

Overall Score:

**16 - Very Weak**

Legal Framework Score:

**34 - Very Weak**

Actual Implementation Score:

**6 - 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. The National Economic and Fiscal Commission uses this information to monitor and report on the level of service on the ground against the actual budget allocations.

**References:**

Public Finances (Management) Act 1995.

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

**Yes:** A YES score is earned if, 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 health budgets but are not easy for citizens to use. Information is either confined to certain locations, such as provincial administration offices, clinics, etc, or is given a one off publication in the media which is not easily accessible by most ordinary citizens, or is held back by local health clinic or government offices who are not responsive.

**References:**

Interview with Jack Doa, District Administrator, Moresby North East 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:**

By law, information on the Ministry of Health's health foundation grants from the national to provincial levels is required to be made publicly available to citizens. However, whether or not this practically happens at the provincial level is another thing. The National Economic and Fiscal Commission uses this information to monitor and report on the level of service on the ground against the actual function grants allocated.

**References:**

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

**Yes:**

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

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

100 | 75 | 50 | 25 | 0

**Comments:**

Mechanisms or processes exist for citizens to access information on health function grants for the transfer of funds from the national to provincial levels but are not easy for citizens to use. Information is not being made readily available. People who require such information will have to ask for it. However, this does not necessarily mean that every person who asks for information would be assisted. It depends on how responsive local health clinics or government offices are.

**References:**

Interview with Wana Miti, Nursing Officer, Port Moresby General Hospital.

**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:**

Information on the overall provincial government's health budget is accessible but is not user-friendly to most citizens. For it to be user-friendly, it has to be published in a language that is easily understood when read and or translated. In PNG, it has to be in Pidgin. Given the country's high illiteracy rate, people cannot easily understand what's written and or read in English.

**References:**

Interview with Jack Doa, District Administrator, Moresby North East District Administration.

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

**75:** ..

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

**25:** ..

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

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

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

**Comments:**

A schedule for the release of health care budgets exists, but in practice it is not followed. Budgets are often released late or too sporadically for public scrutiny. Sometimes delays are also caused by things like warrants from Waigani and delayed approval by the National Minister of Finance.

**References:**

Interview with Jack Doa, District Administrator, Moresby North East 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. However, whether or not this practically happens at the provincial level is another thing. Usually most of these information are found on facility notice boards or people are told of at the cashier desk. Only some hospitals and rural medical centres manage to publish the information in the media as well.

**References:**

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

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

**Yes:**

**No:** A NO score is earned if 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:**

Mechanisms or processes exist for citizens to access information on official fee structures for types of health services, but they are not easy for citizens to use. Local health clinics and government offices may not be responsive to citizens request for information. It may take quite a while and involve additional costs as well. Unlike public clinics, private clinic fees are unregulated. They are driven by market forces. Clinics charge all kinds of fees. Patients who are unable to meet the required fees get mistreated. However, what still remains yet to be known is whether or not all these fees are official.

**References:**

Interview with Professor Mathias Sapuri, Chairman, PNG Medical Board / Medical Society of PNG.

**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. In most facilities this information is pinned up on facility notice boards. People have to visit the facility to know about these fees. There is no prior knowledge about the fees. Information on fees is also posted on the Medical Board's website. This is good but again not many people have access to internet and web

services to be able to access this information. Lack of prior knowledge results in patients arriving at clinics unprepared. Only a few facilities, however, manage to use the media as well in disseminating information not only on fees but other issues as well. It would be good if all facilities did the same.

**References:**

Interview with Professor Mathias Sapuri, Chairman, PNG Medical Board / Medical Society of PNG.

**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 as stipulated 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:**

By law, information on essential staffing/patrols is required to be made publicly available. The need to ensure that this happens is

as stipulated in the duty statements of those tasked with the responsibility.

**References:**

Public Health Act 1971 (1973)

**Yes:**

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

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

Yes | No

**Comments:**

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

**References:**

National Health Standards.

**Yes:**

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

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

100 | 75 | 50 | 25 | 0

**Comments:**

Mechanisms or processes exist for citizens to access information on essential drugs list but they are not easy for citizens to use. At times local health clinics and government offices may not be responsive to citizens request for information. It may take quite a while and involve additional costs as well. Information is posted on the Medical Board's website. However, since ordinary citizens do not have access to internet and web services this information is out out reach for the majority of the citizens.

