

Overall Score:

17 - Very Weak

Legal Framework Score:

36 - Very Weak

Actual Implementation Score:

7 - Very Weak

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

1. Rules of the Game

1. Rules of the Game

36

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

Yes | No

Comments:

It is a legal requirement under the Public Finances (Management) Act 1995 that information on provincial government's overall budget be made available to citizens.

References:

Interview with Benjamin Warakai, Deputy Provincial Administrator, East Sepik Provincial Administration.

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 on health budgets is available. However, it is not easily accessible by all citizens. It takes time accessing information and may involve additional costs as well.

References:

Interview with Benjamin Warakai, Deputy Provincial Administrator, East Sepik Provincial Administration.

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:

Like 1.1 above, it is a requirement under the Public Finances (Management) Act 1995 that the amount of the Ministry of Health's health function grants from the national to provincial levels be made publicly available to citizens.

References:

Interview with Benjamin Warakai, Deputy Provincial Administrator, East Sepik Provincial Administration.

Public Finances (Management) Act 1995

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:

Information on the transfer of health function grants from the national to provincial levels exists but is not accessible by all citizens. People who are genuinely interested and vigorously look for it can be assisted.

References:

Interview with Benjamin Warakai, Deputy Provincial Administrator, East Sepik 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:

Publication of information on the provincial government's overall health budget does happen. However, making sure it happens in a user friendly way is rare. For it to be user-friendly, it has to be done in a systematic and coordinated way. This doesn't happen here.

References:

Interview with Benjamin Warakai, Deputy Provincial Administrator, East Sepik Provincial Administration.

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:

A schedule for the release of provincial budgets including that of health care does exist. However, what's seriously lacking is compliance. In most cases, convenience takes precedence over schedule when releasing the budgets.

References:

Interview with Benjamin Warakai, Deputy Provincial Administrator, East Sepik Provincial Administration.

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:

It is a legal requirement that information on official fee structures for types of health services be made publicly available to citizens. Provisions for this are found in the Public Hospitals (Charges) Act 1972; and User Fees – Section 29 of the National Health Administration Act 1997.

References:

Interview with Benjamin Warakai, Deputy Provincial Administrator, East Sepik Provincial Administration.

Public Hospitals (Charges) Act 1972; and 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 on official fee structures for types of health services does exist. However, the problem is this information is not accessible by all citizens. Riding on people's ignorance, clinics charge all kinds of fees regardless of patients financial positions.

References:

Interview with Sophie Mangai, President, East Sepik Provincial Council of Women.

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 official fees is not published in a user friendly way. It is kept within the confines of local health facilities and or clinics and health offices. Getting this information openly out to the public rarely happens.

References:

Interview with Sophie Mangai, President, East Sepik Provincial Council of Women.

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:

It is a legal requirement that information on essential drugs list be made publicly available. The need to ensure that this happens is stipulated in the duty statements of those tasked with the responsibility. It is the responsibility of the Medical Supplies and Procurement section of the National Department of Health to ensure that this happens.

References:

Drugs Act 1952.

Drugs Regulation 1958.

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:

It is a legal requirement that information on essential staffing/patrols is required to be made publicly available. The need to ensure that this happens is articulated in the duty statements of those responsible.

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:

It is a legal requirement that information on essential health facilities be made publicly available. The body responsible for ensuring that this happens is the Health Standards Division of National Department of Health

References:

National Health Standards.

National Health Administration Act 1997 Sections 5, 22 and 23.

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:

Information on essential drugs list is available. However, it is not easily accessible by citizens. It is usually kept within the confines of local health clinics and government offices. It takes time accessing this information and may involve additional costs as well.

References:

Interview with Dr. Joseph Ande, Medical Officer, Boram General Hospital, Wewak.

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:

Information on health staffing/patrols is available but is not easy for citizens to use. It is not disseminated openly and as widely as possible. Publication of this information, usually in the forms of notices and announcements occurs occasionally.

References:

Interview with Dr. Joseph Ande, Medical Officer, Boram General Hospital, Wewak.

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:

Information on the availability of different types of health facilities is available. However, it is not easily accessible by all citizens. Information as made available through the National Health Plan and the Policy on Minimum Standards adopted by the Health Board is circulated but only within the confines of local health clinics and health offices.

