

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

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## 1. Rules of the Game

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### 1. Rules of the Game

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

Yes | No

**Comments:**

By law, information is required to be made available to citizens informing them of the provincial government's overall budget. Provisions for this are found in the Public Finances (Management) Act.

**References:**

Public Finances (Management) Act 1995.

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

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

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

100 | 75 | 50 | 25 | 0

**Comments:**

Mechanisms or processes exist for citizens to access information on provincial government's health budgets but are not easy for citizens to use. It takes time and may involve additional costs as well.

**References:**

Interview with Billy Kavanamur, District Administrator, Goroka District 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:**

It is a legal requirement that information on the Ministry of Health's health foundation grants from the national to provincial levels be made publicly available to citizens. However, having the law saying that this should happen does not necessarily mean that this practically happens. Whether this practically happens or not is totally a different thing.

**References:**

Interview with Michael Muri, District Health Manager, Goroka District Administration.

**Yes:**

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

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

100 | 75 | 50 | 25 | 0

**Comments:**

Information on the transfer of health function grants from the national to provincial levels is available but is not easy for citizens to use. It is not being openly disseminated to the public in a coordinated way. Only people who go out of their way seeking this information are able to access it.

**References:**

Interview with Billy Kavanamur, District Administrator, Goroka District 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:**

Yes. Information on the provincial government's overall health budget is available. However, having to say that information is available is one thing. Making it easily accessible by citizens is a completely different thing. Therefore, with the question of making the information available user-friendly, this rarely happens.

**References:**

Interview with Naomi Yupae, Program Coordinator, Family Voice, Goroka.

**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:**

Yes. All provincial governments are required to release their overall budgets within a reasonable. Goroka is no exception. However, on scheduled timing, no standard timing is observed in the release of these budgets.

**References:**

Interview with Billy Kavanamur, District Administrator, Goroka District 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:**

There is a legal framework that requires information on official fee structures for types of health services to be made publicly available to citizens. There are provisions for this under the Public Hospitals (Charges) Act, and the User Fees Section of the National Health Administration Act.

**References:**

Public Hospitals (Charges) Act 1972.  
User Fees – Section 29 of the National Health Administration Act 1997.

**Yes:**

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

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

100 | 75 | 50 | 25 | 0

**Comments:**

Yes. Information on official fee structures for types of health services is available. However, the problem is this information is not easily accessible by citizens. Consequently, patients visit clinics uninformed and unprepared. Patients who are unable to meet the required fees are refused treatment.

**References:**

Interview with Naomi Yupae, Program Coordinator, Family Voice, Eastern Highlands Province.

**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 accessible but is not easy for citizens to use. Publishing this information in a user-friendly way rarely happens. Most times this information is pinned up on facility notice boards. People have to visit the clinics to know about these fees.

**References:**

Interview with Naomi Yupae, Program Coordinator, Family Voice, Eastern Highlands Province.

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

**75:** ..

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

25: ..

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

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

Yes | No

**Comments:**

By law, information on essential drugs list is required to be made publicly available. The need to ensure that this happens is articulated in the duty statements of those tasked with the responsibility. It is the responsibility of the National 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 be made publicly available to citizens. The need to ensure that this happens is also stipulated in the duty statements of those tasked with the responsibility.

**References:**

Public Health Act 1971 (1973)

**Yes:**

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

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

Yes | No

**Comments:**

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

**References:**

National Health Administration Act, Section 5

**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 and treatment manuals which are approved by the Medical Board in line with the National Minimum are available. It will be provided to people who genuinely request for it. In addition, it is a government requirement that twelve key drugs must be available at each health facility at anytime.

**References:**

Interview with Michael Muri, District Health Manager, Goroka District Administration.

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

**75:** ..

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

**25:** ..

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

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

100 | 75 | 50 | 25 | 0

**Comments:**

Information on health staffing/patrols is available. The issue is making this information easily accessible by citizens, and it rarely is.