**References:**

Interview with Professor Mathias Sapuri, Chairman, PNG Medical Board / Medical Society of PNG.

**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:**

Mechanisms or processes exist for citizens to access information on health staffing/patrols but are not easy for citizens to use. Local health clinics or government offices are not usually responsive to citizens' request for information. It takes quite a while for information to be provided when asked for. Sometimes it involves additional costs as well.

**References:**

Interview with Wana Miti, Nursing Officer, Port Moresby General Hospital.

**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:**

Mechanisms or processes exist for citizens to access information on the different types of health facilities but are not easy for citizens to use. No coordinated way of effectively disseminating information on this exists. It only happens on an ad hoc basis as and when necessary. In most cases, patients don't know about the existence of these different facilities until they actually arrive at an health facility.

**References:**

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

**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:**

The information on essential drugs list is accessible but is not user-friendly to citizens. In order for it to be user-friendly it has to be readily available and easily accessible. In here this does not happen. Patients don't know what specific drugs to expect at each facility until they actually get there. Consequently, patients get referred each when drugs meant for their treatment are not available. Sometimes they even go through more than two referrals before actually getting treated.

**References:**

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

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

**75:** ..

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

**25:** ..

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

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

100 | 75 | 50 | 25 | 0

**Comments:**

Information on health staffing/patrols is accessible but is not user-friendly to citizens. In order for it to be user-friendly it has to be readily available and easily accessible. Here this rarely happens. People either have to go on an information search to be able to access the information or they just forget about it and continue to be ignorant about the issues.

**References:**

Interview with Wana Miti, Nursing Officer, Port Moresby General Hospital.

**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 on health facilities is accessible but is not user-friendly to citizens. In order for it to be user friendly it has to be readily available and easily accessible. The Medical Board does well having the information posted on its website but the question then is how many people in PNG actually have access to internet and web services to be able to access the information.

**References:**

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

**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:**

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

**References:**

Public Health Act 1971 (1973)

HIV/AIDS Management and Prevention Act 2003

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

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

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

100 | 75 | 50 | 25 | 0

**Comments:**

Mechanisms or processes exist for citizens to access information on codes of ethics for registered doctors and other health service providers. For confidentiality purposes it is not made openly available to the public. It can, however, be made available for those who genuinely seek it. The Medical Society of Papua New Guinea has the responsibility of informing doctors of their duties and the ethical demands of their profession.

**References:**

Interview with Professor Mathias Sapuri, Chairman, PNG Medical Board / Medical Society of PNG.

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

**75:** ..

**50:** Mechanisms or processes dedicated to citizen access to information on codes of ethics for registered doctors and other health service providers exist at the provincial level but are not easy for citizens to use. Local health clinic or government

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

**25:** ..

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

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

100 | 75 | 50 | 25 | 0

**Comments:**

Information on codes of ethics is supplied by the health training institutions located in the provinces. It is meant for people who train to work in the medical profession. Generally this information is not made available to the public unless people express a genuine interest in seeking this information out. And so making this information available to the public in a user-friendly way is irrelevant.

**References:**

Interview with Mary Peter, Community Health Worker, St Johns Hospital, Gerehu.

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

**75:** ..

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

**25:** ..

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

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

Yes | No

**Comments:**

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

**References:**

Public Service General Orders.

The Medical Registration Act 1980.

The Public Service Management Act 1995.

The Public Services Conciliation and Arbitration Act 1969.

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

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

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

100 | 75 | 50 | 25 | 0

**Comments:**

Up until 2007 when the Provincial Health Authority concept was introduced, the Provincial Administration was (and still is) 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 Professor Mathias Sapuri, Chairman, PNG Medical Board / Medical Society of PNG.

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

**75:** ..

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

**25:** ..

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

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

100 | 75 | 50 | 25 | 0

**Comments:**

There exists a mechanism through the Medical Board, which services all provincial medical personnel. Two of the three Committees: (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 with cases of poor performance or if a health professional cannot work due to ill health. Publishing this information in a user-friendly way rarely happens. It is information for administrative purposes and available to public servants.