References:

Interview with Sophie Mangai, President, East Sepik Provincial Council of Women, Wewak.

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 on essential drugs lists is available but is not easily accessible by citizens. It is not published in a user friendly way. It is instead kept within the confines of local clinics and health offices. Consequently people have limited or no knowledge about what specific drugs are available and for what purposes.

References:

Interview with Sophie Mangai, President, East Sepik Provincial Council of Women, Wewak.

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:

Information on health staffing/patrols exists but is not easily accessible by citizens. It is not published in a user friendly way. For it to be user-friendly, first it needs to be translated into a language that is easily understandable, and second it should be disseminated as widely as possible.

References:

Interview with Dr. Joseph Ande, Medical Officer, Boram General Hospital, Wewak.

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. But does publishing it in a “user-friendly” way really work at the provincial level? No. This rarely happens. In most cases this information is kept within the confines of local clinics and health offices. It rarely gets out to the open. It lacks wider publicity so to speak.

References:

Interview with Sophie Mangai, President, East Sepik Provincial Council of Women, Wewak.

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:

It is a legal requirement that information on the code of ethics for registered doctors and other health service providers be made publicly available. Medical ethics in PNG are monitored by the Medical Board which has disciplinary jurisdiction over registered medical practitioners, dental practitioners, and allied health workers, including the power to reprimand, suspend or de-register the practitioner. Nurses and nurse aides are similarly governed by the PNG Nursing Council. The HIV/AIDS Management and Prevention Act has its own specific laws regarding privacy and confidentiality of information.

References:

Public Health Act 1971 (1973)

HIV/AIDS Management and Prevention Act 2003

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:

Information on codes of ethics for registered doctors and other health service providers is available. However, for confidentiality purposes this information is not made openly available to the public. It can, however, be made available for those who genuinely seek it.

References:

Interview with Raphael Kariwa, OIC, Wewak Town Clinic, East Sepik Province.

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.

Comments:

Information on codes of ethics for healthcare service providers is available. However, it is meant for people who train to work in the medical profession. Generally this information is not made available to the public unless people express a genuine interest in seeking this information out.

References:

Interview with Nemase Hefa, Nursing Officer, Boram General Hospital, Wewak.

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:

It is a legal requirement that information on the rules for hiring, firing and rewarding doctors be made publicly available to citizens. Provisions for this are found in the Public Service General Orders, the Medical Registration Act, the 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.

Comments:

The Provincial Health Authorities Act of 2007 vests Provincial Administrations with the responsibility of hiring, firing and rewarding health officers, though doctors and nurses obviously must be registered. Citizens can access information about this through the Provincial Health Office if they are interested (Benjamin Warakai).

Provincial administrations don't have the capacity to provide information on a regular basis about rules of hiring, firing and rewarding doctors. There are no funds for printing mass copies of the laws and regulations, no web sites or emails, or communication officers dedicated to health information. In principle the public can access the information but it is a struggle to find it (Mr. Madiu Andrew, former General Secretary, Public Employees Association).

References:

Interview with Benjamin Warakai, Deputy Provincial Administrator, East Sepik Provincial Administration.

Interview with Mr. Madiu Andrew, former General Secretary, Public Employees Association.

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.

Comments:

Information on the rules for hiring, firing and rewarding doctors is meant to be publicly available. However, in practice this rarely happens. Information is not easily accessible by citizens. Usually it is kept within the confines of the Medical Board, provincial health offices and perhaps local clinics as well. Thus the question of publishing this information in a user-friendly way at the provincial level is of no consequence and therefore utterly irrelevant.

References:

Interview with Sophie Mangai, President, East Sepik 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:

It is a legal requirement that information on citizens' basic patient rights be made publicly available. Provisions for this are found in Section 19 of the Evidence Act, that says medical communications made by a patient to a medical practitioner or his delegate are privileged, except in criminal proceedings (and see 9.3), HIV/AIDS Management and Prevention Act, and the Public Health Act.

References:

Section 19 of the Evidence Act. HIV/AIDS Management and Prevention Act 2003. Public Health Act 1973 (1971).

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:

Information on basic patient rights is available but is not easily accessible by citizens at the provincial level. It is usually kept within the confines of local clinics and health offices. It is not disseminated openly and as widely as possible.

