen requests for information. It may take a long time to process citizen requests or they may require additional costs to access.

25: ..

0: Mechanisms or processes to access information on the rules for hiring, firing and rewarding doctors are so complicated, time-consuming or costly that the information is effectively out of reach for the majority of individuals and citizen groups.

1.34. In practice, information on the rules for hiring, firing and rewarding doctors is published in a "user-friendly" way at the provincial level.

100 | 75 | 50 | 25 | 0

Comments:

There is need for information filtering on these issues to made available at the lowest level. No information on this is published.

References:

Interview with Ruby Matane, President, East New Britain Provincial Council of Women.

100: Information on the rules for hiring, firing and rewarding doctors is both user-friendly and accessible to individual citizens, civil society groups and journalists at the provincial level. Information is jargon-free.

75: ..

50: Information on the rules for hiring, firing and rewarding doctors is accessible but may not be user-friendly to citizens, civil society groups or journalists at the provincial level. The information may be overly technical or filled with jargon.

25: ..

0: Information on the rules for hiring, firing and rewarding doctors is not user-friendly or accessible.

1.35. In law, information on citizens' basic patient rights is made publicly available to citizens at the provincial level.

Yes | No

Comments:

The Universal Declaration of Human Rights has been adopted by PNG. There is a structure with different bodies are responsible for health care and there is a clear demarcation of responsibilities as specified in the Organic Law on Provincial and Local Level Government and the Provincial health Authority Act. The HAMP act is the only law that clearly spells out the rights of the HIV positive patient.

References:

HIV/AIDS Management and Prevention Act 2003. Public Health Act 1973 (1971). Universal Declaration of Human Rights Organic Law on Provincial and Local level Government.

Yes: A YES score is earned if there is a legal framework for information on citizens' basic rights to be made publicly available at the provincial level.

No: A NO score is earned if there is no legal framework for information on citizens' basic rights to be made publicly available at the provincial level.

1.36. In practice, mechanisms or processes exist through which citizens can access information on basic patient rights at the provincial level.

100 | 75 | 50 | 25 | 0

Comments:

One of the purposes of the Medical Society of PNG is to offer advice, instruction, or counsel to its members and other interested persons on aspects of professional practice and conduct in Papua New Guinea. However there is no formal process in their constitution on how to manage citizen complaints. The society does have the powers to set up a tribunal, arbitration or any other bodies vested with the authority to settle disputes affecting the Society or its members.

"Mechanisms or processes dedicated to citizen access to information on basic patient rights exist, but they are not easy for citizens to use at the provincial level. Local health clinic or government offices in most cases are reluctant to disclose information on patient rights when asked for by citizens. They do this either because they don't feel obliged to or because of the sensitive nature of the issues surrounding it." (Elizabeth Gande, Program Officer, Family Health International, PNG Country Office, Port Moresby)

References:

Medical Society of Papua New Guinea Constitution.

www.mspng.org

Interview with Elizabeth Gande, Program Officer, Family Health International, PNG Country Office, Port Moresby.

100: Mechanisms or processes exist for citizens to access information on basic patient rights at the provincial level. These processes are easy to access and may include requesting information at a local health clinic or government office. In addition, civil society groups or journalists may disseminate and publicize this information.

75: ..

50: Mechanisms or processes dedicated to citizen access to information on basic patient rights exist but are not easy for citizens to use at the provincial level. Local health clinic or government offices

may not be responsive to citizen requests for information. It may take a long time to process citizen requests or they may require additional costs to access.

25: ..

0: Mechanisms or processes to access information on basic patient rights are so complicated, time-consuming or costly that the information is effectively out of reach for the majority of individuals and citizen groups.

1.37. In practice, information on basic patient rights is published in a user-friendly way at the provincial level.

100 | 75 | 50 | 25 | 0

Comments:

No information on basic patient rights is published at the provincial level except for services relating to awareness about HIV/AIDS which is dealt with outside the health system.

References:

Interview with Ruby Matane, President, East New Britain Provincial Council of Women.

100: Information on basic patient rights is both user-friendly and accessible to individual citizens, civil society groups and journalists at the provincial level. Information is jargon-free.

75: ..

50: Information on basic patient rights is accessible but may not be user-friendly to citizens, civil society groups or journalists at the provincial level. The information may be overly technical or filled with jargon.

25: ..

0: Information on basic patient rights is not user-friendly or accessible.

1.38. In law, citizens have access to information setting out all types of services available to them, non-government suppliers of services, and the relevant modes of access at the provincial level.

Yes | No

Comments:

The Organic Law on Provincial and Local Level Government identifies the responsibilities of the provincial administration for health. The Determination Assigning Service Delivery Functions and Responsibilities to Provincial and Local-level Governments specifies the responsibilities for each health area that the provinces and LLGs are responsible for.

References:

The Determination Assigning Service Delivery Functions and Responsibilities to Provincial and Local Level Governments: Helping to improve the delivery of government services to Papua New Guineans, The Provincial Local Level Services Monitoring Authority (PLLSMA) 2009.

Yes: A YES score is earned if there is a legal framework for information on all types of services to be made publicly available at the provincial level.

No: A NO score is earned if there is no legal framework for information on all types of services to be made publicly available at the provincial level.

1.39. In practice, information on all types of services available to citizens, non-government suppliers of services, and the relevant modes of access is disseminated publicly at the provincial level.

100 | 75 | 50 | 25 | 0

Comments:

Radio East New Britain plays a vital role disseminating information with high coverage in rural areas (which provides information about health services). Local health clinics and government offices may not be responsive to citizens' request for information. To disseminate information most facilities rely on their notice boards. Information on the Determination of roles and responsibilities has been distributed to the public through the print media and through CIMC public forums.

References:

Interview with Nicholas Larme, Provincial Health Adviser, East New Britain Provincial Administration

Interview with Dr. John Maku, Acting Chief Executive Officer, Nonga General Hospital, Rabaul, East New Britain Province.

100: Information on all types of service and relevant modes of access is disseminated to the public at the provincial level. This information can be disseminated through media-based awareness campaigns (TV, radio, print, internet and/or video), or through traditional outreach forums such as school meetings, community meetings, flyers and billboards. The information may also be made available at local health clinics or local government offices. Information may also spread from word-of-mouth, through informal community meetings or at health-related events. Information is both user-friendly and accessible.

75: ..

50: Information on the all types of service and relevant modes of access exists, however, this information is not easily accessible to citizens at the provincial level. Awareness campaigns and official information dissemination processes and mechanisms are not effective and this information may not be presented in a user-friendly way. Information may not be easily available at local health clinics or government offices.

25: ..

0: Information on all types of service and relevant modes of access are so complicated, time-consuming or costly that the information is effectively out of reach for the majority of individuals and citizen groups. Information campaigns to raise citizen awareness of these rights either do not exist or the information is distributed ineffectively. Where information does exist it is not user-friendly or accessible to citizen groups as awareness campaigns do not reach a majority of citizen groups.

1.40. In law, information on what standards to expect in health services, and how to compare those standards to the services currently being provided, is made publicly available to citizens at the provincial level.

Yes | No

Comments:

There is a clear demarcation of responsibilities between health facilities. A referral system is in place for patients and they are

verbally informed of what to expect at each type of facility.

References:

Interview with Nakikus Matalau, Acting Provincial Administrator, ENB.

Yes: A YES score is earned if there is a legal framework for information on what standards to expect in health services and how to compare those standards to the services currently being provided, to be made publicly available at the provincial level.

No: A NO score is earned if there is no legal framework for information on what standards to expect in health services, and how to compare those standards to the services currently being provided, to be made publicly available at the provincial level.

1.41. In practice, information on health care service standards is disseminated publicly so citizens know what to expect from service providers at the provincial level.

100 | 75 | 50 | 25 | 0

Comments:

There is need for all this kind of information to be filtered to the lowest level possible.

References:

Interview with Ruby Matane, President, East New Britain Provincial Council of Women.

100: Information on health care service standards is disseminated to the public at the provincial level. This information can be disseminated through media-based awareness campaigns (TV, radio, print, internet and/or video), or through traditional outreach forums such as school meetings, community meetings, flyers and billboards. The information may also be made available at local health clinics or local government offices. Information may also spread from word-of-mouth, through informal community meetings or at health-related events. Information is both user-friendly and accessible.

75: ..

50: Information on health care service standards standards exists, however, this information is not easily accessible to citizens at the provincial level. Awareness campaigns and official information dissemination processes and mechanisms are not effective and this information may not be presented in a user-friendly way. Information may not be easily available at local health clinics or government offices.

25: ..

0: Information on health care service standards are so complicated, time-consuming or costly that the information is effectively out of reach for the majority of individuals and citizen groups at the provincial level. Information campaigns to raise citizen awareness of these rights either do not exist or the information is distributed ineffectively. Where information does exist it is not user-friendly or accessible to citizen groups as awareness campaigns do not reach a majority of citizen groups.

1.42. In practice, information is standardized between provinces so that information on the quality of service (e.g., level of care, treatment outcomes, waiting time, basic patient benefits packages) can be compared across individual clinics and across provinces.

Comments:

The Department of Health has a health information system in place which collects data from each province staff, building and equipment and other utilities. Annual reports are produced with information on all provinces, so that services can be compared.

References:

Richard E Cibulskis, Gilbert Hiawalyer, Development of a National Health Information System in Papua New Guinea, Harvard School of Public Health, USA.
www.hsph.harvard.edu/research/takemi

100: Information on the quality of government service delivery, such as waiting time and treatment outcomes, is standardized and comparable across provinces and across clinics.

75: ..

50: Information on the quality of government service delivery is not always standardized, making comparisons across provinces and across clinics difficult.

25: ..

0: Information on the quality of government service delivery is rarely standardized, making comparisons across provinces and across clinics almost impossible.

Category 2. Information on Citizen Redress Mechanisms

2. Redress Mechanisms

2. Redress Mechanisms

18

2.11. In law, there are formal processes with clear steps (e.g., district health service offices) to receive citizen complaints on unofficial fees and informal payments.

Yes | **No**

Comments:

The National Health Administration Act 1997 has Provincial Health Boards and District Management Committees responsible to monitor the implementation of national policy and co-ordinate the delivery of health services and programmes. This includes the charging of fees. However there are no formal steps for receiving complaints on fees. Civil society representative on the Provincial Health Boards could, in theory, lodge complaints to the Board for deliberation.

References:

Review of National Health Administration Act 1997.

Yes: A YES score is earned if, by law, information is required to be made available to citizens informing them of the formal processes to lodge citizen complaints on unofficial fees and informal payments at the provincial level. The information provides clear steps and identifies the relevant institutional bodies (e.g., district health service offices) to file complaints. Mechanisms to disseminate such information may include media (tv, radio, print, internet, video), public forums, and various community outreach programs.

No: A NO score is earned if there is no legal framework requiring information be made available to citizens informing them of the formal processes to file citizen complaints on unofficial fees and informal payments at the provincial level.

2.12. In practice, information about the formal procedure to receive citizen complaints on unofficial fees and informal payments is disseminated to the public at the provincial level.

100 | 75 | 50 | 25 | 0

Comments:

Information about formal procedures to receive citizen complaints about unofficial fees is not disseminated.

References:

Interview with Ruby Matane, President, East New Britain Provincial Council of Women.

100: Information is disseminated through different awareness campaigns at the provincial level. These campaigns may be media-based (TV, radio, print, internet and/or video), or they may use traditional outreach forums such as community meetings, flyers and billboards. Information about formal procedures to receive citizen complaints may also spread from word-of-mouth, through informal meetings or at other community events.

75: ..