**References:**

Interview with Professor Mathias Sapuri, Chairman, PNG Medical Board / Medical Society of PNG.

**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:**

There is a legal framework for information on citizens' basic rights to be made publicly available. This legal framework constitutes 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:**

Mechanisms or processes dedicated to citizen access to information on basic patient rights exist, but they are not easy for citizens to use at the provincial level. Local health clinic or government offices in most cases are reluctant to disclose information on patient rights when asked for by citizens. They do this either because they don't feel obliged to or because of the sensitive nature of the issues surrounding it.

**References:**

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

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

**75:** ..

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

**25:** ..

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

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

100 | 75 | 50 | 25 | 0

**Comments:**

No information on basic patient rights are published at the provincial level except for services relating to awareness about HIV/AIDS which is dealt with outside the health system. PNG people are very tolerant even when there are poor standards of health service delivery.

**References:**

Desk research: review of the AusAID HIV/AIDS Program in PNG.

**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 are standards and procedures manuals for each type of health facility from aid posts to hospitals for the care and treatment of children and adults which have been approved by the PNG Medical Board. People have access to this only through the health Department or personally know people working in this field. This information is not publicly available to citizens.

**References:**

Interview with Professor Mathias Sapuri, Chairman, PNG Medical Board / Medical Society of PNG.

**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:**

Information on non-government health services and types of services available is provided through the official reporting channels, and can be made available to the public if they search for it.

**References:**

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

**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 facilities are approved by the Medical Board of PNG. But no information is provided by the Medical Board or the Department of Health on the comparison of what is provided against expected. The Medical Board is looking in to ways to systematically monitor this.

**References:**

The Public Health Act 1973 (1971),

Interview with Professor Mathias Sapuri, Chairman, PNG Medical Board / Medical Society of PNG.

**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 standard manuals and standard procedures is one thing but actually getting the information on these across to citizens is another thing. The Medical Society develops the standard manuals and standard procedures. The Medical Board approves them.

**References:**

Interview with Professor Mathias Sapuri, Chairman, PNG Medical Board / Medical Society of PNG.

**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:**

Information on health care service standards exists but this information is not easily accessible to citizens at the provincial level. For citizens to actually make use of this information to compare the quality of services, this information needs to be made easily accessible in a more coordinated way at the provincial level.

**References:**

Interview with Mary Peter, Community Health Worker, St Johns Hospital, Gerehu.

**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

## 10 2. Redress Mechanisms

### 2. Redress Mechanisms

10

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:**

There is formal processes allowing citizens to make complaints on unofficial fees and informal payments at the provincial level. The Department of Health sets the fees for public health facilities. Fees in the private sector are not controlled. If citizens want to complain they can do this by writing to the District Health Manager, to the Secretary for Health.

**References:**

Interview with Professor Mathias Sapuri, Chairman, PNG Medical Board / Medical Society of PNG.

**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 on the formal procedures to file complaints on unofficial fees and informal payments exists but this information is not easily accessible to citizens at the provincial level. Consequently, only people who are outgoing, those who manage to go out of their way to seek information are able to access this while the silent majority in most cases find themselves at the receiving end.

**References:**

Interview with Caroline Ugava, Technical Officer, Family Health International, PNG Country Office, Port Moresby.

**100:** Information is disseminated through different awareness campaigns at the provincial level. These campaigns may be media-based (TV, radio, print, internet and/or video), or they may use traditional outreach forums such as community

meetings, flyers and billboards. Information about formal procedures to receive citizen complaints may also spread from word-of-mouth, through informal meetings or at other community events.

**75:** ..

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

**25:** ..

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

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

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

**Comments:**

Citizens who are informed about the formal procedures do file complaints through these procedures, though there are exceptions. Those that are less or not informed only occasionally seek to communicate their concerns and opinions with the local health and government officials through these designated redress mechanisms.

**References:**

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

**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).

**Comments:**

Citizens do make complaints through informal or alternative mechanisms, though the process is sometimes flawed. Again this only happens for citizens that are informed and are aware of the existence of such mechanisms. The uninformed are in most cases silent on the issues or if the issues are serious they seek assistance from the informed members of the community.