References:

Dr. Joseph Ande, Medical Officer, Boram General Hospital, Wewak

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:

This does not happen. No information on basic patient rights is published at the provincial level. Therefore, the question of having this information published in a user-friendly way is irrelevant.

References:

Interview with Sophie Mangai, President, East Sepik Provincial Council of Women, Wewak.

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:

There is no legal requirement for this to happen. Generally people don't seem to know about what types of services are available until they get there. This information is not publicly available to citizens.

References:

Interview with Dr. Joseph Ande, Medical Officer, Boram General Hospital, Wewak.

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:

No. This information is not readily available to citizens. Information dissemination is poor. People who need this information will have to go out of their way to seek it out, which doesn't usually happen though.

References:

Interview with Sister Celine, Secretary, Catholic Health Services, Wewak.

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:

It is a legal requirement that standard manuals and standard procedures for different health facilities be made available to citizens. These manuals and procedures are usually approved by the Medical Board of PNG.

References:

The Public Health Act 1973 (1971).

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:

Information on standard manuals and standard procedures exists. However, what is seriously lacking is the act of actually get this information across to citizens.

References:

Interview with Dr. Joseph Ande, Medical Officer, Boram General Hospital, Wewak.

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:

Ideally information is meant to be standardized so that information on the quality of service can be compared across individual clinics and across provinces. However, whether this is practically applicable or not is another thing. In most areas facilities operate on a needs basis. Therefore, regardless of how standardized the information may be if it is not applicable to the situation on the ground it is overlooked as it obviously becomes irrelevant.

References:

Interview with Sister Celine, Secretary, Catholic Health Services, Wewak.

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

11

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:

It is a legal requirement that formal processes with clear steps be available to allow for citizens to make complaints on unofficial fees and informal payments at the provincial level. The Department of Health sets the fees for public health facilities. Fees in private clinics are unregulated. Citizens wishing to complain can write to the District Health Manager or the Secretary for Health.

References:

Interview with Dr. Joseph Ande, Medical Officer, Boram General Hospital, Wewak.

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:

No. Information about the formal procedures to file citizen complaints on unofficial fees and informal payments does not exist. Even if citizens knew about it to be able to lodge their complaints it makes no difference. No one bothers listening to such complaints.

References:

Interview with Sophie Mangai, President, East Sepik Provincial Council of Women, Wewak.

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 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 Sophie Mangai, President, East Sepik Provincial Council of Women, Wewak.

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 Sophie Mangai, President, East Sepik Provincial Council of Women, Wewak.

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:

Citizens do have the urge to raise complaints on official fees and informal fees. However, no one bothers listening to them and it makes no difference. It is just like no complaint has been lodged at all.

References:

Interview with Anthony Burgess, Bishop, Catholic Diocese of Wewak.

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 don't necessarily lodge complaints each time they feel cheated and or overcharged. It only happens once in a while. When complaints are lodged usually no immediate response is expected. It takes quite a while for complaints to be processed.

References:

Interview with Sophie Mangai, President, East Sepik Provincial Council of Women, Wewak.

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:

It makes no difference whether it's a complaint on official fees or unofficial fees. The end result is just the time. No one bothers giving a thought on it. People tend to feel that they cannot get anywhere with it.

References:

Interview with Anthony Burgess, Bishop, Catholic Diocese of Wewak.

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:

Dr. Joseph Ande, Medical Officer, Boram General Hospital, Wewak:
"Our citizens are guaranteed certain rights under the Constitution. However, despite that 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 complaints on violation of patient rights."

References:

Interview with Dr. Joseph Ande, Medical Officer, Boram General Hospital, Wewak.

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:

Information about formal procedures to receive citizen complaints are not made public. It is kept within the confines of local clinics and health offices. Consequently a lot of complaint cases go unreported.

References:

Interview with Dr. Joseph Ande, Medical Officer, Boram General Hospital, Wewak.

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:

Ideally complaints at the hospital level would be referred to hospital Chief Executive Officers, and health centre level complaints to District Health Managers. However, practically this doesn't happen because people lack information. They need to be told how, where and when to lodge complaints when their rights as citizens have been tampered with.