50: Information exists to inform citizens about formal procedures to file citizen complaints, however this information is not easily accessible to the public at the provincial level. Awareness campaigns and official information dissemination processes and mechanisms are not effective and this information may not be presented in a user-friendly way.

25: ..

0: Information campaigns to inform citizens about formal procedures to file citizen complaints either do not exist or the information is distributed ineffectively. Where they do exist, awareness campaigns do not reach a majority of citizens. The information on formal procedures and processes do not provide sufficient information on how citizens can file complaints.

2.13. In practice, citizens actually make use of formal procedures to lodge complaints on unofficial fees and informal payments at the provincial level.

100 | 75 | 50 | 25 | 0

Comments:

Citizens cannot use formal procedures to lodge complaints on unofficial fees and informal payments because no such formal procedures exist. There is a need for such procedures to be put in place to enable citizens to lodge their complaints on unofficial fees and informal payments.

References:

Interview with Owen Ngala, Head Trainer, Kairak Vudal Resource Training Centre, PNG University of Natural Resources and Environment.

100: Citizens frequently turn to these designated redress mechanisms when seeking to communicate their concerns on unofficial fees and informal payments in the local health clinic with local health government officials and policy-makers. Information is kept on the responsiveness of these formal mechanisms. These designated redress mechanisms, agencies or bodies have a positive track-record of following-up on citizen concerns, either taking action themselves or passing concerns on to other agencies or individuals better suited to address citizen concerns.

75: ..

50: Citizen only occasionally seek to communicate their concerns and opinions with the local health and government officials and policy makers through these designated redress mechanisms. Citizens do file complaints through these formal procedures, though there are exceptions. Records are kept on the responsiveness of these formal mechanisms but they may not be well known or may have a reputation for being unresponsive or ineffective in following-up on citizen complaints.

25: ..

0: Citizens rarely turn to designated redress mechanisms, bodies or agencies to communicate their concerns and opinions with the local health and government officials and policy makers. Citizens may prefer to seek redress through unofficial redress processes rather than through designated redress mechanisms.

2.14. In practice, citizens make use of informal or alternative processes or routes to lodge complaints on unofficial fees and informal payments (e.g., seeking advice from religious or other civic leadership).

100 | 75 | 50 | 25 | 0

Comments:

Yes, citizens do use informal or alternative processes to lodge complaints on unofficial fees and informal payments. However, since there is no legal framework in place that calls for such to happen, those in authority don't feel obliged to act on the complaints anyway.

References:

Interview with Ruby Matane, President, East New Britain Provincial Council of Women.

100: Citizens frequently turn to informal or alternative procedures to file complaints with local health and government officials. Complaints can be submitted anonymously and confidentially. An informal inquiry/alternative procedure to file complaints can be turned into a formal complaint if attempts at resolution/mediation fail.

75: ..

50: Citizens do make complaints through informal or alternative mechanisms, though the process is sometimes flawed. Attempts at resolution or mediation are inconsistent, and it is difficult to turn an informal inquiry/alternative procedure for filing complaints into a formal complaint if mediation/resolution fails.

25: ..

0: Citizens rarely or never file complaints because the informal or alternative process is extremely flawed and ineffective.

2.15. In practice, citizens make use of informal or alternative processes or routes to lodge complaints on official fees and informal payments at the provincial level.

100 | 75 | 50 | 25 | 0

Comments:

There is need for further open dialogue on these issues.

References:

Interview with Hosea Turbarat, Manager, Kairak Vudal Resource Training Centre, PNG University of Natural Resources and Environment.

100: Citizens frequently turn to formal or procedures to file complaints with local health and government officials. Complaints can be submitted anonymously and confidentially.

75: ..

50: Citizens do make complaints through formal mechanisms, though the process is sometimes flawed. Attempts at resolution or mediation are inconsistent.

25: ..

0: Citizens rarely or never file formal complaints because the process is extremely flawed and ineffective.

2.16. In practice, citizen complaints about unofficial fees and informal payments are processed in a reasonable time at the provincial level.

100 | 75 | 50 | 25 | 0

Comments:

People are not empowered, they don't seem to question those responsible to effect what is rightfully theirs.

References:

Interview with Dr. John Maku, Acting Chief Executive Officer, Nonga General Hospital, Rabaul, East New Britain Province.

100: The formal redress mechanism, body or agency acts on complaints quickly. While some backlog is expected and inevitable, complaints are acknowledged promptly and action is taken to move steadily towards resolution.

75: ..

50: The formal redress mechanism, body or agency acts on complaints quickly, with some exceptions. Some complaints may not be acknowledged or take an unreasonable amount of time to resolve.

25: ..

0: The formal redress mechanism, body or agency cannot resolve complaints quickly. Complaints may go unacknowledged or take unreasonable amount of time to resolve. Serious complaints or abuses are not investigated with any urgency.

2.17. In practice, citizen complaints about official fees and payments are processed in a reasonable time at the provincial level.

100 | 75 | 50 | 25 | 0

Comments:

Despite the fact that PNG citizens are guaranteed certain rights under the Constitution, there is no legal framework in place that calls for information to be made available to citizens informing them of the formal processes to file citizen complaints on violation of patient rights, at the provincial and national levels.

References:

Interview with Dr. Mathias Sapuri, Chairman, PNG Medical Board (Medical Society of PNG).

100: The formal redress mechanism, body or agency acts on complaints quickly. While some backlog is expected and inevitable, complaints are acknowledged promptly and action is taken to move steadily towards resolution.

75: ..

50: The formal redress mechanism, body or agency acts on complaints quickly, with some exceptions. Some complaints may not be acknowledged or take an unreasonable amount of time to resolve.

25: ..

0: The formal redress mechanism, body or agency cannot resolve complaints quickly. Complaints may go unacknowledged or take unreasonable amount of time to resolve. Serious complaints or abuses are not investigated with any urgency.

2.18. In law, there are formal processes with clear steps (e.g., district health service offices) to receive citizen complaints on violation of patient rights at the provincial level.

Yes | No

Comments:

The Provincial Health Authorities Act 2007, Schedules 5 & 6 on Functions "to consult and co-operate with appropriate authorities and with other organizations, associations and persons on matters related to its activities.", and "at the request of the Governor or on its own initiative conduct inquiries into the operation of health facilities and the provision of health services and programmes and make recommendations for the improvement of those facilities and services."

References:

The Provincial Health Authorities Act 2007, Schedules 5 & 6

Yes:

No: A NO score is earned if there is no legal framework requiring information be made available to citizens informing them of the formal processes to file citizen complaints on violation of patient rights.

2.19. In practice, information about the formal procedure to receive citizen complaints on violation of patient rights is disseminated to the public at the provincial level.

100 | 75 | 50 | 25 | 0

Comments:

There is need for further open dialogue on these issues.

References:

Interview with Nicholas Larme, Provincial Health Adviser, East New Britain Provincial Administration.

100: Information is disseminated through different awareness campaigns at the provincial level. These campaigns may be media-based (TV, radio, print, internet and/or video), or they may use traditional outreach forums such as community meetings, flyers and billboards. Information about formal procedures to receive citizen complaints may also spread from word-of-mouth, through informal meetings or at other community events.

75: ..

50: Information exists to inform citizens about formal procedures to file citizen complaints, however this information is not easily accessible to the public at the provincial level. Awareness campaigns and official information dissemination processes and mechanisms are not effective and this information may not be presented in a user-friendly way.

25: ..

0: Information campaigns to inform citizens about formal procedures to file citizen complaints either do not exist or the information is distributed ineffectively at the provincial level. Where they do exist, awareness campaigns do not reach a majority of citizens. The information on formal procedures and processes do not provide sufficient information on how citizens can file complaints.

2.20. In practice, citizens actually make use of formal procedures to lodge complaints on violation of patient rights at the provincial level.

100 | 75 | 50 | 25 | 0

Comments:

At the local level, complaints can be made to the District Health Manager and the District Health Management Committee. In some hospitals there is complaint box, but people rarely use this.

References:

National Health Administration Act 1997

100: Citizens frequently turn to these designated redress mechanisms when seeking to communicate their concerns on violation of patient rights in the local health clinic with local health government officials and policy-makers. Information is kept on the responsiveness of these formal mechanisms. These designated redress mechanisms, agencies or bodies have a positive track-record of following-up on citizen concerns, either taking action themselves or passing concerns on to other agencies or individuals better suited to address citizen concerns.

75: ..

50: Citizen only occasionally seek to communicate their concerns and opinions with the local health and government officials and policy makers through these designated redress mechanisms. Citizens do file complaints through these formal procedures, though there are exceptions. Records are kept on the responsiveness of these formal mechanisms but they may not be well known or may have a reputation for being unresponsive or ineffective in following-up on citizen complaints.

25: ..

0: Citizens rarely turn to designated redress mechanisms, bodies or agencies to communicate their concerns and opinions with the local health and government officials and policy makers. Citizens may prefer to seek redress through unofficial redress processes rather than through designated redress mechanisms.

2.21. In practice, citizens make use of informal or alternative processes or routes at the provincial level to lodge complaints on violation of patient rights (e.g., seeking advice from religious or other civic leadership).

100 | 75 | 50 | 25 | 0

Comments:

People tend to raise complaints informally, rather than to use formal channels. They may go to talk to the Hospital CEO or doctor to express their concerns about violation of their rights.

According to Dr. Mathias Sapuri, if the PNG Medical Society received a complaint about a malpractice, they would nominate a doctor in the province to investigate and file a report for their consideration/action.

References:

Interview with Dr. Mathias Sapuri, Chairman, PNG Medical Board (Medical Society of PNG).

100: Citizens frequently turn to informal or alternative procedures to file complaints with provincial health and government officials. Complaints can be submitted anonymously and confidentially. An informal inquiry/alternative procedure to file complaints can be turned into a formal complaint if attempts at resolution/mediation fail.

75: ..

50: Citizens do make complaints through informal or alternative mechanisms, though the process is sometimes flawed. Attempts at resolution or mediation are inconsistent, and it is difficult to turn an informal inquiry/alternative procedure for filing complaints into a formal complaint if mediation/resolution fails.

25: ..

0: Citizens rarely or never file complaints because the informal or alternative process is extremely flawed and ineffective.

2.22. In practice, citizen complaints about violation of patient rights are processed in a reasonable time at the provincial level.

100 | 75 | 50 | 25 | 0

Comments:

People are not empowered, they don't seem to question those responsible to effect what is rightfully theirs.

References:

Interview with Dr. John Maku, Acting Chief Executive Officer, Nonga General Hospital, Rabaul, East New Britain Province.

100: The formal redress mechanism, body or agency acts on complaints quickly. While some backlog is expected and inevitable, complaints are acknowledged promptly and action is taken to move steadily towards resolution.

75: ..

50: The formal redress mechanism, body or agency acts on complaints quickly, with some exceptions. Some complaints may not be acknowledged or take an unreasonable amount of time to resolve.

25: ..

0: The formal redress mechanism, body or agency cannot resolve complaints quickly. Complaints may go unacknowledged or take unreasonable amount of time to resolve. Serious complaints or abuses are not investigated with any urgency.

2.23. In practice, citizen complaints about violation of patient rights are filed at a reasonable cost at the provincial level.

100 | 75 | 50 | 25 | 0

Comments:

Yes, citizens do use informal or alternative processes to lodge complaints on unofficial fees and informal payments. However, since there is no legal framework in place that calls for such to happen, those in authority don't feel obliged to act on the complaints anyway.

References:

Interview with Ruby Matane, President, East New Britain Provincial Council of Women.

100: All citizens can file complaints for free or at little cost, such as a small registration fee at the provincial level.