**References:**

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

**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.

**Comments:**

Regardless of whether citizens complaints are on official or unofficial fees, lodged through formal or informal processes, the end result is just the same. No one listens to them. It is like no complaint has been lodged at all.

**References:**

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

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

**75:** ..

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

**25:** ..

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

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

100 | 75 | 50 | 25 | 0

**Comments:**

People don't necessarily lodge complaints every time they visit clinics and are charged fees for accessing health services. It happens once in a while. If by any chance citizens complaints reach those in authority usually there is no immediate response. It takes quite a while before a response is made. People don't feel obliged to respond anyway. There is no legal framework in place that calls for such to happen.

**References:**

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

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

**75:** ..

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

**25:** ..

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

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

100 | 75 | 50 | 25 | 0

**Comments:**

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

**References:**

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

**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:**

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

**References:**

Interview with Professor Mathias Sapuri, Chairman, PNG Medical Board / Medical Society of PNG.

**Yes:**

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

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

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

**Comments:**

Information about formal procedures to receive citizen complaints are not made public. Even the Medical board and Medical Society do not have any procedures, however if there is something to be investigated, an officer is appointed to find out the details on behalf of the Medical Board.

**References:**

Interview with Mary Peter, Community Health Worker, St Johns Hospital, Gerehu

Interview with Prof. M. Sapuri, Chairman, PNG Medical Board / Medical Society of PNG

**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:**

What happens is that complaints at the hospital level are referred to hospital Chief Executive Officer. In like manner complaints at health centre level are referred to District Health Managers. In both cases, however, if the complaints are ethical in nature they are referred to the National Medical Board. Citizens don't usually turn to designated redress mechanisms to communicate their concerns and opinions. They need information. They need to be told how, where and when to lodge complaints if they feel that their rights as citizens have been interfered with. Only those people who are informed and backed by the necessary resources manage to do this. For the vast majority, it's the media that they turn to. Every time they have a bad experience they run to the media to vent their frustrations and disappointments.

**References:**

Interview with Caroline Ugava, Technical Officer, Family Health International, PNG Country Office, Port Moresby.

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

**75:** ..

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

**25:** ..

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

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

100 | 75 | 50 | 25 | 0

**Comments:**

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

**References:**

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

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

**75:** ..

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

**25:** ..

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

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

100 | 75 | 50 | 25 | 0

**Comments:**

Processing citizen complaints on violation of patients rights in a reasonable time at the provincial level hardly happens. The formal redress mechanism, body or agency cannot resolve complaints quickly. Many complaints go unacknowledged or take quite an unreasonable amount of time to resolve.

**References:**

Interview with Caroline Ugava, Technical Officer, Family Health International, PNG Country Office, Port Moresby.

**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:**

Filing complaints about violation of patient rights at the provincial level is not always very cheap. In most cases costs are prohibitive to citizens. The cost involved is usually determined by the seriousness of the complaint being looked at. As such filing complaints about violation of patient rights is a financial burden to those wishing to pursue their cases.

**References:**

Interview with Wana Miti, Nursing Officer, Port Moresby General Hospital.

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

**75:** ..

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

**25:** ..

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

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

Yes | No

**Comments:**

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

**References:**

Interview with Professor Mathias Sapuri, Chairman, PNG Medical Board / Medical Society of PNG.

**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:**

Information exists to inform citizens about the formal procedures to file citizen complaints on absenteeism but this information is not easily accessible to citizens at the provincial level. To the privileged few who are able to access the information it is an issue to them when faced with situations of absenteeism. But to the vast majority, the uninformed and the ignorant, it is business as usual.

**References:**

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

**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:**

People who manage to access information on the availability of formal procedures to lodge complaints on absenteeism do file complaints through these procedures, though there are exceptions. But for the vast majority (the usually uninformed), raising concerns and opinions through formal redress mechanisms occasionally happens. Their lack of information gives them a false sense of insecurity. They reckon they can't do much to change the situation around.