References:

Interview with Sister Celine, Secretary, Catholic Health Services, Wewak.

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:

Citizens do make use of informal or alternative processes to lodge complaints on violation of patient rights. However, few listen to them.

References:

Interview with Sophie Mangai, President, East Sepik Provincial Council of Women, Wewak.

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:

It takes quite a while to process citizen complaints about violation of patient rights. People who are knowledgeable and have the backing of the necessary resources persist until they get responses for their complaints. Those who don't have no choice but to quit along the way. As a result of costs and other related issues cases may be delayed for lengthy periods.

References:

Interview with Sophie Mangai, President, East Sepik Provincial Council of Women, Wewak.

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:

Cost is a must. People pursuing violation of patient rights cases, in one way or the other, have to meet certain costs. The amount spent would normally be dependent on the nature of the case being pursued. If it is a serious case the cost would be higher. If the case is not very serious the cost would be minimal.

References:

Interview with Sophie Mangai, President, East Sepik Provincial Council of Women, Wewak.

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:

There are no formal processes for citizens to file complaints on staff absenteeism. Usually people would complain informally to the District Health Manager, the hospital Chief Executive Officer, or the Provincial Health Adviser, depending on where the complainant's locality is. If the complaint is ethical in nature it will have to be addressed through the National Medical Board.

References:

Interview with Dr. Joseph Ande, Medical Officer, Boram General Hospital, Wewak.

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:

This hardly happens. Citizens don't know how, where and when to lodge their complaints on absenteeism. In most public health facilities absenteeism is business as usual. Some public health workers, especially doctors, do private practices as well while working in public health facilities. This adds to the problem rather than contributing towards alleviating it.

References:

Interview with Anthony Burgess, Bishop, Catholic Diocese of Wewak.

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:

This happens occasionally. It is not mandatory for everyone who becomes a victim of absenteeism at health facilities to lodge his complaint. It is entirely up to the persons concerned. If they feel that they have the drive and energy to pursue the case they go for it. Those that don't just have to forget about it. To them it's kind of business as usual unless the case is very serious.

References:

Interview with Martin Maingu, District Administrator, Wewak District Administration.

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:

It doesn't matter whether it's the formal or informal process or route that is being sought. The most important thing is for the person pursuing the complaint to be sure that whatever his complaint is, it gets the attention it deserves. It is pointless to think about lodging complaints if the complainant knows that his complaint will be falling on deaf ears.

References:

Interview with Sophie Mangai, President, East Sepik Provincial Council of Women, Wewak.

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:

Records on rates of responses to citizens complaints are kept, but there are some exceptions. Some information may not be available or citizens may not be able to access them when needed. Usually records of serious cases outlast those of less serious cases. Less serious cases are only put on files and dealt with when the issue is fresh. When it cools down it is soon forgotten.

References:

Interview with Martin Maingu, District Administrator, Wewak District Administration.

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:

There is no legal requirement for information about the accountability structures of local health clinics to be made publicly available. People are left to decide in their own wisdom whom to see for what. Those with issues at the aid post level go to see the LLG Manager. Those with issues at the health centre level go to see the District Health Manager. Those with issues at the hospital level take their grievances either to the Chief Executive Officers or the Provincial Health Advisers.

References:

Interview with Dr. Joseph Ande, Medical Officer, Boram General Hospital, Wewak.

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:

No. Information about accountability structures of local health clinics is not made publicly available. There is no legal requirement for this to happen. It is entirely up to the people to decide in their wisdom whom to see for what, where and when. It would be better if this information was available to enable citizens to know exactly whom to see when they had issues.

References:

Interview with Sister Celine, Secretary, Catholic Health Services, Wewak.

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.

100 | 75 | 50 | 25 | 0

Comments:

Information to inform citizens of the public forums through which they can lodge complaints related to health care does not exist.

Information is seriously constrained by the lack of responsiveness by local clinics and government offices. As a result people don't know whom to see, where to go to, how to go about and when to seek redress for issues that come their way. This lack of knowledge results in people being seen as passive recipients rather than being active participants in the health care service delivery process.

References:

Interview with Sophie Mangai, President, East Sepik Provincial Council of Women, Wewak.

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.