75: ..

50: Filing complaints impose a financial burden on citizens at the provincial level. The process may require visiting an office in the regional or national capital.

25: ..

0: Filing complaints impose a major financial hardship on citizens at the provincial level. Costs are prohibitive to most citizens and NGOs.

2.24. In law, there are formal processes with clear steps (e.g., district health service offices) to receive citizen complaints on absenteeism at the provincial level.

Yes | **No**

Comments:

The normal process is investigation, hearing and prosecution. The staff development committee chaired by the Provincial Administrator can take into consideration citizen complaint about absenteeism.

References:

Acting Provincial Administrator, ENB

Yes: A YES score is earned if, by law, information is required to be made available to citizens informing them of the formal processes to lodge citizen complaints on absenteeism at the provincial level. The information provides clear steps and identifies the relevant institutional bodies (e.g., district health service offices) to file complaints. Mechanisms to disseminate such information may include media (TV, radio, print, internet, video), public forums, and various community outreach programs.

No: A NO score is earned if there is no legal framework requiring information be made available to citizens informing them of the formal processes to file citizen complaints on absenteeism.

2.25. In practice, information about the formal procedure to receive citizen complaints on absenteeism is made publicly available at the provincial level.

100 | 75 | 50 | 25 | **0**

Comments:

It does not happen at all.

References:

Interview with CEO Nonga Base Hospital.

100: Information is disseminated through different awareness campaigns at the provincial level. These campaigns may be media-based (TV, radio, print, internet and/or video), or they may use traditional outreach forums such as community meetings, flyers and billboards. Information about formal procedures to receive citizen complaints may also spread from word-of-mouth, through informal meetings or at other community events.

75: ..

50: Information exists to inform citizens about formal procedures to file citizen complaints, however this information is not easily accessible to the public at the provincial level. Awareness campaigns and official information dissemination processes and mechanisms are not effective and this information may not be presented in a user-friendly way.

25: ..

0: Information campaigns to inform citizens about formal procedures to file citizen complaints either do not exist or the information is distributed ineffectively. Where they do exist, awareness campaigns do not reach a majority of citizens. The

information on formal procedures and processes do not provide sufficient information on how citizens can file complaints.

2.26. In practice, citizens actually make use of formal procedures to lodge complaints on absenteeism at the provincial level.

100 | 75 | 50 | 25 | 0

Comments:

Generally people don't use the formal procedures to lodge complaints about absenteeism.

References:

Interview with Acting Provincial Administrator, ENB (anonymous).

100: Citizens frequently turn to these designated redress mechanisms when seeking to communicate their concerns on absenteeism in the local health clinic with local health government officials and policy-makers. Information is kept on the responsiveness of these formal mechanisms. These designated redress mechanisms, agencies or bodies have a positive track-record of following-up on citizen concerns, either taking action themselves or passing concerns on to other agencies or individuals better suited to address citizen concerns.

75: ..

50: Citizen only occasionally seek to communicate their concerns and opinions with the local health and government officials and policy makers through these designated redress mechanisms. Citizens do file complaints through these formal procedures, though there are exceptions. Records are kept on the responsiveness of these formal mechanisms but they may not be well known or may have a reputation for being unresponsive or ineffective in following-up on citizen complaints.

25: ..

0: Citizens rarely turn to designated redress mechanisms, bodies or agencies to communicate their concerns and opinions with the local health and government officials and policy makers. Citizens may prefer to seek redress through unofficial redress processes rather than through designated redress mechanisms.

2.27. In practice, citizens make use of informal or alternative processes or routes at the provincial level to lodge complaints on absenteeism (e.g., seeking advice from religious or other civic leadership).

100 | 75 | 50 | 25 | 0

Comments:

People will complain to the District Health Manager or the District Administrator about staff not being at the health facility, or to their MP, but the issue is the lack of timely response.

References:

Interview with Prof. Mathius Sapuri, President, Medical Society of PNG.

100: Citizens frequently turn to informal or alternative procedures at the provincial level to file complaints with local health and government officials. Complaints can be submitted anonymously and confidentially. An informal inquiry/alternative procedure to file complaints can be turned into a formal complaint if attempts at resolution/mediation fail.

75: ..

50: Citizens do make complaints through informal or alternative mechanisms at the provincial level, though the process is sometimes flawed. Attempts at resolution or mediation are inconsistent, and it is difficult to turn an informal inquiry/alternative procedure for filing complaints into a formal complaint if mediation/resolution fails.

25: ..

0: Citizens rarely or never file complaints because the informal or alternative process is extremely flawed and ineffective.

2.28. In practice, records are kept on rate of responses taken based on citizens' formal complaints.

100 | 75 | 50 | 25 | 0

Comments:

No records kept on rate of responses taken based on citizen's formal complaints.

References:

Interview with CEO Nonga Base Hospital.

100: Records are maintained and archived on rates of responses to citizens' complaints. These records are accessible to all citizens.

75: ..

50: Records on rates of responses to citizens' complaints are kept, but there are some exceptions. Some information may not be available or some citizens may not be able to access them.

25: ..

0: Records are not available to citizens through a formal process.

2.29. In law, information on accountability structures at health clinics is made publicly available so citizens know who to hold responsible for poor service delivery at the provincial level.

Yes | No

Comments:

No records kept on rate of responses taken based on citizen's formal complaints — [but] the Provincial Health Authorities Act 2007 in its Schedules 5 & 6 does make provision for this.

References:

Provincial Health Authorities Act 2007. Section 11 ©
Provincial Health Authorities Act 2007, Schedules 5 & 6

Yes: A YES score is earned if there is a legal framework that requires information to be available to citizens informing them of accountability structures at local health clinics. This information clearly who to hold responsible for poor service delivery, e.g., job descriptions for doctors and nurses, chain of command.

No: A NO score is earned if there is no legal framework that requires information about the accountability structures of local health clinics to be publicly available.

2.30. In practice, information on accountability structures at local health clinics is made publicly available so citizens know who to hold responsible for poor service delivery at the provincial level (e.g., job descriptions for doctors and nurses).

100 | 75 | 50 | 25 | 0

Comments:

In practice, information is not being made publicly available about the accountability structures of the local clinic. The new Provincial Health Authorities Act is being piloted in 3 provinces which does not include East New Britain.

Information about accountability structures of local health clinics is not always made publicly available to citizens. The information provided may be constrained either by cost or physical distance. No legal framework is in place to call for such structures to be put in place. Hence it is up to the people to decide in their wisdom whom to see for what, where and when. It would be better if such structures were in place so that people knew exactly whom to see when they had issues. (Professor Mathias Sapuri, Chairman, PNG Medical Board/Medical Society of PNG)

The National Health Administration Act, Section 22, Functions of Public Hospitals (b) engage in and assist local authorities in the provision of community health, information and public health education.

References:

Interview with Dr. Mathias Sapuri, Chairman, PNG Medical Board (Medical Society of PNG).

100: Information about accountability structures of local health clinics is available to all citizens either online or by request at the local health clinic or government office. Professional roles and responsibilities of health care workers, such as job descriptions, are made public and clearly delineated. Information is freely available or provided at a reasonable cost (e.g., mail, online). The information is user-friendly and accessible enough to enable citizens to engage in meaningful discussions about who to hold to account.

75: ..

50: Information about accountability structures of local health clinics is not always made publicly available to citizens. The information provided is constrained by burdensome cost, physical distance, or weak technological capacity. Professional roles and responsibilities of health care workers, such as job descriptions, may not be available. The information may be too technical for it to be user-friendly to citizens.

25: ..

0: Information about accountability structures of local health clinics is unavailable to citizens. Information is severely constrained by unreasonable cost, physical distance, or weak technological capacity. Professional roles and responsibilities, such as job descriptions, are not made publicly available. The information is too technical for it to be user-friendly to citizens.

2.31. In practice, information on the existence of public forums, both formal and informal, to receive citizen complaints related to health care is disseminated to the public at the provincial level.

Comments:

Information isn't provided to the people. Where bits and pieces of information are provided it is not consistent. It's only done on an adhoc basis. There used to be an open day when such information was disclosed to the people. This needs reviving (Nakikus Matalau, Acting Provincial Administrator, East New Britain Provincial Administration, Chief Executive Officer, Nonga Base Hospital).

References:

Interview with Nakikus Matalau, Acting Provincial Administrator, East New Britain Provincial Administration

Interview with Chief Executive Officer, Nonga Base Hospital

100: Information is disseminated informing citizens' of the existence of forums or groups whereby they can lodge complaints related to health at the provincial level. This information can be disseminated through media-based awareness campaigns (TV, radio, print, internet and/or video), or through traditional outreach forums such as school meetings, community meetings, flyers and billboards. Information on these forums may also spread from word-of-mouth, through informal meetings or at other community events. Information is both user-friendly and accessible.

75: ..

50: Information exists to inform citizens of the public forums through which they can lodge complaints related to health, however this information is not easily accessible to citizens at the provincial level. Awareness campaigns and official information dissemination processes are not effective and this information may not be presented in a user-friendly way as to encourage citizen participation.

25: ..

0: Information is not disseminated to inform citizens of public forums through which they can lodge their complaints related to health. Information campaigns to raise citizen awareness of these forums either do not exist or the information is distributed ineffectively. The information does not provide sufficient information on how citizens can seek redress.

2.32. In practice, citizens actually make use of formal and/or informal forums or groups if they exist to voice complaints about a range of issues in public or private health care service delivery at the provincial level.

Comments:

Citizens cannot use formal procedures to lodge complaints on health services because no such formal procedures exist. It's kind of like telling someone who is starving to eat when there is no food. There is serious need for such procedures to be put in place to enable citizens to lodge their complaints on unofficial fees and informal payments.

References:

Interview with Owen Ngala, Head Trainer, Kairak Vudal Resource Training Centre, PNG University of Natural Resources and Environment.

100: Formal and informal forums and groups are accessible to all citizens at the provincial level. A wide range of citizen opinions and concerns, including those by women, the poor, and minorities, are accommodated. Citizens frequently turn to these mechanisms when seeking to communicate their concerns and opinions with the local government and policy makers.

75: ..

50: Citizens make use of formal and/or informal forums or groups, though not everyone can easily communicate their concerns and opinions with the provincial government and policy makers through these mechanisms. These forums may not be accessible to all citizens, especially women, the poor, and minorities, because of geographical and technological constraints. At times, citizens may also censor themselves by raising complaints about certain issues, but not others, with certain forums/groups.

25: ..

0: Citizens do not make use of formal and/or informal forums or groups at the provincial level. These forums are not accessible to most citizens, especially women, the poor, and minorities, because of severe geographic and technological constraints. Citizens also do not use these forums/groups because they cannot freely express their concerns openly.

2.33. In practice, health care service providers are held responsible based on local feedback and citizen complaints at the provincial level.

100 | 75 | 50 | 25 | 0

Comments:

Processes do exist for citizens to access information on rules for hiring and firing and rewarding doctors. They may do so through the Provincial Health Office or the Medical Society.

References:

Interview with Nicholas Larne, Provincial Health Adviser, East New Britain Provincial Administration

100: Citizen feedback as voiced through formal and informal forums is recorded and taken into consideration in the health care decision-making process at the provincial level. Appropriate time is spent considering public feedback when health care decisions are made.

75: ..

50: Citizen feedback is only sometimes considered by health care personnel in the decision-making process at the provincial level.

25: ..

0: Citizen feedback is rarely or never taken into consideration in the health care decision-making process at the provincial level.

2.34. In practice, there are capacity-building measures in place for training civil society committees, advocacy groups and citizens in techniques for accessing official information on service quality in health at the provincial level (as related to citizen monitoring exercises).