**References:**

Interview with Jack Doa, District Administrator, Moresby North East 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:**

Information is what matters in here. People who are informed (those that are aware of the availability of such mechanisms) do turn to these mechanisms when seeking redress for whatever complaints they have, though these processes are not usually consistent. Those that lack the information cannot do much. They silently accept what happens. They take it as business as usual.

**References:**

Interview with Caroline Ugava, Technical Officer, Family Health International, PNG Country Office, Port Moresby.

**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. For cases that are not so serious no proper record keeping happens. They are only put on files and dealt with when the issue is fresh. When it cools down no one knows about what happens next as it is soon forgotten.

**References:**

Interview with Jack Doa, District Administrator, Moresby North East 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 framework that requires information about the accountability structures of local health clinics to be made publicly available. Practically what happens is, if people have issues with aid posts at the local level government (LLG) level they go to see the LLG Manager. Similarly people who have issues with health centres at the district level take their concerns to the District Health Manager. In just the same way, people who have issues with the provincial hospitals take their grievances to the the Provincial Health Advisers.

**References:**

Interview with Professor Mathias Sapuri, Chairman, PNG Medical Board / Medical Society of PNG.

**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).

**Comments:**

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

**References:**

Interview with Professor Mathias Sapuri, Chairman, PNG Medical Board / Medical Society of PNG.

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

**75:** ..

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

**25:** ..

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

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

**Comments:**

Information on the existence of public forums, both formal and informal, to receive citizen complaints related to health care is not disseminated to the public at the provincial level. Citizens don't even know if they are entitled to any such forums where they would be able to lodge their complaints related to health care issues. Information either does not exist or is distributed ineffectively. In other words, there is no sufficient information on how citizens can seek redress.

**References:**

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

**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:**

Information is what matters in here. People who are informed (those that are aware of the availability of such mechanisms) do turn to these mechanisms when seeking redress for whatever complaints they have, though these processes are not usually consistent. Those that are uninformed, especially women, the poor and minorities, can't do much. Also being limited by cultural, geographical and technological constraints they cannot usually participate and freely and openly express their concerns and opinions.

**References:**

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

**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:**

Health care service providers are held responsible based on local feedback and citizen complaints at the provincial level. However, this does not necessarily mean that every single local feedback and citizen complaint that is raised at the provincial level is being acted on. What's being acted on is feedback and complaints that have been raised and taken up through the appropriate channels.

**References:**

Interview with Jack Doa, District Administrator, Moresby North East District Administration.

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

**75:** ..

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

**25:** ..

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

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

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

**Comments:**

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

**References:**

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

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

**75:** ..

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

**25:** ..

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

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

100 | 75 | 50 | 25 | 0

**Comments:**

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

**References:**

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

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

**75:** ..

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

**25:** ..

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

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

100 | 75 | 50 | 25 | 0

**Comments:**

This does not happen. In this country citizen monitoring groups do not exist. There is no specific legal framework in place that calls for such groups to exist. Hence this question is irrelevant.

**References:**

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

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

**75:** ..

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

**25:** ..

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

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

100 | 75 | 50 | 25 | 0

**Comments:**

No, no one questions such issues.

**References:**

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

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

**75:** ..

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

**25:** ..

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

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

Yes | No

**Comments:**

The National Health Standards require provinces to report on statistics on services and diseases. But there is no law it is only a policy.

**References:**

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

**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:**

Yes there are checklists on staffing, facilities, treatment, and diseases which all provinces are required to report on. The data collection and monitoring is carried out by Provincial Health Information Officers.

**References:**

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

**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:**

Monthly reports are to be submitted by the Provincial Health Information Officer to the Department of Health. This is a policy and not codified in law.

**References:**

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

**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:**

Provincial Health Information Officers meet each year together with the Department of Health. They are trained and brought up to date on policies and procedures. This training is not officially accredited. Some are sent to so formal course overseas but this is not a standard requirement.

**References:**

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

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

**75:** ..

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

**25:** ..

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

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

100 | 75 | 50 | 25 | 0

**Comments:**

Provincial Health Information Officers are required to make visits to local clinics each quarter, especially to those that have weak reporting. This is a policy and not codified in law.