100 | 75 | 50 | 25 | 0

Comments:

Citizens make use of formal and or informal forums or groups to voice their complaints about a range of issues in public or private health care service delivery. However, the problem is these forums are not accessible by all citizens, especially women, the poor and minorities. Consequently, there is no consistency in the way citizen's voices and concerns are represented.

References:

Interview with Sophie Mangai, President, East Sepik Provincial Council of Women, Wewak.

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:

This rarely happens. It is not a usual practice. Most times the act of holding health care service providers responsible based on local feedback and citizen complaints is unheard of. The only complaints that are considered and acted on are those that are properly raised and taken up through the correct channels.

References:

Interview with Anthony Burgess, Bishop, Catholic Diocese of Wewak.

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 is 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.

References:

Interview with Bill Humphrey, Support Services Manager, Save the Children PNG, Wewak.

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:

Citizens are not informed of the existence of citizen monitoring groups and their ability to participate in this work at the provincial level. In fact no one knows if such groups exist in this country.

References:

Interview with Sophie Mangai, President, East Sepik Provincial Council of Women, Wewak.

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.

Comments:

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

References:

Interview with Sophie Mangai, President, East Sepik Provincial Council of Women, Wewak.

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.

Comments:

No citizen monitoring groups exist in this country. No citizen monitoring groups means no reports emanating from the work to be undertaken by such groups.

References:

Interview with Sophie Mangai, President, East Sepik Provincial Council of Women, Wewak.

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:

Standards for government monitoring of health facilities are not defined by law. However, this does not necessarily mean that government monitors of health facilities are not guided and left to do the work as they please. Rather, their work is clearly defined in the supervisor's duty statements. The supervisor's duty statement guides them in their work to produce the desired results.

References:

Interview with Dr. Joseph Ande, Medical Officer, Boram General Hospital, Wewak.

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:

The standard checklist and criteria for monitoring health facilities are applied in the monitoring process. However, sometimes this is not done consistently. In some facilities standards are strictly followed and upheld while in others it is applied loosely.

References:

Interview with Dr. Joseph Ande, Medical Officer, Boram General Hospital, Wewak.

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 of health facilities and staff occurs at the provincial level. However, the problem is it is not done consistently. Standard schedules are not being followed. Monitors are dispatched as and when convenient. This makes monitors' visits to the health facilities unpredictable. Monitoring is only done on an ad hoc basis.

References:

Interview with Dr. Joseph Ande, Medical Officer, Boram General Hospital, Wewak.

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:

Yes. All government monitors at the provincial level are officially trained and accredited. They can't just be handpicked from anywhere and thrown in to do the job. They have to be people who are qualified to do the job. However, what needs emphasizing here is that regular training and upskilling of these government monitors would be necessary.

References:

Interview with Dr. Joseph Ande, Medical Officer, Boram General Hospital, Wewak.

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 is 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

Comments:

Government monitoring practices only loosely follow official standards on the amount of time spent observing each facility. There is no strict adherence to standard timing if there is any. Monitors don't necessarily spend a required amount of time observing each facility. They just turn up at the facility to do the job and then leave.

References:

Interview with Raphael Kariwa, OIC, Wewak Town Clinic, East Sepik 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 requirement for making government monitoring results and evaluations publicly available. However, this does not necessarily mean that the outcome is kept in total 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 Benjamin Warakai, Deputy Provincial Administrator, East Sepik 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

Comments:

Practically the monitoring results and evaluations of health facilities are not made public at the provincial level. There is not even a legal framework that calls for this to happen. As a result the outcomes become more or less administrative tools rather than being information for public knowledge and use.

References:

Interview with Benjamin Warakai, Deputy Provincial Administrator, East Sepik 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.

100 | 75 | 50 | 25 | 0

Comments:

Consequences are applied based on the results of government monitoring of health facilities at the provincial level. Normal disciplinary process is followed running from investigation, to hearing to prosecution. Penalties imposed are dependent on the severity of each case. Disciplinary matters are taken care of by the staff development committee chaired by the Provincial Administrator.

References:

Interview with Benjamin Warakai, Deputy Provincial Administrator, East Sepik 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

3. Budget Information

13

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

Yes | **No**

Comments:

Documentation does not exist at the local health clinic level recording the receipt of funds from the provincial government. There is no legal framework in place calling for this to happen. For budget transparency purposes it would be better if this did happen.