**References:**

Interview with Augustine Umba, Community Health Worker, Sigerehe Sub Health Centre, Unggai Bena District.

**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:**

Yes. Information on different types of health facilities is available. It is supposedly made available through the National Health Plan and Policy on Minimum Standards adopted by the Health Board. However, whether this information is actually out in the open for the public to access or not is another thing. Our respondent was of the opinion that more needs to be done in this area of information dissemination.

**References:**

Interview with John Taime, Public Relations Manager for Demographic Surveillance, PNG Institute of Medical Research, Goroka, Eastern Highlands Province.

**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. However, availability cannot be taken to mean accessibility. They are two different things. Publishing this information in a user-friendly way doesn't happen. For it to be user-friendly this information needs to be translated into a language that is easy to understand when read, Pidgin, for instance.

**References:**

Interview with Naomi Yupae, Program Coordinator, Family Voice, Eastern Highlands Province.

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:**

As in the previous indicator (1.26), information on health staffing/patrols is available. However, publishing this information in a user-friendly way doesn't happen. Why? Because firstly this information has not been translated into a language that is easily understood like Pidgin. Secondly, this information isn't disseminated in a way that is easily accessible.

**References:**

Interview with Naomi Yupae, Program Coordinator, Family Voice, Eastern Highlands Province.

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

75: ..

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

**25:** ..

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

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

100 | 75 | 50 | 25 | 0

**Comments:**

Information is meant to be made publicly available to citizens. However, publishing it in a “user-friendly” way at the provincial level? No, this rarely happens. Most, if not all, of this information is published in English. This is not user-friendly as the bulk of our population is illiterate. They cannot readily understand something that is in English.

**References:**

Interview with Naomi Yupae, Program Coordinator, Family Voice, Eastern Highlands Province.

**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 are monitored by the PNG 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 also has its own specific laws regarding privacy and confidentiality of information.

**References:**

Public Health Act 1971 (1973)

**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:**

Mechanisms or processes exist for citizens to access information on codes of ethics for registered doctors and other health service providers. However, for confidentiality of information, this information is not out in the open for the public to access. It can be made available for citizens who genuinely seek it, though.

**References:**

Interview with Augustine Umba, Community Health Worker, Sigerehe Sub Health Centre, Unggai Bena District.

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

**75:** ..

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

**25:** ..

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

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

100 | 75 | 50 | 25 | 0

**Comments:**

Health training institutions are responsible for providing information on codes of ethics. This information is meant for people who train to work in the medical profession. Thus it is not made available out in the open for the public to access. It can only be provided to people who express a genuine interest in accessing it.

**References:**

Interview with Gandy Micky, Community Health Worker, Uritoka Rural Clinic, Goroka District, Eastern Highlands Province.

**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.

100 | 75 | 50 | 25 | 0

**Comments:**

Up until the introduction of the Provincial Health Authority Act in 2007, the Provincial Administration has been (and is still)

responsible for hiring and firing of health officers, though doctors and nurses must be registered. Citizens can access information about this through the Provincial Health Office if they are interested.

**References:**

Interview with John Taime, Public Relations Manager for Demographic Surveillance, PNG Institute of Medical Research, Goroka, Eastern Highlands Province.

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

**75:** ..

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

**25:** ..

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

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

100 | 75 | 50 | 25 | 0

**Comments:**

It is the responsibility of the Medical Board of PNG to hire, fire and reward medical personnel in the provinces. These committees include: (1) Registration Committee: to advise the registrar on the registration of individuals who do not fit the policy of registration; and (2) Disciplinary Committee: to work with the staff to ensure complaints are screened and minor breaches are investigated, and to deal cases of poor performance or if a health professional cannot work due to ill health. However, publishing this information in a user-friendly way at the provincial level doesn't happen.

**References:**

Website of the Medical Board of PNG: [www.medicalboard.gov.pg](http://www.medicalboard.gov.pg)

**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 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:**

Yes. Information on basic patient rights is available. However, this does not necessarily mean that it is accessible by the average citizen. Given the sensitive nature of the issues surrounding it this information is not out in the open for the public to access. It can only be provided to people who express a genuine interest in accessing it.