**References:**

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

**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

**References:**

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

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

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

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

100 | 75 | 50 | 25 | 0

**Comments:**

Each year the Monitoring, Evaluation and Research Branch of the Department of Health, analyses the data and makes this available to the public for users.

**References:**

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

**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:**

Officers are not penalised for poor performance. But the information is used to reward best performing provinces who receive up to K250,000 for health spending.

**References:**

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

**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.

### 3. Budget Information

#### 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:**

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

**References:**

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

**Yes:**

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

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

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

**Comments:**

Information documenting financial resources received at the health clinic level is rarely made available to the public at the provincial level.

**References:**

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

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

**75:** ..

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

**25:** ..

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

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

Yes | No

**Comments:**

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

**References:**

Public Finances (Management) Act 1995.

**Yes:**

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

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

100 | 75 | 50 | 25 | 0

**Comments:**

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

**References:**

Interview with Jack Doa, District Administrator, Moresby North East District Administration.

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

75: ..

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

25: ..

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

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

100 | 75 | 50 | 25 | 0

**Comments:**

It is a requirement under the Public Finances (Management) Act that this happens. The National Economic and Fiscal Commission (NEFC) is tasked with the responsibility of monitoring and tracking budgets to determine how well this happens at the provincial and or facility level.

**References:**

Public Finances (Management) Act 1995.

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

75: ..

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

25: ..

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

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

Yes | No

**Comments:**

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

**References:**

Public Finances (Management) Act 1995.

**Yes:**

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

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

100 | 75 | 50 | 25 | 0

**Comments:**

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

**References:**

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

**100:** Information on allocation and spending of provincial government health care grants are made available to the public (NGOs, media and individual citizens). This information may be available through newspaper and other media-based advertisements, internet-based outlets, flyers posted at local health care clinics and/or the information is available by request at the local government office.

**75:** ..

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

**25:** ..

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

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

Yes | No

**Comments:**

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

**References:**

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

**Yes:**

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

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

100 | 75 | 50 | 25 | 0

**Comments:**

Information on local health clinics' acceptance and allocation of private donations is not made publicly available. If the information can be accessed, it is not presented in a user-friendly way. People don't usually know about these donations unless they are involved in the projects at some stages.

**References:**

Interview with Caroline Ugava, Technical Officer, Family Health International, PNG Country Office, Port Moresby.

**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 legally available to the public. There is no legal framework in place that calls for this to happen.

**References:**

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

**Yes:**

**No:** A NO score is earned if 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:**

Information on the accounting and financial resource transfer systems for public resources to local health clinics is made available to the public at the provincial level but it may not be complete, lacking detail and clarity. The mechanisms to access this information may not be easily accessible for all citizen groups. It would help if this information was presented in an easily accessible and user-friendly way at the provincial level.

**References:**

Interview with Wana Miti, Nursing Officer, Port Moresby General Hospital.

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

**75:** ..

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

**25:** ..

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

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

Yes | **No**

**Comments:**

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

**References:**

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

**Yes:**

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

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

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

**Comments:**

Local health clinic budgets are not made available to the public. There is no legal framework that requires this to happen. The mechanisms by which citizens can access this information are complicated that the information is effectively out of reach for the majority of citizens.

**References:**

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

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

**75: ..**

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

**25: ..**

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

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

100 | 75 | 50 | 25 | 0

**Comments:**

This rarely happens. Local health clinic budgets are not released based on any time schedule. They are not meant to be released publicly anyway. Hence this question is effectively irrelevant for the situation in PNG.

**References:**

Interview with Wana Miti, Nursing Officer, Port Moresby General Hospital.

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

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

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

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

100 | 75 | 50 | 25 | 0

**Comments:**

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

**References:**

Interview with Wana Miti, Nursing Officer, Port Moresby General Hospital.

**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 anyway.

**References:**

Interview with Mary Peter, Community Health Worker, St Johns Hospital, Gerehu, NCD.

**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. No legal framework exists to require health clinics to make their revenue and expenditure reports available to the public.

**References:**

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

**Yes:**

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

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

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

**Comments:**

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

**References:**

Interview with Caroline Ugava, Technical Officer, Family Health International, PNG Country Office, Port Moresby.