References:

Interview with Dr. Joseph Ande, Medical Officer, Boram General Hospital, Wewak.

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:

Information documenting financial resources received at the local health clinic level rarely exists. If it does exist for some reason, this documentation lacks detail and clarity, making it impossible to compare with resource allocation promises made at the national, state or local level. Even if this information existed in an understandable manner, it wouldn't be made publicly available. It's never meant to be made public anyway.

References:

Interview with Sister Celine, Health secretary, Catholic Diocese of Wewak, East Sepik province.

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:

Information on budget allocation is standardized and comparable across provinces and across clinics. This makes the work of budget monitoring and tracking a lot more easier and convenient. With the standardized budget information people who are responsible for monitoring and tracking budgets are able to determine which provinces and facilities are doing well and which ones are not.

References:

Interview with Martin Maingu, District Administrator, Wewak District Administration.

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:

It is a requirement under the Public Finances (Management) Act that this happens. The National Economic and Fiscal Commission (NEFC) is tasked with the responsibility of monitoring and tracking budgets to determine how well this happens at the provincial and or 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. However, the new Integrated Financial Management System is yet to be rolled out to the Districts which will capture LLG financial transactions. (Elizabeth Avaisa)

References:

Public Finances (Management) Act 1995.

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:

Local health clinics are required to document the acceptance and spending of health care grants. It is a legal requirement under the Public Finances (Management) Act.

References:

Public Finances (Management) Act 1995.

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:

Information on allocation and spending of provincial government health care grants are not made publicly available. Even if it is available the mechanisms by which citizens can access these budgets are complicated. Thus the information is effectively out of reach for the majority of individuals and citizen groups.

References:

Interview with Sophie Mangai, President, East Sepik Provincial Council of Women, Wewak.

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:

Local health clinics are not required to include private donations, either separately or as part of their publicly published budget information. These are entirely administrative matters. The public doesn't have to know about these.

References:

Interview with Sister Celine, Health secretary, Catholic Diocese of Wewak, East Sepik province.

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:

Information on local health clinics' acceptance and allocation of private donations is not made publicly available. The mechanisms for disseminating this information are inaccessible. If information can be accessed, it is not presented in a user friendly way. People don't know about these donations unless they are involved at some stage in the projects funded through such sources.

References:

Interview with John Kolip, Senior Nursing Officer/Officer In Charge, Project Liaison between East Sepik Women and Children Project and Catholic Health services, Save the Children PNG, Wewak.

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:

Information on the accounting and transfer systems for public resources is not made available to the public. There is no legal requirement for this to happen.

References:

Interview with Benjamin Warakai, Deputy Provincial Administrator, East Sepik Provincial Administration.

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:

This hardly happens. Information on the accounting and financial resource transfer systems for public resources to local health clinics is either unavailable or the mechanisms used to access this information are out of reach for the majority of citizens.

References:

Interview with Nemase Hefa, Nursing Officer, Boram General Hospital, Wewak.

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 budgets are not made available to the public. There is no legal requirement for this to happen.

References:

Interview with Dr. Joseph Ande, Medical Officer, Boram General Hospital, Wewak.

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:

Local health clinic budgets are not made available to the public. There is no legal requirement for this to happen. The

mechanisms by which citizens can access this information are complicated that the information is effectively out of reach for the majority of citizens.

References:

Interview with Anthony Burgess, Bishop, Catholic Diocese of Wewak.

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:

This rarely happens. Local health clinic budgets are not released based on any time schedule. They are not meant to be released publicly anyway.

References:

Interview with Raphael Kariwa, OIC, Wewak Town Clinic, East Sepik Province.

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:

There is no legal requirement for this to happen. This is an administrative information available to public servants only. It is not meant for public information.

References:

Interview with Dr. Joseph Ande, Medical Officer, Boram General Hospital, Wewak.

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:

This hardly happens. There is no legal framework that requires this to happen. Hence local health clinic administrators do not feel obliged to respond in that manner.

References:

Interview with Nemase Hefa, Nursing Officer, Boram General Hospital, Wewak.

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:

This does not happen. It does not get published at all.

References:

Interview with Nemase Hefa, Nursing Officer, Boram General Hospital, Wewak.