**References:**

Interview with Augustine Umba, Community Health Worker, Sigerehe Sub Health Centre, Unggai Bena District.

**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. If there is no publication of this information then the question of publishing this information in a user-friendly is irrelevant.

**References:**

Interview with Gandy Micky, Community Health Worker, Uritoka Rural Clinic, Goroka District, Eastern Highlands Province.

**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. What we do have instead are standard and procedure manuals for each type of health facility from aid posts to hospitals as approved by the Medical Board of PNG. People only manage to access this information either through the Health Department or from people they know that work in this field. Information is not openly available to citizens.

**References:**

Interview with Michael Muri, District Health Manager, Goroka District Administration.

**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. Information on all types of services available to citizens, including non-government suppliers of health services, and the relevant modes of access are not available to the public.

**References:**

Interview with Naomi Yupae, Program Coordinator, Family Voice, Eastern Highlands Province.

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

**75:** ..

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

**25:** ..

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

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

Yes | No

**Comments:**

Standard manuals and standard procedures for different health facilities as approved by the Medical Board of PNG are available. But no further information is provided on the comparison of what is provided as against what is expected.

**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:**

Developing standards is one thing but actually getting the information on these across to citizens is another. It does not necessarily mean that people automatically know about it when standards are developed. There is need for information on this to filter down to the people.

**References:**

Interview with Naomi Yupae, Program Coordinator, Family Voice, Eastern Highlands Province.

**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.

100 | 75 | 50 | 25 | 0

**Comments:**

Yes. Information is standardized between provinces. However, regardless of how standardized the information may be if it is not applicable to the situation on the ground it is obviously overlooked as it becomes irrelevant. In most areas facilities operate on needs basis.

**References:**

Interview with Augustine Umba, Community Health Worker, Sigerehe Sub Health Centre, Unggai Bena District.

**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.

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## Category 2. Information on Citizen Redress Mechanisms

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## 2. Redress Mechanisms

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### 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 be followed to receive citizens complaints on unofficial fees and informal payments at the provincial level. The Department of Health sets the fees for public health facilities. Fees in the private sector are not controlled. Citizens' complaints can be done in writing addressed either to the District Health Manager or the Secretary for Health (Michael Muri)

Provincial Health Authorities Act 2007 Section 13. POWERS OF PROVINCIAL HEALTH AUTHORITIES Sub Section (c) in consultation with the Department responsible for health matters, recommend to the Minister the amount of fees and charges payable for the provision of health services and the use of medical and hospital facilities of the provincial health authority.

**References:**

Interview with Michael Muri, District Health Manager, Goroka District Administration.

Provincial Health Authorities Act 2007 Section 13. POWERS OF PROVINCIAL HEALTH AUTHORITIES Sub Section (c)

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

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

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

100 | 75 | 50 | 25 | 0

**Comments:**

Information about formal procedures to file citizen complaints on unofficial fees and informal payments either doesn't exist or the information is distributed ineffectively. Even if citizens know about it and lodge their complaints, few seem to listen to them. The rule is treatment by payment: if you don't pay the fees you don't get treated.

**References:**

Interview with Naomi Yupae, Program Coordinator, Family Voice, Eastern Highlands Province.

**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:**

This rarely happens. No such formal procedures exist. If they do exist people need to be told about them and informed on how to approach those in authority when they have issues. Such procedures are seriously lacking.

**References:**

Interview with John Taime, Public Relations Manager for Demographic Surveillance, PNG Institute of Medical Research, Goroka, Eastern Highlands Province.

**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:**

People do use informal or alternative processes to lodge their complaints on unofficial fees and informal payments. However, the problem is it takes quite a while. It may involve additional costs as well. Since there is no legal framework in place that calls for such to happen, those in authority don't feel obliged to act on informally raised complaints.