100 | 75 | 50 | 25 | 0

Comments:

Civil society and advocacy groups capacity building training sessions are held in various locations from time to time. However, the problem with this is that such trainings are not conducted in a regular, consistent and coordinated manner. And also most times these trainings are conducted in locations that are either out of reach or inaccessible by most interested citizens. Trainings should

be regularly held in a consistent and coordinated manner and most importantly in locations that are accessible by all interested citizens.

References:

Interview with Daniel Tesfaye, Deputy Director, Family Health International, PNG.

100: Training sessions or programs exist to build capacity for citizen monitoring of health care service delivery at the provincial level. These training sessions are held on a regular basis or to reflect citizen demand. Training sessions cover issues of how to access official government information, understand data systems and modes of presentations, interpret data, and compare that information to local health care service outcomes. Training sessions may also be held online or in person.

75: ..

50: Training sessions exist but are held infrequently or not often enough to satisfy citizen demand at the provincial level. Training sessions are held infrequently or in locations inaccessible to interested citizens. Information included in training sessions might not be updated to reflect changes in government information systems.

25: ..

0: Training sessions do not exist to build capacity of health care-focused citizen monitoring at the provincial level.

2.35. In practice, information on citizen groups dedicated to monitoring provider performance (e.g., NGOs, media, other civic groups) is publicly disseminated at the provincial level.

100 | 75 | 50 | 25 | 0

Comments:

There is need for information filtering on these issues to made available at the lowest level.

References:

Interview with Ruby Matane, President, East New Britain Provincial Council of Women.

100: Information about the work of citizen monitoring groups related to health care and citizens' ability to participate in this work is publicly disseminated at the provincial level. This information is disseminated through media-based awareness campaigns (TV, radio, print, internet and/or video), or through traditional outreach forums such as school meetings, community meetings, flyers and billboards. Information may also spread from word-of-mouth, through informal meetings or at other community events. Information is both user-friendly and accessible.

75: ..

50: Information exists to inform citizens of the work of citizen monitoring groups related to health care, however, this information is not easily accessible to citizens at the provincial level. Awareness campaigns and official information dissemination processes and mechanisms are not effective and this information may not be presented in a user-friendly way to encourage citizen participation.

25: ..

0: Information is not disseminated to inform citizens of the existence of citizen monitoring groups and their ability to participate in this work at the provincial level. Information campaigns to raise citizen awareness of these rights either do not exist or the information is distributed ineffectively. Where information does exist, it is not user-friendly or accessible to citizen groups as awareness campaigns do not reach a majority of citizen groups.

2.36. In practice, the results of citizen monitoring exercises in health care service delivery are made public at the provincial level.

100 | 75 | 50 | 25 | 0

Comments:

This does not happen. In this country citizen monitoring groups do not exist. There is no specific legal framework in place that calls for such groups to exist. There can be no results of citizen monitoring exercises when citizen monitoring groups in themselves do not exist.

References:

Interview with Pastor Daniel Anis, Lecturer, Herman Strauss Theological Training Institute, Melpa Lutheran Church in PNG.

100: The results of citizen monitoring activities related to health care are made publicly available at the provincial level. This information can be disseminated through media-based awareness campaigns (TV, radio, print, internet and/or video), through traditional outreach forums such as school meetings, community meetings, flyers and billboards or if the results are available upon request at the local health clinic or government office. Information is both user-friendly and accessible. The information collected is detailed and specific enough to target key issues for reform.

75: ..

50: The results of government monitoring activities related to health care are available, however, this information is not easily accessible to citizens at the provincial level. Awareness campaigns and official information dissemination processes are not effective and local health clinics and government offices may not have copies of this information. The results may not be presented in a user-friendly way or may not be detailed enough to target strengths and weaknesses in health care performance.

25: ..

0: The results of government monitoring activities related to health care are not publicly available at the provincial level. Information campaigns to raise citizen awareness of these results either do not exist and results cannot be obtained at local health clinics or government offices. Where information does exist it is not user-friendly or accessible to citizen groups as awareness campaigns do not reach a majority of citizen groups.

2.37. In practice, service providers are held responsible based on citizen monitoring exercises in health care service delivery at the provincial level.

100 | 75 | 50 | 25 | 0

Comments:

No, no one questions such issues.

References:

Interview with Anna Irumai, Director, Monitoring, Evaluation & Research Branch, Department of Health

100: Results of citizen monitoring activities are taken into consideration in the health care decision-making process at the provincial level. Appropriate time is spent considering these results when health care decisions are made and citizen voice is

valued in the health care decision-making process.

75: ..

50: Results of citizen monitoring activities are occasionally considered by health care officials in the decision-making process at the provincial level.

25: ..

0: Results of citizen monitoring activities are rarely if ever considered by health care officials in the decision-making process at the provincial level.

2.38. In law, information exists clearly defining standards for the official (government) monitoring process of health facilities.

Yes | No

Comments:

The National Health Board approves the National Health Standards which specifies the components of health programmes, minimum requirements for the provision of health staff, equipment and facilities for the operation of health facilities. The National Department of Health Monitoring, Evaluation and Research Branch collects statistics from each province to determine disease trends and patterns, and also to assess sector performance.

Provincial Health Authorities Act 2007 SCHEDULE 6 – MODEL POLICY FUNCTIONS OF PROVINCIAL HEALTH AUTHORITIES includes “monitor the implementation of the National Health Plan, the National Health Standards and the Provincial Implementation Plan in the Province

“The National Health Standards require provinces to report on statistics on services and diseases. But there is no law it is only a policy” (Anna Irumai, Director, Monitoring, Evaluation & Research Branch, Department of Health).

East New Britain province has its own health management system.

References:

National Health Administration Act 1997 (Section 5)

National Health Plan 2011-2020 (Vol. 2 (Part A) Chapter 13)

Yes:

No: A NO score is earned if standards for government monitoring of health facilities are not defined by law.

2.39. In practice, the standard checklist and criteria for monitoring health facilities are applied and upheld by government monitors at the provincial level.

100 | 75 | 50 | **25** | 0

Comments:

“In a job description developed by Aid Post Orderlies in Papua New Guinea, four of their twelve “key activities” related to information: looking after the daily roll book, looking after patrol

records, helping nurses with maternal child health clinic records, writing and distribution of the monthly report. In an environment of scarce resources, health-information systems have low priority. Health information systems incorporated into health programs was seen to be a more effective reporting system on East New Britain which led to increased immunisation coverage" (Hull, 1994).

References:

C. Hull, 'Observations on Health Information in Developing Countries', Methods of Information in Medicine (1994).

National Minimum Health Standards launched by Minister for Health and National Health Department (July 2011).

100: The standard checklist and criteria for monitoring are consistently applied in the process by government monitors at the provincial level.

75: ..

50: The standard checklist and criteria for monitoring are applied in the monitoring process, though inconsistently. Not all criteria are followed and upheld by government monitors at the provincial level.

25: ..

0: The standard checklist and criteria for monitoring are rarely or never applied in the process by government monitors at the provincial level.

2.40. In practice, government monitoring of health facilities at the provincial level follows a standard schedule as laid out in law.

100 | 75 | 50 | 25 | 0

Comments:

Government monitoring institutionalise monitoring through their job descriptions, and policies and procedures for collecting the information through the health information management system.

References:

Interview with Dr. John Maku, Acting Chief Executive Officer, Nonga General Hospital, Rabaul, East New Britain Province.

100: Government monitoring of health facilities and staff occurs at the provincial level frequently, more than once a year.

75: ..

50: Government monitoring of health facilities and staff does occur at the provincial level, though inconsistently. Monitors make infrequent visits.

25: ..

0: Government monitoring of health facilities at the provincial level rarely occurs.

2.41. In practice, government monitors of health facilities at the provincial level are officially accredited and trained.

100 | 75 | 50 | 25 | 0

Comments:

It is done through the Department of Health Monitoring, Evaluation and Research Branch.

References:

Interview with Dr. John Maku, Acting Chief Executive Officer, Nonga General Hospital, Rabaul, East New Britain Province.

100: All government monitors at the provincial level are officially trained and accredited by a recognized accreditation body on a regular basis. Monitors often upgrade their knowledge and skills through frequent training seminar.

75: ..

50: Government monitoring of health facilities and performance at the provincial level are conducted by monitors who are not always accredited and adequately trained. The training of monitors if often out-of-date.

25: ..

0: Government monitors of health facilities and staff at the provincial level are rarely accredited or trained.

2.42. In practice, government monitors spend a required amount of time observing each health facility at the provincial level, as laid out in law.

100 | 75 | 50 | 25 | 0

References:

Interview with Dr. John Maku, Acting Chief Executive Officer, Nonga General Hospital, Rabaul, East New Britain Province.

100: Government monitoring practices consistently follow official standards on the amount of time spent observing each health facility at the provincial level.

75: ..

50: Government monitoring practices only loosely follow official standards on the amount of time spent observing each health facility at the provincial level.

25: ..

0: Government monitoring practices are rarely based on any official standards on the amount of time spent observing each health facility at the provincial level.

2.43. In law, government monitoring results and evaluations of health facilities at the provincial level are made public.

Yes | No

Comments:

There is no legal framework making government monitoring results and evaluations publicly available. However, this does not necessarily mean that the outcome is kept in confidence and no one knows about it. The supervisor's duty statement spells out exactly what happens at the actual monitoring, who is entitled to access the report and what transpires after the report has been published.

References:

Interview with Nicholas Larme, Provincial Health Adviser, East New Britain Provincial Administration.

Yes: A YES score is earned if, in law, government monitoring results and evaluations are made publicly available.

No: A NO score is earned if there is no legal framework making government monitoring results and evaluations publicly available.

2.44. In practice, government monitoring results and evaluations of health facilities at the provincial level are made public.

100 | 75 | 50 | 25 | 0

References:

Interview with Nicholas Larme, Provincial Health Adviser, East New Britain Provincial Administration.

100: Results of government monitoring activities related to health facilities are made publicly available. This information can be disseminated through media-based awareness campaigns (TV, radio, print, internet and/or video), through traditional outreach forums such as community meetings, flyers and billboards or if the results are available upon request at the local health clinic or government office. Information is both user-friendly and accessible. The information collected is detailed and specific enough to target key issues for reform.

75: ..

50: Results of government monitoring activities related to health facilities are available, however, this information is not easily accessible to citizens. Awareness campaigns and official information dissemination processes are not effective and local health clinics and government offices may not have copies of this information. The results may not be presented in a user-friendly way or may not be detailed enough to target strengths and weaknesses in health care performance.

25: ..

0: Results of government monitoring activities related to health facilities are not publicly available. Information campaigns to raise citizen awareness of these results either do not exist and results cannot be obtained at local health clinics or government offices. Where information does exist it is not user-friendly or accessible to citizen groups as awareness campaigns do not reach a majority of citizen groups.

2.45. In practice, there are official consequences and disciplinary measures applied based on the results of government monitoring of health facilities at the provincial level.

References:

Interview with Nakikus Matalau, Acting Provincial Administrator, East New Britain Provincial Administration.

100: Consequences are consistently applied based on the monitoring of record-keeping practices at health facilities at the provincial level. Action is taken promptly after the discrepancy is discovered.

75: ..

50: Consequences are applied based on the monitoring of record-keeping processes at health facilities at the provincial level but not in any standard way. Action may not be taken quickly and some health clinics may not be penalized.

25: ..

0: Consequences are rarely or never applied based on the monitoring of record-keeping practices at health facilities at the provincial level.