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:

This does not happen. There is no legal requirement for this to happen as well.

References:

Interview with Dr. Joseph Ande, Medical Officer, Boram General Hospital, Wewak.

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:

This hardly happens. Health clinic financial statements are not made publicly available. The mechanisms by which citizens can access these budgets are so complicated. The information is effectively out of reach for the majority of citizens.

References:

Interview with Sophie Mangai, President, East Sepik Provincial Council of Women, Wewak.

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:

Health clinic financial statements are not publicly released in a timely manner. They are not meant to be publicly released anyway. It's only meant for administrative reporting purposes within health facilities.

References:

Interview with Sophie Mangai, President, East Sepik Provincial Council of Women, Wewak.

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

References:

Papua New Guinea Audit Act 1989, Section 16 and 16A.

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:

This rarely happens. Government audits are conducted infrequently or not at all. If they do occur, auditors do not apply national standards or are biased in their assessments.

References:

Interview with Sister Celine, Secretary, Catholic Health Services, Wewak.

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:

Government audits of local health clinic budgets are not made available to the public. There is no legal requirement for this to happen.

References:

Interview with Dr. Joseph Ande, Medical Officer, Boram General Hospital, Wewak.

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:

This rarely happens. It doesn't become public information. It is used for internal administrative and disciplinary purposes only. Local health clinics are not legally obliged to do this anyway.

References:

Interview with Raphael Kariwa, OIC, Wewak Town Clinic, East Sepik Province.

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:

Consequences are applied based on the results of government audits. The normal disciplinary process takes place. The process runs from investigation to hearing to prosecution. Penalties imposed depend on the severity of each case. The provincial disciplinary committee chaired by the provincial administrator deliberates on disciplinary matters (Benjamin Warakai).

When visiting the provinces, we receive feedback that there are usually no consequences applied by authorities for discrepancies produced by audits. The result is often closure of the health facility (Ms. Emily Taule, Executive Director, Transparency International PNG).

References:

Interview with Benjamin Warakai, Deputy Provincial Administrator, East Sepik Provincial Administration.

Interview with Ms. Emily Taule, Executive Director, Transparency International PNG.

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:

Public Financial Management Act ammendment 2005 Section 9, 1 (c): The Secretary of Finance has power to establish internal audit units and audit committees in government including provinces. Provincial Internal Audit Committees are being set up in provinces, including the East Sepik Province.

References:

Public Financial Management Act ammendment 2005 Section 9, 1 (c)

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:

There is no regular audit of local health clinic budgets. Local clinics are not legally obliged to do this either. If it does happen it runs once in a while (Sister Celine).

Once a Provincial Internal Audit Committee has been established, then a strategic internal audit plan should be drawn up. The province may decide if it wants to conduct internal audits of local health facilities if it sees it as a priority area (Mr. Loy Dsouza, Grants Monitoring and Review Advisor, National Economic & Fiscal Commission).

References:

Interview with Sister Celine, Secretary, Catholic Health Services, Wewak.

Interview with Mr. Loy Dsouza, Grants Monitoring and Review Advisor, National Economic & Fiscal Commission.

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:

This does not happen. There is no legal requirement for such to happen. Whatever the outcome is it is used for internal administrative and disciplinary purposes only within local health clinic administrations.

References:

Interview with Nemase Hefa, Nursing Officer, Boram General Hospital, Wewak.

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:

Consequences are applied when discrepancies are found in internal audits. The normal disciplinary process takes place. As usual it runs from investigation to hearing to prosecution. Penalties imposed depend on the severity of the offense committed (Martin Maingu).

Provincial Internal Audit Committees are in their infancy stage, and upon conducting an audit should find irregularities, recommendations are made to the provincial management to address. A process is put in place to address the issue – though these are not always dealt with very well. Often, the province don't have the resources to implement the recommendations (Mr. Loy Dsouza, Grants Monitoring and Review Advisor, NEFC).

References:

Interview with Martin Maingu, District Administrator, Wewak District Administration.

Interview with Mr. Loy Dsouza, Grants Monitoring and Review Advisor, NEFC.

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

9

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:

Some health facilities like public hospitals have boards that are appointed by the Minister for Health. These boards may also from time to time have members appointed as representatives from civil society and community advocacy groups that actively exist and operate within the provinces.