**References:**

Interview with Naomi Yupae, Program Coordinator, Family Voice, Eastern Highlands Province.

**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:**

No, this doesn't happen. Most wouldn't want to spend time and effort on pursuing a case that they know would evaporate into nothing. It is all about confidence in the processes.

**References:**

Interview with John Taime, Public Relations Manager for Demographic Surveillance, PNG Institute of Medical Research, Goroka, Eastern Highlands Province.

**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:**

Citizens complaints are not processed in a reasonable time at the provincial level. There is no sense of urgency. This is demonstrated by those dealing with complaint cases. It takes quite a while. People don't feel obliged to respond anyway. There is no legal framework in place that calls for such to happen.

**References:**

Interview with Naomi Yupae, Program Coordinator, Family Voice, Eastern Highlands Province.

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

**75:** ..

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

**25:** ..

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

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

100 | 75 | 50 | 25 | 0

**Comments:**

Time is not of any consequence. People just don't feel obliged to respond. Processing complaints takes quite a while. Prolonged delays are expected.

**References:**

Interview with Naomi Yupae, Program Coordinator, Family Voice, Eastern Highlands Province.

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

**75:** ..

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

**25:** ..

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

2.18. 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:**

There is no legal requirement for information to be made available to citizens informing them of the formal processes to file complaints on violation of patient rights at the provincial and national levels. People have to seek this information out themselves.

**References:**

Interview with Michael Muri, District Health Manager, Goroka District Administration.

**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:**

No. Information is not openly made available to the public. There is no legal requirement for this to happen. It will only be provided for people who request for it.

**References:**

Interview with Michael Muri, District Health Manager, Goroka District Administration.

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

**75:** ..

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

**25:** ..

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

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

100 | 75 | 50 | 25 | 0

**Comments:**

No. Citizens don't usually turn to designated redress mechanisms to communicate their concerns and opinions because they simply don't know about them. They lack information.

**References:**

Interview with Naomi Yupae, Program Coordinator, Family Voice, Eastern Highlands Province.

**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:**

Yes. People do make use of informal or alternative processes to lodge complaints on violation of patient rights. However, what matters most is not whether or not complaints are lodged. It is whether or not lodged complaints have been responded to and acted on in a timely manner. When this doesn't happen people see the whole process as a time waster, so to speak.

**References:**

Interview with Naomi Yupae, Program Coordinator, Family Voice, Eastern Highlands Province.

**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. Prolonged delays are a norm. People who are informed with the backing of the necessary resources manage to fast track processing of their complaints. Those who don't have no choice. They have to wait for responses from those responsible no matter how long it takes.



**References:**

Interview with Naomi Yupae, Program Coordinator, Family Voice, Eastern Highlands Province.

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

**75:** ..

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

**25:** ..

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

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

100 | 75 | 50 | 25 | 0

**Comments:**

Cost is always involved whether you like it or not. If it is not in monetary terms it is in time, effort etc. The level of cost involved would usually be dependent on two variables: nature of the case, and the time frame within which response is desired. If the case is serious cost would be higher. Likewise if immediate response is desired cost would be higher.

**References:**

Interview with John Taime, Public Relations Manager for Demographic Surveillance, PNG Institute of Medical Research, Goroka, Eastern Highlands Province.

**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:**

No formal processes with clear steps are in place to receive citizen complaints on absenteeism. There is no legal requirement for this to happen. People decide in their own wisdom whom to see for what. However, if the complaint is ethical in nature it will have to be addressed through the National Medical Board.

**References:**

Interview with Michael Muri, District Health Manager, Goroka District Administration.

**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. Usually citizens don't know how, where and when to lodge their complaints on absenteeism. People don't have the information. They don't know. Consequently absenteeism in most public health facilities becomes business as usual.

**References:**

Interview with Naomi Yupae, Program Coordinator, Family Voice, Eastern Highlands Province.