Category 3. Availability of Budgetary Information

3. Budget Information ¹⁶

3. Budget Information

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3.11. In law, information exists on the allocation of funds from the provincial level to the local health facility.

Yes | No

Comments:

Health Function Grants, supplemented by the Health Services Improvement Programme, can provide details of allocation of funds to the local health facility. No disaggregated details for local level. The Public Finance Management Act Section 36, the Provincial Administration is required to provide quarterly reports to Department of Treasury on funding allocation to local health facilities.

References:

NEFC 2011 Budget Fiscal Report, Health Minimum Priority Activities The Public Finance Management Act Section 36,

Yes:

No: A NO score is earned if documentation does not exist at the local health clinic level recording the receipt of funds from the provincial government.

3.12. In practice, information on the allocation of funds from the provincial government to local health facilities is available to the public.

100 | 75 | 50 | 25 | 0

Comments:

No, information on budget allocations to local health facilities is not made public.

References:

Interview with Elizabeth Avaisa, Government Expenditure Officer, CIMC.

100: Documentation is made for all resources received at the local health clinic level. This information user-friendly and can be easily accessed online or by request at the provincial health clinic or provincial government office.

75: ..

50: Documentation is made for financial resources received at the local health clinic level, but not in a comprehensive way. Information may lack important details, such as the amount of funding or the form in which funds are released. Information may not be user-friendly or accessible.

25: ..

0: Information rarely or never taken to document financial resources received at the local health clinic level. If it exists, this documentation lacks detail and clarity, making it impossible to compare with resource allocation promises made at the national, state or local level.

3.13. In law, local health facilities are required to document received financial resources and contributions from both state and non-state sources.

Yes | No

Comments:

Record keeping processes exist at the local health clinic level to track financial resource flows from both state and non-non state sources. This is a requirement under the Public Finances (Management) Act.

References:

Public Finances (Management) Act 1995

Yes:

No: A NO score is earned if records are not kept at the local health clinic level to track financial resource flows from both state and non-state sources.

3.14. In practice, information is standardized between provinces so that information on budget allocation at the local health clinic level can be compared across individual clinics and across provinces.

100 | 75 | 50 | 25 | 0

Comments:

The Provincial Health Budget submissions are prepared in details and standardized for each health sub programmes. This information is submitted to the Department of Treasury and Department of Health each year. But these details are not made available in the budget publications.

References:

Interview with Elizabeth Avaisa, Government Expenditure Officer, CIMC.

100: Information on budget allocation is standardized and comparable across provinces and across clinics.

75: ..

50: Information on budget allocation is not always standardized, making comparisons across provinces and across clinics difficult.

25: ..

0: Information on the quality of government service delivery is rarely standardized, making comparisons across provinces and across clinics almost impossible.

3.15. In practice, information documenting the allocation of funding at the provincial level is easily comparable to information documenting the receipt of state resources and funding at the local health clinic level.

100 | 75 | 50 | 25 | 0

Comments:

Yes, the allocations for the Health Functions Grants and the HSIP can be compared between provincial and local facility level.

Health Function Grants and HSIP expenditure at the provincial level should comply with proper Charter of Accounts codes, can be used to compare allocation of funding from provincial to LLG level.

References:

Interview with Elizabeth Avaisa, Government Expenditure Officer, CIMC.

100: Information on the allocation of state funding and information on the receipt of state funding are both user-friendly and accessible. Both datasets use formatting that allows for easy comparison by citizen and government monitors, media and interested individual citizens.

75: ..

50: Information on the allocation of state funding and information on the receipt of state funding at the local health clinic level are generally user-friendly and accessible, but some exceptions may exist. For instance, formatting differences may make monitoring of resource flows difficult for both citizen and government monitoring groups.

25: ..

0: Information on the allocation of state funding and information on the receipt of state funding at the local health clinic level are neither user-friendly nor accessible, making monitoring of resource flows impossible.

3.16. In law, information exists documenting the acceptance and allocation of government-funded health grants at the local health care level.

Yes | No

Comments:

The Public Finance Management Act requires that all funds allocated and received are recorded and deposited at the provincial treasury office. Records are kept on these transactions but the local health facility do not have bank accounts, and the funds are administered by the provincial health authority. There are currently no agreements between province and local health facility.

References:

Interview with Elizabeth Avaisa, Government Expenditure Officer, CIMC.

Public Finance Management Act.

Yes:

No: A NO score is earned if local health clinics are not required to document the acceptance and spending of health care grants.

3.17. In practice, the public (NGOs, media, and/or individuals) can access information on the distribution and spending of provincial government funded health grants.

100 | 75 | 50 | 25 | 0

Comments:

The public can access information on the budget of provincial governments and administration, but cannot access spending of health grants.

References:

Interview with Elizabeth Avaisa, Government Expenditure Officer, CIMC.

100: Information on allocation and spending of provincial government health care grants are made available to the public (NGOs, media and individual citizens). This information may be available through newspaper and other media-based

advertisements, internet-based outlets, flyers posted at local health care clinics and/or the information is available by request at the local government office.

75: ..

50: Information on allocation and spending of provincial government health care grants are made available to the public (NGOs, media and individual citizens) but the mechanisms or forums through which they are available may be out of reach to some individuals and citizen groups. This information may not be printed in local media or in local forums. Public access may require a visit to a specific government office that is inconvenient to most citizens. In addition, the information may not be presented in a user-friendly or accessible way.

25: ..

0: Information on allocation and spending of provincial government health care grants are not made available to the public (NGOs, media and individual citizens) or the mechanisms by which interested citizens can assess these budgets are so complicated, the information is effectively out of reach for the majority of individuals and citizen groups.

3.18. In law, information exists at the provincial level on the acceptance and allocation of private donations, including privately funded health care grants, aid donor funds, and individual donations, to local health clinics.

Yes | **No**

Comments:

Any funds given by aid donors or individuals is covered by the Public Finance Management Act (Section 10) so that these monies must be shown as revenue and appropriated through the budget process before they can be spent.

References:

Public Finance Management Act (Section 10)

Yes:

No: A NO score is earned if local health clinics are not required to include private donations, either separately or as part of their publicly published budget information.

3.19. In practice, the public (NGOs, media, and/or individuals) can access information on local health clinics' acceptance and allocation of private donations, including privately funded health care grants, aid donation, and individual donations at the provincial level.

100 | 75 | 50 | 25 | **0**

Comments:

This is possible only if published in the budget documents, or written permission is obtained from the Provincial Administrator to access the files.

References:

Interview with Elizabeth Avaisa, Government Expenditure Officer, CIMC.

100: Information on local health clinics' acceptance and allocation of private donations is made available to the public (NGOs, media and individual citizens) through easy to access mechanisms or forums. These forums may include newspaper and other media-based advertisements, internet-based outlets, flyers posted at local health clinics and/or the information is available by request at the local government office.

75: ..

50: Information on local health clinics' acceptance and allocation of private donations is made available to the public (NGOs, media and individual citizens) but the mechanisms or forums through which the information is made available may be out of reach to some individuals and citizen groups. This information may not be printed in local media or public access may require a visit to a specific government office that is inconvenient to most citizens. Information may not be user-friendly.

25: ..

0: Information on local health clinics' acceptance and allocation of private donations is not made available to the public (NGOs, media and individual citizens) or if the mechanisms for disseminating this information are inaccessible. If information can be accessed, it is not presented in a user-friendly way.

3.20. In law, information on the system of resource transfer from national agencies to local health clinics is available to the public at the provincial level.

Yes | No

Comments:

The Budget documents and NEFC reports provide information on the system of resource transfer for health function grants and the HSIP.

References:

Fiscal Responsibility Act

NEFC Annual Fiscal Reports (Section 69) Intergovernmental Relations (Functions and Funding) Act 2009

Yes:

No: A NO score is earned if information on the accounting and transfer systems for public resources is not made legally available to the public.

3.21. In practice, information on the system of financial resource transfer from national agencies to local health clinics are publicly accessible to citizens, media, and civil society groups at the provincial level.

100 | 75 | 50 | 25 | 0

Comments:

No.

References:

Interview with Elizabeth Avaisa, Government Expenditure Officer, CIMC.

100: Information on the system of financial resource transfer from national agencies to local health clinics is available to the public (NGOs, media and individual citizens) through easy to access mechanisms at the provincial level. This information is available either on the internet or in print form, free of charge at a local government office or health clinic. The information is both user-friendly and accessible and includes a step-by-step description of all levels in the financial resource transfer process. Regulations for the flow of financial resources and the accounting process involved are clearly outlined.

75: ..

50: Information on the accounting and financial resource transfer systems for public resources to local health clinics is made available to the public (NGOs, media and individual citizens) but it may be incomplete or not presented in a user-friendly and accessible way at the provincial level. The information may not include all the steps in the financial resource transfer process from the national level to local health clinics and accounting regulations for monitoring the flow of financial resources may not be well-defined. In addition, the mechanisms to access this information may not be easily accessible for civil society groups, citizens and media.

25: ..

0: Information on the accounting and financial resource transfer systems for public resources to local health clinics is either unavailable to the public (NGOs, media and individual citizens) or the mechanisms citizens must use to access this information are out of reach for the majority of interested civil society groups, media or citizens at the provincial level. Information is not detailed and is not user-friendly or accessible.

3.22. In law, local health clinic budgets are made available to the public.

Yes | **No**

Comments:

Local health clinics are not legally required to make their budgets available to the public. There is no legal framework in place to call for this to happen.

References:

Interview with Professor Glen Mola, Lecturer in Obstetrician and Gynecology, School of Medicine and Health Sciences, University of Papua New Guinea.

Yes:

No: A NO score is earned if local health clinics are not required to make their budgets available to the public.

3.23. In practice, local health clinic budgets are made available to the public.

100 | 75 | 50 | 25 | **0**

Comments:

No information on local health clinics is made available to the public.

References:

Interview with Elizabeth Avaisa, Government Expenditure Officer, CIMC.

100: Local health clinic budgets are made available to the public (NGOs, media and individual citizens) through easy to access mechanisms or forums. These forums may include newspaper and other media-based advertisements, internet-based outlets, flyers posted at local health clinics, and/or the information is available by request at the local health clinic or government office. The budget is both user-friendly and accessible to those with training and understanding of the budgetary process.

75: ..

50: Local health clinic budgets are made available to the public (NGOs, media and individual citizens) but the mechanisms or forums through which they are available may be out of reach to some interested individuals, media outlets and citizen groups. This information may not be printed in local media or in local forums. Public access may require a visit to a specific government office that is inconvenient to most citizens. Also, the budget may not be user-friendly or accessible to citizens or groups with training and understanding of the budgetary process.

25: ..

0: Local health clinic budgets are not made available to the public (NGOs, media and individual citizens) or the mechanisms by which citizens can assess these budgets are so complicated that the information is effectively out of reach for the majority of individuals and citizen groups. Information is not user-friendly or accessible even to citizens with training and understanding of the budgetary process.

3.24. In practice, local health clinics publicly release their budgets within a reasonable time period.

100 | 75 | 50 | 25 | 0

Comments:

The budgets for local health clinics is managed by the Provincial Health Manager. The clinics themselves don't know how much staff, drugs and medicines etc. will be provided.

References:

Interview with Elizabeth Avaisa, Government Expenditure Officer, CIMC.

100: The schedule for the release of health care budgets mandates that budgets are released at sufficient intervals. Budgets are publicly released at least once per fiscal year.

75: ..

50: The schedule for the release of health care budgets exists, but in practice it is not followed. Budgets are often released late or too sporadically for public scrutiny.

25: ..

0: Health care budgets are not released based on any time schedule. Budgets are not released or are released on such an infrequent basis that citizen-based auditing is impossible.