**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:**

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

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

**Yes:**

**No:** A NO score is earned if 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 Wana Miti, Nursing Officer, Port Moresby General Hospital.

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

**75:** ..

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

**25:** ..

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

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

Yes | No

**Comments:**

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

**References:**

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

**Yes:**

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

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

100 | 75 | 50 | 25 | 0

**Comments:**

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

**References:**

Interview with Wana Miti, Nursing Officer, Port Moresby General Hospital.

**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.

**Comments:**

Consequences are applied based on the results of government audits. The normal disciplinary process takes place. The normal disciplinary process 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 Jack Doa, District Administrator, Moresby North East 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:**

There is no legal framework in place that allows for internal audits of health care budgets.

**References:**

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

**Yes:** A YES score is earned if 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:**

There is no regular audit of local health clinic budgets. Local health clinics are not legally obliged to do this either. If it does happen it runs once in a while. It doesn't happen consistently.

**References:**

Interview with Mary Peter, Community Health Worker, St Johns Hospital, Gerehu.

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

**75:** ..

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

**25:** ..

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

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

100 | 75 | 50 | 25 | 0

**Comments:**

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

**References:**

Interview with Wana Miti, Nursing Officer, Port Moresby General Hospital.

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

**75:** ..

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

**25:** ..

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

the majority of individuals and citizen groups.

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

100 | 75 | 50 | 25 | 0

**Comments:**

Consequences are applied when discrepancies are found in internal audits. The normal disciplinary process takes place. It runs from investigation to hearing to prosecution. Penalties imposed depend on the severity of the offence committed.

**References:**

Interview with Jack Doa, District Administrator, Mpresby North East 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

8

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),

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

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

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

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

100 | 75 | 50 | 25 | 0

**Comments:**

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

**References:**

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

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

**75: ..**

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

**25: ..**

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

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

100 | 75 | 50 | 25 | 0

**Comments:**

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

**References:**

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

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

**75:** ..

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

**25:** ..

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

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

Yes | No

**Comments:**

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

**References:**

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

**Yes:** A YES score is earned if, 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 such law requiring 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. Information about positions and leadership structure within each group or forum is publicly unavailable.

**References:**

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

**Yes:** A YES score is earned if, 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 Professor Glen Mola, Lecturer in Obstetrician and Gynecology, School of Medicine and Health Sciences, University of Papua New Guinea.

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

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

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

100 | 75 | 50 | 25 | 0

**Comments:**

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

**References:**

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

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

**75:** ..

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

**25:** ..

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

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

100 | 75 | 50 | 25 | 0

**Comments:**

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

**References:**

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

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

75: ..

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

25: ..

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

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

Yes | **No**

**Comments:**

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

**References:**

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

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

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

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

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

**Comments:**

Information to raise citizen awareness of these rights either does 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 Pastor Daniel Anis, Lecturer, Herman Strauss Theological Training Institute, Melpa Lutheran Church in PNG.

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

**75:** ..

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

**25:** ..

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

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

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

**Comments:**

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

**References:**

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

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

**75:** ..

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

**25:** ..

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

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

Yes | No

**Comments:**

There is no legal framework requiring information to 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.

**References:**

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

**Yes:** A YES score is earned if, 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. It would be better if people were effectively informed about these.

**References:**

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

**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 sparsely or never scheduled and attended by citizens. Most grass roots groups rarely turn to these mechanisms to communicate their concerns and opinions with the local government and policy makers.

**References:**

Interview with Caroline Ugava, Technical Officer, Family Health International, PNG Country Office, Port Moresby.

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

**75:** ..

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

**25:** ..

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

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

Yes | No

**Comments:**

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

**References:**

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

**Yes:** A YES score is earned if there is a legal framework that 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 Daniel Tesfaye, Deputy Director, Family Health International, PNG Country Office, Port Moresby.

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

**Yes:** A YES score is earned if there is a legal framework that 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. Information is severely constrained by cost, cultural barriers, physical distance and or weak technological capacity.

**References:**

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

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

**Yes:** A YES score is earned if there is a legal framework that 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 does not happen for the well to do. It does not happen for the women and minorities. And it does not happen for the poor.

**References:**

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

**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.