**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. To many absenteeism is normal. It is not a big deal. It doesn't even surprise people when they are told that the doctor they would be seeing is unavailable. No serious thought is given unless the patient taken in is in an emergency situation.

**References:**

Interview with Billy Kavanamur, District Administrator, Goroka 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:**

This just doesn't happen. People desire to see results. If whatever they intend to pursue doesn't bring about any immediate results, then they think it is pointless to think about lodging complaints if what's being pursued is going to fall on deaf ears.

**References:**

Interview with Naomi Yupae, Program Coordinator, Family Voice, Eastern Highlands Province.

**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 some citizens may not be able to access them. In most cases records are kept for serious cases only. Less serious cases are only dealt with when the issues are fresh.

**References:**

Interview with Billy Kavanamur, District Administrator, Goroka 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. This makes it difficult for people to decide whom to see for what when they have issues.

**References:**

Interview with Michael Muri, District Health Manager, Goroka District Administration.

**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:**

Information about accountability structures of local health clinics is not always made publicly available to citizens. There is no legal requirement for this to happen. Such structures should be in place so that people know exactly whom to see for what when they had issues.

**References:**

Interview with Michael Muri, District Health Manager, Goroka District Administration.

**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:**

No. Information on public forums through which citizens would be able to lodge their complaints on issues related to health care does not exist. This places people in helpless positions when they have issues.

**References:**

Interview with Naomi Yupae, Program Coordinator, Family Voice, Eastern Highlands Province.

**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:**

Yes. Citizens do 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. Some disadvantaged groups miss out. Consequently, there is no consistency in the representation of views in these forums and or groups.

**References:**

Interview with Naomi Yupae, Program Coordinator, Family Voice, Eastern Highlands Province.

**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 is not a usual practice. Holding health care service providers responsible based on local feedback and citizen complaints is unheard of. Most of our people are ignorant. They don't know about these things.

**References:**

Interview with John Taime, Public Relations Manager for Demographic Surveillance, PNG Institute of Medical Research, Goroka, Eastern Highlands Province.

**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 these trainings are not conducted in a regular, consistent and coordinated manner. And also most of these trainings are conducted in locations that are either out of reach or inaccessible by most citizens.

**References:**

Interview with Naomi Yupae, Program Coordinator, Family Voice, Eastern Highlands Province.

**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:**

No. Citizens are not informed of the existence of citizen monitoring groups and their ability to participate in this work. Such groups are not likely to exist in this country.

**References:**

Interview with Naomi Yupae, Program Coordinator, Family Voice, Eastern Highlands Province.

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

75: ..

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

25: ..

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

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

100 | 75 | 50 | 25 | 0

**Comments:**

No. This does not happen. No citizen monitoring groups exist in PNG. There is no legal requirement for them to exist anyway.



**References:**

Interview with Naomi Yupae, Program Coordinator, Family Voice, Eastern Highlands Province.

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

**75:** ..

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

**25:** ..

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

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

100 | 75 | 50 | 25 | 0

**Comments:**

No citizen monitoring groups exist in this country. No citizen monitoring groups means no reports emanating from them. Health service providers, therefore, cannot be held accountable for their actions or inaction without such reports.

**References:**

Interview with Naomi Yupae, Program Coordinator, Family Voice, Eastern Highlands Province.

**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:**

There is no legal provision defining standards for government monitoring of health facilities. However, this does not mean government monitors are not guided and left to do their own things. Their work is clearly guided as is defined in the supervisor's duty statements.

**References:**

Interview with Michael Muri, District Health Manager, Goroka District Administration.

**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. However, the problem is this is not done consistently. In some facilities standards are strictly followed and upheld while in others it is done loosely. Such practices compromise the standard of reporting.

**References:**

Interview with Augustine Umba, Community Health Worker, Sigerehe Sub Health Centre, Unggai Bena District.

**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 does occur. However, the problem is it is not done consistently. No standard schedules are followed. Monitors are deployed on convenience basis. This makes monitors' visits unpredictable.