3.25. In law, local health clinic revenue and expenditure reports are required to be made publicly available.

Yes | **No**

Comments:

The Public Finance Management Act requires all entities to account for public funds. The mission-run health facilities obtain funds through the Churches Medical Council. Reports are not publicly available.

References:

Interview with Elizabeth Avaisa, Government Expenditure Officer, CIMC.

Yes: A YES score is earned if a legal framework exists requiring health care clinics to make their revenue and expenditure reports available to the public. These reports include the records of the acceptance of funding from both public and private sources (including non-salary information), investments made, funds spent, and any adjustments made to the annual health care budget.

No: A NO score is earned if no legal framework exists to require health clinics to make their revenue and expenditure reports available to the public.

3.26. In practice, local health clinic revenue and expenditure reports are made available to the public (NGOs, media, and/or individual citizens).

100 | 75 | 50 | 25 | **0**

Comments:

There is information about the flow of health care resources from the national to provincial governments through the Budget documents. This in financial terms only, and does not specify how much medical supplies and health goods, easy to understand by the public.

References:

Interview with Elizabeth Avaisa, Government Expenditure Officer, CIMC.

100: Health clinic revenue and expenditure reports are made available to the public (NGOs, media and individual citizens) through easy to access mechanisms or forums. These forums may include newspaper and other media-based advertisements, internet-based outlets, flyers posted at various public venues and/or the information is available by request at the local health clinic or government office. These reports include the records of the acceptance of funding from both public and private sources (including non-salary information), investments made, funds spent, and any adjustments made to the annual health care budget. Reports are both user-friendly and accessible to those with training and understanding of the budgetary process.

75: ..

50: Health clinic revenue and expenditure reports are made available to the public (NGOs, media and individual citizens) but the mechanisms or forums through which they are available may be out of reach to some interested individuals, media outlets and citizen groups. This information may not be printed in local media or in local forums. Public access may require a visit to a specific government office, inconvenient to most citizens. In addition, reports may not include all relevant information on health care revenue and spending. The reports may not be user-friendly or accessible to citizens or groups with training and understanding of the budgetary process.

25: ..

0: Health clinic revenue and expenditure reports are not made available to the public (NGOs, media and individual citizens) or the mechanisms by which citizens can assess these reports are so complicated that the information is effectively out of reach for the majority of individuals and citizen groups. Information is incomplete and is not user-friendly or accessible even to citizens with training and understanding of the budgetary process.

3.27. In practice, local health care revenue and expenditure reports are publicly released within a reasonable time period.

100 | 75 | 50 | 25 | 0

Comments:

Information on budget allocations to local health facilities is not made public.

References:

Interview with Elizabeth Avaisa, Government Expenditure Officer, CIMC.

100: Health clinic revenue and expenditure reports are released at sufficient intervals, according to a pre-determined time schedule. Revenue and expenditure reports are released at least once per fiscal year.

75: ..

50: A schedule for the release of health clinic revenue and expenditure reports may exist, but in practice it is not followed. These reports are often released late or too sporadically for public scrutiny.

25: ..

0: Health clinic revenue and expenditure reports are not released to the public or are released on such an infrequent basis that citizen-based auditing is impossible.

3.28. In law, local health clinic financial statements are required to be made publicly available.

Yes | No

Comments:

The Provincial Health Authorities Act purpose is to make the provincial health authority accountable to the local community. In principle this could mean that financial statements could be made available to the public, but the law does not specify this.

References:

Provincial Health Authorities Act 2007

Yes:

No: A NO score is earned if no legal framework exists to require health clinics to make their revenue and expenditure reports available to the public.

3.29. In practice, local health clinic financial statements are made available to the public (NGOs, media, and/or individual citizens).

100 | 75 | 50 | 25 | 0

Comments:

No.

References:

Interview with Elizabeth Avaisa, Government Expenditure Officer, CIMC.

100: Health clinic financial statements are made available to the public (NGOs, media and individual citizens) through easy to access mechanisms or forums. These forums may include newspaper and other media-based advertisements, internet-based outlets, flyers posted at local health clinics and/or the information is available by request at the local government office. These statements are consolidated reports providing an annual or quarterly overview of adjustments in health care budget and any changes in health care investment profiles. Health clinic financial statements are user-friendly and accessible to citizens with applicable training.

75: ..

50: Health clinic financial statements are made available to the public (NGOs, media and individual citizens) but the mechanisms or forums through which they are available may be out of reach to some individuals and citizen groups. This information may not be printed in local media or in local forums. Public access may require a visit to a specific government office that is inconvenient to most citizens. These statements may not provide a full overview of adjustments in the health care budget and any changes in health care investment profiles. Health clinic financial statements may not be user-friendly and accessible to citizens with applicable training.

25: ..

0: Health clinic financial statements are not made available to the public (NGOs, media and individual citizens) or the mechanisms by which citizens can assess these budgets are so complicated, the information is effectively out of reach for the majority of individuals and citizen groups.

3.30. In practice, local health clinic financial statements are publicly released within a reasonable time period.

100 | 75 | 50 | 25 | 0

Comments:

No accounts, except for mission-run local health facilities, are made publicly available

References:

Interview with Elizabeth Avaisa, Government Expenditure Officer, CIMC.

100: Health clinic financial statements are released at sufficient intervals, according to a pre-determined time schedule. Health clinic financial statements are made public at least once per fiscal year.

75: ..

50: A schedule for the release of health clinic financial statements may exist, but in practice it is not followed. These reports are often released late or too sporadically for public scrutiny.

25: ..

0: Health clinic financial statements are not released to the public or are released on such an infrequent basis that citizen-based auditing is impossible.

3.31. In law, audits of local health clinic budgets are conducted by the government.

Yes | **No**

Comments:

Section 117 and Section 119 of the Organic Law on Provincial and Local Level Governments, provinces are required to submit annual audit reports to the Department of Finance and the Department of Provincial and Local Level Government Affairs.

References:

Organic Law on Provincial and Local Level Government (Section 117 and 119).

Yes:

No: A NO score is earned if there is no legal framework mandating that government audits of health clinic budgets be conducted.

3.32. In practice, government audits of health clinic budgets are conducted by the government.

100 | 75 | 50 | 25 | **0**

Comments:

Provincial Administration manages the local health facility budgets, so there is no requirement for financial audit of local facility.

References:

Interview with Elizabeth Avaisa, Government Expenditure Officer, CIMC.

100: Government audits are conducted on a regular basis by a team of external accredited auditors. These auditors are independent from the local health care structure and from the national resource transfer chain-of-command. National auditing standards are consistently applied.

75: ..

50: Government audits are conducted but they occur on a sporadic basis, not according to any schedule. The auditors may not be fully aware of national accounting standards or trained on health care-specific auditing practices. In addition, auditors may not be fully independent. They may be connected to the chain-of-command responsible for resource transfer within the health care department or auditors may have connections to the local health clinic.

25: ..

0: Government audits are conducted infrequently (less than once a year) or not at all. If they do occur, auditors do not apply national standards or are biased in their assessments.

3.33. In law, government audits of local health clinic budgets are made available to the public (NGOs, media, and/or individual citizens).

Yes | **No**

Comments:

There is no legal framework in place that requires that the results of government audits of local health clinic budgets be made publicly available.

References:

Interview with Professor Glen Mola, Lecturer in Obstetrician and Gynecology, School of Medicine and Health Sciences, University of Papua New Guinea.

Yes:

No: A NO score is earned if no legal framework exists requiring that the results of government audits of local health clinic budgets be made publicly available.

3.34. In practice, results of government audits of local health clinic budgets are made available to the public (NGOs, media, and/or individual citizens).

100 | 75 | 50 | 25 | **0**

Comments:

No.

References:

Interview with Elizabeth Avaisa, Government Expenditure Officer, CIMC.

100: The results of government audits of local health clinic budgets are made available to the public (NGOs, media and individual citizens) through easy-to-access mechanisms. These forums may include newspaper and other media-based advertisements, internet-based outlets, flyers posted at local schools and/or the information is available by request at the local health clinic or government office. This information is released to the public in a reasonable amount of time after the audit is completed.

75: ..

50: The results of government audits of local health clinic budgets are made available to the public (NGOs, media and individual citizens) but the mechanisms or forums through which they are available may be out of reach to some individuals and citizen groups. This information may not be printed in local media or in local forums or available online. Public access

may require a visit to a specific government office that is inconvenient to most citizens. Likewise, the results of government audits may be withheld from the public for a considerable amount of time after the audit has been completed.

25: ..

0: The results of government audits of local health clinic budgets are not made available to the public (NGOs, media and individual citizens) or the mechanisms by which citizens can assess these budgets are so complicated, the information is effectively out of reach for the majority of individuals and citizen groups.

3.35. In practice, consequences are applied when discrepancies are found in government audits of local health clinic budgets.

100 | 75 | 50 | 25 | **0**

Comments:

Provincial public servants are investigated for discrepancies, and charged under the Public Service Management Act and disciplined. The Provincial Health Advisor is the Chief Accountable Officer for Health funds, and can be dismissed when mismanagement occurs.

References:

Interview with Nakikus Matalau, Acting Provincial Administrator, East New Britain Provincial Administration.

100: Consequences are consistently applied based on the results of government audits of health clinic budgets. Action is taken promptly after the discrepancy is discovered.

75: ..

50: Consequences are applied based on the results of government audits but not in any standard way. Action may not be taken quickly and some health clinics may not be penalized based on government audits.

25: ..

0: Consequences are rarely or never applied based on the results of government audits.

3.36. In law, a legal framework exists for internal audits of local health clinic budgets.

Yes | **No**

Comments:

Financial Inspectors conduct internal audits at the provincial level.

References:

Public Finance Management Act.

Yes: A YES score is earned if a legal framework exists allowing for or requiring that local health care audits be completed.

No: A NO score is earned if no legal framework exists allowing for international health care audits.

3.37. In practice, internal audits of local health clinic budgets are conducted on a regular basis.

100 | 75 | 50 | 25 | 0

Comments:

No, audits are often years behind. However, when aid donors call for audits of project funding these are done regularly.

References:

Interview with Elizabeth Avaisa, Government Expenditure Officer, CIMC.

100: Internal audits are conducted by a group of auditors who either are employed at the health clinic or are hired directly by the health clinic. Internal audits are conducted by a team of accredited auditors. These auditors are trained in national auditing standards and any auditing practices specific to health care. Individual auditors maintain their professional role and any personal connections with the school do not bias the validity of the audit.

75: ..

50: Internal audits are conducted but they are not completed with any level of frequency. Internal auditors or those hired by the school may not be fully aware of national accounting standards or trained on health care-specific auditing practices. In addition, auditors' connections to the national health care department structure, or the local health care structure and community may question the validity of the assessment.

25: ..

0: Internal audits are conducted infrequently or not at all. If they do occur, auditors do not apply national standards or are biased in their assessments.

3.38. In practice, the results of international audits of local health clinic budgets are made available to the public (NGOs, media, and/or individual citizens).

100 | 75 | 50 | 25 | 0

Comments:

No.

References:

Interview with Elizabeth Avaisa, Government Expenditure Officer, CIMC.

100: The results of internal audits are made available to the public (NGOs, media and individual citizens) through easy-to-access mechanisms. These forums may include newspaper and other media-based advertisements, internet-based outlets, flyers posted at local health clinics and/or the information is available by request at the local government office. This information is released to the public in a reasonable amount of time after the audit is completed.

75: ..