References:

Provincial Health Authorities Act 2007. 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:

This hardly happens. Information about citizens rights to participate in such community groups and consultation forums either do not exist or the information is distributed ineffectively.

References:

Interview with Sophie Mangai, President, East Sepik Provincial Council of Women, Wewak.

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:

Formal community groups and consultation forums are sparsely or never scheduled and or attended by citizens. Their voices are not well represented, and most grass roots groups and individuals rarely turn to these mechanisms to communicate their concerns and opinions with local government and policy makers.

References:

Interview with Sophie Mangai, President, East Sepik Provincial Council of Women, Wewak.

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:

Information on formal community groups focused on providing health care service delivery is not made available to citizens. There is no legal requirement for this to happen.

References:

Interview with Benjamin Warakai, Deputy Provincial Administrator, East Sepik Provincial Administration.

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:

Information on the rules and responsibilities of formal local community groups and consultation forums focused on health care service delivery is not made available to citizens. There is no legal requirement for this to happen. Information about positions and leadership structure within each group or forum is publicly unavailable.

References:

Interview with Benjamin Warakai, Deputy Provincial Administrator, East Sepik Provincial Administration.

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:

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.

References:

Interview with Dr. Joseph Ande, Medical Officer, Boram General Hospital, Wewak.

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:

This rarely happens. Information on citizens rights to participate and the way in which they can participate exists, however, this information is not easily accessible to citizens. Where information is disseminated it is not effectively done. Sometimes people get misleading information as a result.

References:

Interview with Sophie Mangai, President, East Sepik Provincial Council of Women, Wewak.

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:

This is not mandatory. In some health facilities where citizen representatives are appointed they are able to make their inputs. In facilities where no such practices are observed citizens obviously miss out.

References:

Interview with Sophie Mangai, President, East Sepik Provincial Council of Women, Wewak.

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 Dr. Joseph Ande, Medical Officer, Boram General Hospital, Wewak.

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:

Such information doesn't exist.

References:

Interview with Anthony Burgess, Bishop, Catholic Diocese of Wewak.

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:

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 John Kolip, Senior Nursing Officer/Officer In Charge, Project Liaison between East Sepik Women and Children Project and Catholic Health services, Save the Children PNG, Wewak.

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:

There is no legal framework that calls for this to happen. People have no choice but to accept all that happens to them (Dr. Joseph Ande, Medical Officer, Boram General Hospital).

References:

Interview with Dr. Joseph Ande, Medical Officer, Boram General Hospital, Wewak
Public Health Authorities Act 2007, Schedules 5 & 6.

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:

Citizens don't know if they have any rights to participate in such activities. Information on citizens rights to participate in such groups either does not exist or is distributed ineffectively. Where awareness does occur it does not reach majority of the citizens.

References:

Interview with Sophie Mangai, President, East Sepik Provincial Council of Women, Wewak.

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:

This does not happen. People render themselves helpless. They feel that they cannot do much to change the status quo (Sophie Mangai, President, East Sepik Council of Women).

References:

Interview with Sophie Mangai, President, East Sepik Provincial Council of Women, Wewak.

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:

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

References:

Interview with Dr. Joseph Ande, Medical Officer, Boram General Hospital, Wewak.

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:

This hardly happens. Information about the flow of health care resources from the national to provincial governments is unavailable to citizens. Information is severely constrained by cost, physical distance and technological capacity. People would love to have this information but are not given the opportunity.

References:

Interview with Sophie Mangai, President, East Sepik Provincial Council of Women, Wewak.

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:

There is no law that makes such information available and understandable to women and minorities.

References:

Interview with Dr. Joseph Ande, Medical Officer, Boram General Hospital, Wewak.

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:

This does not happen.

References:

Interview with Anthony Burgess, Bishop, Catholic Diocese of Wewak.

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 Dr. Joseph Ande, Medical Officer, Boram General Hospital, Wewak.

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:

This hardly happens for all citizens, poor or well-to-do.

References:

Interview with John Kolip, Senior Nursing Officer/Officer In Charge, Project Liaison between East Sepik Women and Children Project and Catholic Health Services, Save the Children PNG, Wewak.

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.