**References:**

Interview with Augustine Umba, Community Health Worker, Sigerehe Sub Health Centre, Unggai Bena District.

**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. However, while staff are trained, they may not be officially accredited.

**References:**

Interview with Gandy Micky, Community Health Worker, Uritoka Rural Clinic, Goroka District, Eastern Highlands Province.

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

**75:** ..

**50:** Government monitoring of health facilities and performance at the provincial level are conducted by monitors who are not always accredited and adequately trained. The training of monitors 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 loosely follows official standards. No officially required timing is adhered to in observing each facility. Monitors just turn up at the facilities, do their job and move on.

**References:**

Interview with Gandy Micky, Community Health Worker, Uritoka Rural Clinic, Goroka District, Eastern Highlands 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. This does not mean that the outcome is kept in total confidence and no one knows about it. Information can be provided for genuinely interested people who request or it.

**References:**

Interview with Michael Muri, District Health Manager, Goroka District 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:**

No. Monitoring results and evaluations of health facilities are not made public at the provincial level. There is no legal requirement for this to happen. The outcomes become more or less administrative tools than information for public knowledge and use.

**References:**

Interview with Augustine Umba, Community Health Worker, Sigerehe Sub Health Centre, Unggai Bena District.

**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:**

Yes. Consequences are applied. Normal disciplinary process is followed. It runs from investigation, to hearing to prosecution. Penalties imposed are dependant on the severity of each case. Disciplinary matters are deliberated on by the staff development committee chaired by the Provincial Administrator.

**References:**

Interview with Billy Kavanamur, District Administrator, Goroka District 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.

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### Category 3. Availability of Budgetary Information

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## 3. Budget Information

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### 3. Budget Information

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

Yes | **No**

**Comments:**

There is no legal requirement for this to happen. Since there is no legal requirement local health clinics do not feel obliged to record the receipt of funds from the provincial government.

**References:**

Interview with Michael Muri, District Health Manager, Goroka District Administration.

**Yes:**

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

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

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

**Comments:**

No. Information on this does not exist. If it does exist for some reason, it lacks detail and clarity, making it impossible for people to use. Even if this information existed in some understandable manner, it is likely it wouldn't be made publicly available.

**References:**

Interview with Augustine Umba, Community Health Worker, Sigerehe Sub Health Centre, Unggai Bena District.

**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:**

Yes. Information on budget allocation is standardized and comparable. This should make the work of budget monitoring and tracking easier. However, what remains yet to be seen is whether this standardized information is applicable across the board the way it is presented.

**References:**

Interview with Billy Kavanamur, District Administrator, Goroka 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) monitors and tracks budgets to determine how well this happens at the provincial 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:**

No. Information on the allocation and spending of provincial government health care grants are not made publicly available. Citizens find it extremely difficult when it comes to accessing this information. Information remains effectively out of reach for the majority of citizens and citizen groups.

**References:**

Interview with Naomi Yupae, Program Coordinator, Family Voice, Eastern Highlands Province.

**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:**

There is no legal requirement for local health clinics to include private donations, either separately or as part of their publicly published budget information. Presumably these are entirely administrative matters.

**References:**

Interview with Michael Muri, District Health Manager, Goroka District Administration.

**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:**

No. Information on local health clinics' acceptance and allocation of private donations is not made publicly available. It remains inaccessible by citizens. People don't usually know about these donations unless they are involved at some stage in the projects funded through such sources.

**References:**

Interview with Gandy Micky, Community Health Worker, Uritoka Rural Clinic, Goroka District, Eastern Highlands Province.

**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 Michael Muri, District Health Manager, Goroka District 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:**

No. This hardly happens. People would love to have this information but are not given the opportunity. Information is either unavailable to the public or the mechanisms used to access this information are out of reach for the majority of citizens.

**References:**

Interview with Gandy Micky, Community Health Worker, Uritoka Rural Clinic, Goroka District, Eastern Highlands Province.

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

**75: ..**

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

25: ..