50: The results of internal audits are made available to the public (NGOs, media and individual citizens) but the mechanisms or forums through which they are available may be out of reach to some individuals and citizen groups. This information may not be printed in local media or in local forums or available online. Public access may require a visit to a specific government office that is inconvenient to most citizens. Likewise, the results of internal audits may be withheld from the public for a considerable amount of time after the audit has been completed.

25: ..

0: The results of internal audits are not made available to the public (NGOs, media and individual citizens) or the mechanisms by which citizens can assess these budgets are so complicated, the information is effectively out of reach for the majority of individuals and citizen groups.

3.39. In practice, consequences are applied when discrepancies are found in internal audits of local health clinic budgets.

100 | 75 | 50 | 25 | 0

Comments:

Yes, missappropriation occurs often but the process is lengthy and low resources for investigation and charging staff at the provincial level.

References:

Interview with Elizabeth Avaisa, Government Expenditure Officer, CIMC.

100: Consequences are consistently applied based on the results of internal audits of health clinic budgets. Action is taken promptly after the discrepancy is discovered.

75: ..

50: Consequences are applied based on the results of internal audits but not in any standard way. Action may not be taken quickly and some health clinics may not be penalized based on internal audits.

25: ..

0: Consequences are rarely or never applied based on the results of internal audits.

Category 4. Information on Citizen Participation

4. Citizen Participation

4. Citizen Participation

4.10. In law, information about citizens' basic rights to participate in formal community groups and consultation forums related to health care policies and service delivery affecting their community is made publicly available.

Yes | No

Comments:

The Provincial Health Authorities Act has the purpose of encouraging the local community to participate in planning and in the decision-making process in relation to the provincial health authority. Community representatives are appointed on the authority board as well as public hospital boards that are appointed by the Minister for Health. There is a large civil society representation on the board: a member each from the Chamber of Commerce, the Churches Medical Council, the Provincial Women's Organisation, and two local community members ,

References:

Provincial Health Authorities Act 2007 (Section 17).

Public Health Act 1973 (1971).

Yes: A YES score is earned if, by law, information is required to be made available to citizens informing them of their basic rights to participate in formal local community groups and consultation forums related to health care policy decision-making and quality service delivery that affect their community. Mechanisms to disseminate such information may include media (TV, radio, print, internet, video), public forums, and various community outreach programs.

No: A NO score is earned if there is no legal framework requiring information be made available to citizens informing them of their basic rights to participate in formal local community groups and consultation forums related to health care policy decision-making and quality service delivery that affect their community.

4.12. In practice, information about citizens' basic rights to participate in formal community groups and consultation forums is disseminated to the public at the provincial level.

100 | 75 | 50 | 25 | 0

Comments:

There is very little information about how citizens can participate in the provincial health authority boards disseminated. The Healthy Islands concept, which is part of Health Promotion activities, has Community Action and Participation approach which Community Health Workers facilitate communities to organise themselves into an informal committee in different settings such as Health Villages, Health Schools, Healthy Workplaces etc. where they address their own health issues. This may include raising issues that their chairman can then take to health authorities or the nearest health facility to complain. This may include limited information on basic rights, depending on the education level of the group.

References:

Interview with Lindsey Piliwas, Director, Health Promotion, Department of Health.

100: Information is disseminated through different awareness campaigns. These campaigns may be media-based (TV, radio, print, internet and/or video), or they may use traditional outreach forums such as school meetings, community meetings, flyers and billboards. Information on citizens' right to participate may also spread from word-of-mouth, through informal meetings or at other community events.

75: ..

50: Information exists to inform citizens of their right to participate and the ways in which they can participate, however this information is not easily accessible to citizens. Awareness campaigns and official information dissemination processes and mechanisms are not effective and this information may not be presented in a user-friendly way.

25: ..

0: Information campaigns to raise citizen awareness of these rights either do not exist or the information is distributed ineffectively. Where they do exist, awareness campaigns do not reach a majority of citizens. The information on the right to participate does not provide sufficient information on how citizens can become involved.

4.13. In practice, information about citizens' basic rights to participate in formal community groups and consultation forums is disseminated to the public at the provincial level.

100 | 75 | 50 | **25** | 0

Comments:

Citizens are organising themselves into Healthy Island committees to address their health issues at the local level. However, the extent depends on the availability of provincial health promotions officers and Community Health Workers to organise and facilitate meetings.

References:

Interview with Lindsey Piliwas, Director, Health Promotion, Department of Health.

100: Formal community groups/public meetings are accessible to all citizens and are regularly well-attended. Enough time is given for a wide range of citizen opinions and concerns to be represented, including women, the poor, and minorities. Citizens frequently turn to these mechanisms when seeking to communicate their concerns and opinions with the local government and policy makers. These groups have had a positive track-record of following-up on citizen concerns, either taking action itself or passing concerns on to other groups or organizations better suited to address citizen concerns.

75: ..

50: Citizen participation in formal community groups/public meetings is sporadic and inconsistently attended and/or scheduled. Citizens occasionally seek to communicate their concerns and opinions with the local government and policy makers through these mechanisms.

25: ..

0: Formal community groups/public meetings are sparsely or never scheduled/attended by citizens. Citizen voices are not well-represented, and most grassroots groups and individuals rarely turn to these mechanisms to communicate their concerns and opinions with the local government and policy makers.

4.14. In practice, information about citizens' basic rights to participate in formal community groups and consultation forums is disseminated to the public at the provincial level.

Yes | **No**

Comments:

There is no legal framework requiring such information on formal community groups focused on providing health care service

delivery to be made available to citizens.

References:

Desk research based on review of Provincial Health Authorities Act.

Yes: A YES score is earned if, in law, information on procedures to becoming a member of formal community groups focused on providing health care service delivery is made available to citizens.

No: A NO score is earned if there is no legal framework requiring such information on formal community groups focused on providing health care service delivery to be made available to citizens.

4.15. In law, information on the rules and responsibilities of formal community groups and consultation forums focused on health care service delivery is made available to citizens at the provincial level.

Yes | **No**

Comments:

The rules and responsibilities of formal community groups has not been elaborated in the Provincial Health Authorities Act.

References:

Desk research based on review of Provincial Health Authorities Act.

Yes: A YES score is earned if, in law, information on the rules and responsibilities of formal local community groups and consultation forums focused on health care service delivery is made available to citizens. Citizens are aware of the positions and leadership structure within each group.

No: A NO score is earned if there is no such law requiring information on the rules and responsibilities of formal local community groups and consultation forums focused on health care service delivery be made available to citizens. Information about positions and leadership structure within each group or forum is publicly unavailable.

4.16. In law, information about citizens' basic rights to participate in citizen oversight boards related to health care policies and service delivery affecting their community is made publicly available at the provincial level.

Yes | **No**

Comments:

The Provincial Health Act does not specifically say that the information about citizens participation on the board should be made publicly available.

References:

Desk research based on review of Provincial Health Act.

Yes: A YES score is earned if there is a legal framework making information available to citizens that informs them of their basic rights to participate in citizen oversight boards that monitor service delivery performance, make recommendations, and address issues related to health care policies that affect their community.

No: A NO score is earned if there is no legal framework that requires information to be made available to citizens that informs them of their basic rights to participate in citizen oversight boards.

4.17. In practice, information about citizens' basic rights to participate in citizen oversight boards is disseminated to the public at the provincial level.

100 | 75 | 50 | 25 | 0

Comments:

Citizen patient groups advocate on behalf of patients, but their effectiveness is limited. It is not because they are incapable of doing the job. Some of them even do very well with the very limited resources that they have. However, they need recognition and support from relevant government agencies. For instance, people advocacy and awareness campaigns by people living with HIV/AIDS.

References:

Interview with Daniel Tesfaye, Deputy Director, Family Health International, PNG Country Office.

100: Information is disseminated through different awareness campaigns. These campaigns may be media-based (TV, radio, print, internet and/or video), or they may use traditional outreach forums such as school meetings, community meetings, flyers and billboards. Information on citizens' right to participate may also spread from word-of-mouth, through informal meetings or at other community events.

75: ..

50: Information exists to inform citizens of their right to participate and the ways in which they can participate, however this information is not easily accessible to citizens. Awareness campaigns and official information dissemination processes and mechanisms are not effective and this information may not be presented in a user-friendly way.

25: ..

0: Information campaigns to raise citizen awareness of these rights either do not exist or the information is distributed ineffectively. Where they do exist, awareness campaigns do not reach a majority of citizens. The information on the right to participate does not provide sufficient information on how citizens can become involved.

4.18. In practice, citizens actually participate and make use of the citizen oversight boards as related to health care service delivery at the provincial level.

100 | 75 | 50 | 25 | 0

Comments:

Citizens representatives are being appointed to the health boards, but it is observed that these civil society groups, apart from the Chamber of Commerce, do not properly consult among themselves (their constituents) to gather views on health issues.

There is a civil society (NGO) representative on the ENB HIV/AIDS Council, as well as on the Provincial Health Board. In the case of the HIV/AIDS Council, the ENB Social Action Committee is kept informed and consulted on issues. However, for the NGO

representative, he does not know who this is, as there is no communication.

References:

Mr. Ezira Mitlom, Community Development Coordinator, ENB Social Action Committee.

100: Information is disseminated through different awareness campaigns. These campaigns may be media-based (TV, radio, print, internet and/or video), or they may use traditional outreach forums such as school meetings, community meetings, flyers and billboards. Information on citizens' right to participate may also spread from word-of-mouth, through informal meetings or at other community events.

75: ..

50: Citizen participation in public forums is sporadic and inconsistently attended. Citizens occasionally turn to these oversight boards to monitor service delivery performance, provide recommendations, and/or address issues related to community health care policies that affect their community.

25: ..

0: Public meetings are sparsely or never scheduled/attended by citizens. Citizen voices are not well-represented, and most grassroots groups and individuals rarely if ever turn to these oversight boards to monitor service delivery performance, provide recommendations, and/or address issues related to community health care policies that affect their community.

4.19. In law, information about citizens' basic rights to participate in citizen patient advocacy groups related to health care policies and service delivery that enables them to speak on patient's behalf is made publicly available at the provincial level.

Yes | **No**

Comments:

There is no legal framework that requires information to be made accessible to citizens informing them of their rights to participate in citizen patient advocacy groups related to health care policies and service delivery.

References:

Interview with Professor Glen Mola, Lecturer in Obstetrician and Gynecology, School of Medicine and Health Sciences, University of Papua New Guinea.

Yes: A YES score is earned if there is a legal framework that requires information to be accessible to citizens informing them of their rights to participate in citizen patient advocacy groups related to health care policies and service delivery. These citizen patient advocacy groups, or their functional equivalence, work on patients' behalf in order to improve the delivery of care.

No: A NO score is earned if there is no legal framework that requires information to be accessible to citizens informing them of their rights to participate in citizen patient advocacy groups related to health care policies and service delivery.

4.20. In practice, information about citizens' basic rights to participate in citizen patient advocacy groups is disseminated to the public at the provincial level.

100 | 75 | 50 | 25 | 0

Comments:

No information is being disseminated on basic citizen rights at the provincial level.

References:

Interview with Ruby Matane, President, East New Britain Provincial Council of Women, Rabaul.

100: Information is disseminated through different awareness campaigns. These campaigns may be media-based (TV, radio, print, internet and/or video), or they may use traditional outreach forums such as school meetings, community meetings, flyers and billboards. Information on citizens' right to participate may also spread from word-of-mouth, through informal meetings or at other community events.

75: ..

50: Information exists to inform citizens of their right to participate and the ways in which they can participate, however this information is not easily accessible to citizens. Awareness campaigns and official information dissemination processes and mechanisms are not effective and this information may not be presented in a user-friendly way.