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

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

Yes | **No**

**Comments:**

Local health clinics are not required to make their budgets available to the public. There is no legal requirement for this to happen.

**References:**

Interview with Michael Muri, District Health Manager, Goroka District Administration.

**Yes:**

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

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

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

**Comments:**

No. Local health clinic budgets are not made available to the public. The mechanisms by which citizens can access this information are complicated and, therefore, out of reach for the majority of citizens. Budgets and financial reports are seen as government documents and not open to the public. If there is health facility "board" or committee for a health facility, then some budget could be made available, to the community representatives.

**References:**

Interview with Naomi Yupae, Program Coordinator, Family Voice, Eastern Highlands Province.

**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 on any timely manner. No fixed time schedules are applied for this purpose. They are not meant to be released publicly anyway.

**References:**

Interview with Michael Muri, District Health Manager, Goroka District Administration.

**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 matter available to public servants only. It is not meant for public information.

**References:**

Interview with Michael Muri, District Health Manager, Goroka District Administration.

**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:**

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

**References:**

Interview with Augustine Umba, Community Health Worker, Sigerehe Sub Health Centre, Unggai Bena District.

**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 and there is no certainty as to when this would happen in PNG.

**References:**

Interview with Augustine Umba, Community Health Worker, Sigerehe Sub Health Centre, Unggai Bena District.

**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 health clinics to make their revenue and expenditure reports available to the public.

**References:**

Interview with Michael Muri, District Health Manager, Goroka District Administration.

**Yes:**

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

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

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

**Comments:**

No. This hardly happens. Health clinic financial statements are not made publicly available. It would be good if it did. The mechanisms by which citizens can access these budgets are complicated and the information, therefore, out of reach for the majority of citizens. Budgets and financial reports are seen as government documents and not open to the public. If there is health facility "board" or committee for a health facility, then some budget could be made available, to the community representatives.

**References:**

Interview with Gandy Micky, Community Health Worker, Uritoka Rural Clinic, Goroka District, Eastern Highlands Province.

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

**75:** ..

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

**25:** ..

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

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

100 | 75 | 50 | 25 | 0

**Comments:**

No. This hardly happens. 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 Gandy Micky, Community Health Worker, Uritoka Rural Clinic, Goroka District, Eastern Highlands Province.

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

**75:** ..

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

**25:** ..

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

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



Yes | No

**Comments:**

There is no legal framework mandating that government audits of local health clinic budgets be conducted.

**References:**

Interview with Michael Muri, District Health Manager, Goroka District Administration.

**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 Michael Muri, District Health Manager, Goroka District Administration.

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

**75:** ..

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

**25:** ..

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

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

Yes | **No**

**Comments:**

There is no legal requirement that the results of government audits of local health clinic budgets be made publicly available.

**References:**

Interview with Michael Muri, District Health Manager, Goroka District Administration.

**Yes:**

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

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

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

**Comments:**

No. This does not happen. 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.

**References:**

Interview with Augustine Umba, Community Health Worker, Sigerehe Sub Health Centre, Unggai Bena District.

**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. It runs from investigation to hearing to prosecution. Penalties imposed depend on the severity of each case. The provincial disciplinary committee is chaired by the provincial administrator.

**References:**

Interview with Billy Kavanamur, District Administrator, Goroka District Administration.

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

**75:** ..

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

**25:** ..

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

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

Yes | No

**Comments:**

Public Financial Management Act amendment 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 Eastern Highlands Province.

**References:**

Public Financial Management Act amendment 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.

**Comments:**

Currently, no. This doesn't happen. There is no legal requirement for this to happen. Local health clinics are not obliged to do this anyway (Augustine Umba).

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 Augustine Umba, Community Health Worker, Sigerehe Sub Health Centre, Unggai Bena District.

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).

**Comments:**

This does not happen. There is no legal requirement for this to happen. No audits are conducted. No results are published.

**References:**

Interview with Gandy Micky, Community Health Worker, Uritoka Rural Clinic, Goroka District, Eastern Highlands Province.

**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. That's if audits are conducted. If not it's another story.

**References:**

Interview with Billy Kavanamur, District Administrator, Goroka District Administration.

**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.

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Category 4. Information on Citizen Participation

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4. Citizen Participation

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4. Citizen Participation

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

Yes | No

**Comments:**

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:**

No. This doesn't happen. People need to be informed. People can't just be expected to be participate in activities that they know nothing about (Naomi Yupae).

**References:**

Interview with Naomi Yupae, Program Coordinator, Family Voice, Eastern Highlands Province.

**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:**

No. Formal community groups and consultation forums are sparsely or never scheduled and attended by citizens. People need to be informed. They need to be made to feel wanted (Naomi Yupae).

**References:**

Interview with Naomi Yupae, Program Coordinator, Family Voice, Eastern Highlands Province.

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

**75:** ..

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

**25:** ..

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

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

Yes | No

**Comments:**

There is no legal framework requiring information on formal community groups focused on providing health care service delivery to be made available to citizens.

**References:**

Interview with Michael Muri, District Health Manager, Goroka District 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:**

There is no legal requirement for the information on the rules and responsibilities of formal local community groups and consultation forums focused on health care service delivery to be made available to citizens.

**References:**

Interview with Michael Muri, District Health Manager, Goroka District 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 Michael Muri, District Health Manager, Goroka District Administration.

**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:**

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 Naomi Yupae, Program Coordinator, Family Voice, Eastern Highlands Province.

**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 doesn't usually happen. In some health facilities where citizen representatives are appointed they are able to make their inputs. In facilities where no such practices exist citizens miss out.

**References:**

Interview with Naomi Yupae, Program Coordinator, Family Voice, Eastern Highlands Province.

**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 Michael Muri, District Health Manager, Goroka District Administration.

**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:**

Information to raise citizen awareness of these rights either do not exist or the information is distributed ineffectively. Where such information exist awareness does not reach majority of the people. It does not provide sufficient information on how citizens could be involved.

**References:**

Interview with Naomi Yupae, Program Coordinator, Family Voice, Eastern Highlands Province.

**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 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 Naomi Yupae, Program Coordinator, Family Voice, Eastern Highlands Province.

**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 requirement for information 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.

**References:**

Interview with Michael Muri, District Health Manager, Goroka District Administration.

**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. Healthy Island concept in the National Health Plan 2011-2020 suggests a plan for this to change.

**References:**

Interview with Naomi Yupae, Program Coordinator, Family Voice, Eastern Highlands Province

Healthy Island concept in the National Health Plan 2011-2020

**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. Informal community groups or meetings are never scheduled and attended by citizens. Most grass roots groups rarely turn up to communicate their concerns and opinions.

**References:**

Interview with Naomi Yupae, Program Coordinator, Family Voice, Eastern Highlands Province.

**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 it mandatory for such information to be made available and understandable to citizens.

**References:**

Interview with Michael Muri, District Health Manager, Goroka District Administration.

**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 Naomi Yupae, Program Coordinator, Family Voice, Eastern Highlands Province.

**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 Michael Muri, District Health Manager, Goroka District Administration.

**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. Information about the flow of health care resources from the national to provincial governments is unavailable to women and minorities. It would be good if all grass roots citizen groups were effectively informed about these as this would encourage inclusive decision-making.

**References:**

Interview with Naomi Yupae, Program Coordinator, Family Voice, Eastern Highlands Province.

**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 Michael Muri, District Health Manager, Goroka District Administration.

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

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

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

100 | 75 | 50 | 25 | 0

**Comments:**

This hardly happens. It doesn't happen for the well to do. It doesn't happen for the women and minorities. And it doesn't happen for the poor.

**References:**

Interview with John Taime, Public Relations Manager for Demographic Surveillance, PNG Institute of Medical Research, Goroka, Eastern Highlands Province.

**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.