25: ..

0: Information campaigns to raise citizen awareness of these rights either do not exist or the information is distributed ineffectively. Where they do exist, awareness campaigns do not reach a majority of citizens. The information on the right to participate does not provide sufficient information on how citizens can become involved.

4.21. In practice, citizens actually participate and make use of patient advocacy groups at the provincial level.

100 | 75 | 50 | 25 | 0

Comments:

No patient advocacy groups at the provincial level apart from HIV AIDS advocacy groups

References:

Desk research.

100: Citizens patient advocacy groups actively work on behalf of patients, such as assisting them with finding information about their rights, campaigning for better care, facilitating clinic procedures, and organizing public forums. These groups have had a positive track-record of following-up on citizen concerns, either taking action itself or passing concerns on to other groups or organizations better suited to address citizen concerns.

75: ..

50: Citizen patient groups advocate on behalf of patients, but their effectiveness is limited. They are slow to assist patients with finding information, campaigning for better care, facilitating clinic procedures, and organizing public forums.

25: ..

0: Citizen patient groups do not effectively advocate or work on behalf of patients. They may begin, but not complete, efforts to find information about patient rights, campaign for better care, facilitate clinic procedures, and organize public forums.

4.22. In law, information about citizens' ability to participate in informal community/citizen networks and forums in health care decision-making processes is made publicly available at the provincial level.

Yes | **No**

Comments:

The Healthy Family strategy and community participation is part of the Health Promotion in the National Health Plan: Policies and Strategies. Objective 7.3 "Increase individuals' and their communities' involvement in their own health."

References:

National Health Plan 2011 – 2020: Volume 1 Policies and Strategies.

Yes: A YES score is earned if, by law, information is required to be made available to citizens informing them of their basic rights to participate in informal local community groups and consultation forums related to health care policy decision-making and quality service delivery that affect their community. Mechanisms to disseminate such information may include media (tv, radio, print, internet, video), public forums, and various community outreach programs.

No: A NO score is earned if there is no legal framework requiring information be made available to citizens that informs them of their basic rights to participate in informal local community groups and consultation forums related to health care policy decision-making and quality service delivery that affect their community.

4.23. In practice, information about citizens' basic rights to participate in informal community/citizen networks is disseminated to the public at the provincial level.

100 | 75 | **50** | 25 | 0

Comments:

Information about the Healthy Family concept and community participation including informal discussions about the health system is made public by word of mouth. The chairman of these committees are encouraged to seek out health officials in the district to raise their concerns about health in their community or if a local clinic is not operating properly. Information disseminated is by word of mouth (including radio) rather than in print form.

References:

Interview with Lindsey Piliwas, Director, Health Promotion, Department of Health.

100: Information is disseminated through different awareness campaigns. These campaigns may be media-based (TV, radio, print, internet and/or video), or they may use traditional outreach forums such as school meetings, community meetings, flyers and billboards. Information on citizens' right to participate may also spread from word-of-mouth, through informal meetings or at other community events.

75: ..

50: Information exists to inform citizens of their right to participate and the ways in which they can participate, however this information is not easily accessible to citizens. Awareness campaigns and official information dissemination processes and mechanisms are not effective and this information may not be presented in a user-friendly way.

25: ..

0: Information campaigns to raise citizen awareness of these rights either do not exist or the information is distributed ineffectively. Where they do exist, awareness campaigns do not reach a majority of citizens. The information on the right to participate does not provide sufficient information on how citizens can become involved.

4.24. In practice, citizens actually participate and make use of these informal community/citizen participatory mechanisms as related to health care service delivery at the provincial level.

100 | 75 | **50** | 25 | 0

Comments:

Yes, in East New Britain, the Healthy Island strategy is very active at the community level.

Ezira Mitlom reported that for each health facility there is a "board" or committee that has representatives from each ward who elect a president, with the Officer In Charge as the Secretary. Community representatives raise issues and complaints, as well as disseminate information to the community.

References:

Interview with Lindsey Piliwas, Director, Health Promotion, Department of Health.

Interview with Mr. Ezira Mitlom, Community Development Coordinator, ENB Social Action Committee.

100: Informal community groups/meetings are accessible to all citizens and are regularly well attended. Enough time is given for a wide range of citizen opinions and concerns to be represented, including women, the poor, and minorities. Citizens frequently turn to these mechanisms when seeking to communicate their concerns and opinions with the local government and policy makers. These groups have had a positive track-record of following-up on citizen concerns, either taking action itself or passing concerns on to other groups or organizations better suited to address citizen concerns.

75: ..

50: Citizen participation in informal community groups/meetings is sporadic and inconsistently attended. Citizens occasionally seek to communicate their concerns and opinions with the local government and policy makers through these mechanisms.

25: ..

0: Informal community groups/meetings are sparsely or never scheduled/attended by citizens. Citizen voices are not well-represented, and most grassroots groups and individuals rarely if ever turn to these mechanisms to communicate their concerns and opinions with the local government and policy makers.

4.25. In law, information about the flow of health care resources (e.g., of medical supplies, health goods, and non-salary cash) from the national to provincial governments is made available and understandable to citizens to enable them to meaningfully participate (consultation, planning, decision and policy-making) in community discussions about the distribution and transfer of resources in health care.

Yes | **No**

Comments:

The Provincial Health Authorities Act broadly provides for this but does not specify the extent that the community can

meaningfully participate except through the board of each PHA.

References:

Provincial Health Authorities Act 2007

Yes: A YES score is earned if there is a legal framework that enables citizens to access information about the flow of health care resources from the national to provincial governments so they can meaningfully participate (consultation, planning, decision and policy making) in community discussions about the distribution and transfer of resources in health care. Information is understandable and user-friendly to all citizens.

No: A NO score is earned if there is no law that makes such information available and understandable to all citizens.

4.26. In practice, information about the flow of health care resources (e.g., of medical supplies, health goods, and non-salary cash) from the national to provincial governments is made available and understandable to citizens to enable them to meaningfully participate (consultation, planning, decision and policy-making) in community discussions about the distribution and transfer of resources in health care.

100 | 75 | 50 | 25 | 0

Comments:

There is information about the flow of health care resources from the national to provincial governments through the Budget documents. This in financial terms only, and does not specify how much medical supplies and health goods, easy to understand by the public.

References:

Interview with Elizabeth Avaisa, Government Expenditure Officer, CIMC.

100: Information about the flow of health care resources from the national to the provincial governments is easily available to citizens. Information is freely available or provided at a reasonable cost (e.g., mail, online). The information is user-friendly and accessible enough to enable these groups to engage in meaningful community discussions about the distribution and transfer of resources in health care.

75: ..

50: Information about the flow of health care resources from the national to provincial governments is not always made publicly available to citizens. The information provided is constrained by burdensome cost, physical distance, or weak technological capacity. The information may be too technical for it to be user-friendly to targeted citizen groups wishing to engage in meaningful community discussions about the distribution and transfer of resources in health care.

25: ..

0: Information about the flow of health care resources from the national to provincial governments is unavailable to citizens. Information is severely constrained by unreasonable cost, physical distance, or weak technological capacity. The information is too technical for it to be user-friendly to citizens who wish to engage in meaningful community discussions about the distribution and transfer of resources in health care.

4.27. In law, information about the flow of health care resources (e.g., of medical supplies, health goods, and non-salary cash) from the national to provincial governments is made available and understandable to women and minorities to enable them to meaningfully participate (consultation, planning, decision and policy-making) in community discussions about the distribution and transfer of resources in health care.

Yes | **No**

Comments:

Information on health care resources flows is not made available for women or minorities to understand.

References:

Interview with Ruby Matane, President, East New Britain Provincial Council of Women, Rabaul.

Yes: A YES score is earned if there is a legal framework that enables women and minorities to access information about the flow of health care resources from the national to provincial governments so they can meaningfully participate (consultation, planning, decision and policy making) in community discussions about the distribution and transfer of resources in health care. Information is understandable and user-friendly to all citizens, including women and minorities.

No: A NO score is earned if there is no law that makes such information available and understandable to women and minorities.

4.28. In practice, information about the flow of health care resources (e.g., of medical supplies, health goods, and non-salary cash) from the the national to provincial governments is made available and understandable to women and minorities to enable them to meaningfully participate (consultation, planning, decision and policy-making) in community discussions about the distribution and transfer of resources in health care.

100 | 75 | 50 | 25 | **0**

Comments:

Information on health care resources flows is not made available for women or minorities to understand nor do they meaningfully participate in health planning and decision-making formally.

References:

Interview with Ruby Matane, President, East New Britain Provincial Council of Women, Rabaul.

100: Information about the flow of health care resources from the national to provincial governments is easily available to women and minorities. Information is freely available or provided at a reasonable cost (e.g., mail, online). The information is user-friendly and accessible enough to enable these groups to engage in meaningful community discussions about the distribution and transfer of resources in health care.

75: ..

50: Information about the flow of health care resources from the national to provincial governments is not always made publicly available to women and minorities. The information provided is constrained by burdensome cost, physical distance, or weak technological capacity. The information may be too technical for it to be user-friendly to women and minorities wishing to engage in meaningful community discussions about the distribution and transfer of resources in health care.

25: ..

0: Information about the flow of health care resources from the national to provincial governments is unavailable to women and minorities. Information is severely constrained by unreasonable cost, physical distance, or weak technological capacity. The information is too technical for it to be user-friendly to women and minorities who wish to engage in meaningful community discussions about the distribution and transfer of resources in health care.

4.29. In law, information about the flow of health care resources (e.g., of medical supplies, health goods, and non-salary cash) from the national to provincial governments is made available and understandable to the poor to enable them to meaningfully participate (consultation, planning, decision and policy-making) in community discussions about the distribution and transfer of resources in health care.

Yes | **No**

Comments:

There is no law that makes such information available and understandable to the poor.

References:

Interview with Nicholas Larme, Provincial Health Adviser, East New Britain Provincial Administration.

Yes: A YES score is earned if there is a legal framework that enables the poor to access information about the flow of health care resources from the national to provincial governments so they can meaningfully participate (consultation, planning, decision and policy making) in community discussions about the distribution and transfer of resources in health care. Information is understandable and user-friendly to all citizens, including the poor.

No: A NO score is earned if there is no law that makes such information available and understandable to the poor.

4.30. In practice, information about the flow of health care resources (e.g., of medical supplies, health goods, and non-salary cash) from the national to provincial governments is made available and understandable to the poor to enable them to meaningfully participate (consultation, planning, decision and policy-making) in community discussions about the distribution and transfer of resources in health care.

100 | 75 | 50 | 25 | **0**

Comments:

Information about some flow of health care resources is made available through the radio to rural areas.

References:

Interview with Nicholas Larme, Provincial Health Adviser, East New Britain Provincial Administration.

100: Information about the flow of health care resources from the national to provincial governments is easily available to the poor. Information is freely available or provided at a reasonable cost (e.g., mail, online). The information is user-friendly and accessible enough to enable the poor to engage in meaningful community discussions about the distribution and transfer of resources in health care.

75: ..

50: Information about the flow of health care resources from the national to provincial governments is not always made publicly available to the poor. The information provided is constrained by burdensome cost, physical distance, or weak technological capacity. The information may be too technical for it to be user-friendly to the poor wishing to engage in meaningful community discussions about the distribution and transfer of resources in health care.

25: ..

0: Information about the flow of health care resources from the national to provincial governments is unavailable to the poor. Information is severely constrained by unreasonable cost, physical distance, or weak technological capacity. The information is too technical for it to be user-friendly to the poor who wish to engage in meaningful community discussions about the distribution and transfer of resources in health care.
