Health and Disability Sector NGO Working Group

Report on NGOs Relationships with the Ministry of Health

Survey conducted October 2004

Stakeholder Report

March 2005

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NGO Relationships with Ministry of Health Survey

October 2004

Executive Summary

Introduction

This Report is a summary of the full Report on the survey conducted by the NGO Working Group on NGO Relationships with the Ministry of Health in October 2004, following an earlier survey that explored NGO-DHB relationships ("*NGO Relationship Survey- DHBs*"). The purpose of these surveys is to gather feedback from NGOs about their views on relationships with the Ministry of Health and DHBs, with a view to using this information to improve relationships within the sector and health outcomes.

A questionnaire was sent out to approximately 450 contacts on the Ministry of Health's NGO mailing list. Seventy responses were received. The response rate is difficult to assess objectively as the exact number of NGOs in a contractual relationship with the MoH *and* on the database is unclear at present. The completed individual responses were evaluated by an NGO Working Group contractor and remain confidential. The survey results produced both quantitative and qualitative data.

Respondents have a range of relationships with the Ministry of Health including, but not limited to, contractual funding relationships. Some also have funding relationships with other government Ministries and a small number of respondents receive no Government funding.

Maori and Pacific Island organisations appear to be under-represented, and Disability organisations over-represented. Thirty-six per cent of the respondents describe their organisation as 'national', 30% came from Auckland and 14% from Wellington. In order from the most to least respondents, the other 20% came from Waikato, Nelson/Upper South Island, Wanganui and the South Island.

The Health and Disability NGO sector is complex and contains organisations that typically have multiple contracts, a mix of paid and voluntary staff, and describe their NGO using a variety of terms. This survey includes opinions across a range of NGO organisations within the Health and Disability sector and did not target specific categories of NGOs.

Despite these limitations, some clear themes emerge which support issues already raised by many in the sector. The findings are summarised in this paper which does not break down the responses by Directorate. Directorate specific feedback will be made available to Directorate Managers. Director-General of Health has been provided with the full Report

Areas covered by the survey

The main areas covered by the survey are NGO/Ministry relationships around:

- Communication, consultation and planning
- NGO reporting processes to the Ministry
- Ministry understanding of and support for NGOs
- Assessment of Ministry understanding of the Treasury Guidelines in relationships with NGOs
- NGO experience around Ministry audits and quality accreditation
- Communication and involvement of NGOs in policy development

In each of these areas we have reported the general findings and, where appropriate, supplemented these with anonymous comments which illustrate the points. We acknowledge that this exercise may be challenging and potentially difficult one for the Ministry. Our aim has been to identify areas and issues where we can move forward together. It is our hope that we can use the information to build on strengths, identify and work on areas of weakness and build a strong and respectful relationship between the Ministry and NGOs as envisaged by the "Statement of Government Intentions for an Improved Community-Government Relationship" (2001), and the "Guidelines for Contracting with Non-Government Organisations for Services Sought by the Crown" (Treasury). The last section of the paper contains recommendations for follow up and ways forward. We welcome the Ministry's suggestions on these matters and look forward to working with Ministry staff to improve the health of all New Zealanders.

This Report contains the selected comments from the narrative responses to Questions 15 and 16. These have been edited to ensure the confidentiality of NGOs. It is intended that reports for each Directorate will include only those comments relevant to that particular Directorate, in an effort to minimise the possibility of any inter-Directorate comparisons.

Communication, consultation and planning

Communication with the Ministry is *regular* for almost half of the respondents with a further third describing communication as *occasional.* Quality of communication was rated as *useful* by more than half of the respondents and a further quarter described communication with the Ministry as *very useful.* This finding suggests that more communication with NGOs would be appreciated and that when communication does occur the majority of NGOs find it is of value.

These findings appear to contradict many of the qualitative comments later in the survey, which suggest that there is work to be done to improve the quality of the relationship. (see sections on The Treasury's Guidelines and General Comments).

Some of the solution may lie in the answers around NGO perceptions on their role in consultation and planning processes. Over half the NGOs say they do not feel involved in consultation and over two thirds did not feel they are involved in planning.

Reporting

The Ministry response to reporting is seen as an area where NGOs feel that their efforts are unappreciated. One third say that the Ministry *never* meets with them to discuss reports and almost half report meeting only *sometimes* with the Ministry to discuss reports.

Constructive feedback from the Ministry on reports is received *sometimes* by about a third of NGOs and half report *never* receiving constructive feedback on reports.

Similarly, when NGOs raise issues in reports, half say the Ministry *never* acts on issues raised while a third say that *sometimes* the issues raised are acted on.

Ministry support and understanding of NGOs

The answers were very evenly divided between either *yes* or *no* to the following three questions:

1. Does the Ministry invest in your capacity?
2. Does the Ministry understand your organisation?
3. Is the Ministry clear in the expectations of your organisation?

Comments indicate that some NGOs have worked very hard to ensure the Ministry understands their organisation and its work. These NGOs indicate that the hard work pays off in terms of improved relationships.

Other NGOs would like to see more site visits by the Ministry to increase support and understanding of NGOs.

The Treasury's "Guidelines for Contracting with NGOs for Services sought by the Crown"

The following table summarises how the NGOs responded to questions about the Ministry's understanding of the Treasury Guidelines.

Table 1. Responses to Treasury Guidelines question by percentage

Treasury Guideline Question	Responses by percentage		
	Yes	**No**	**Blank or other**
The Ministry recognises the objectives of both parties	61	35	4
The Ministry respects the autonomy of the voluntary sector	58	33	9
The Ministry communicates in an open and timely manner	39	56	5
The Ministry works constructively with us	56	42	2
The Ministry recognises our responsibilities to our stakeholders	60	33	7

The Ministry communicates in an open and timely manner received the most negative responses, followed by *The Ministry works constructively with us.* Some commented that they wouldn't know whether the Treasury Guidelines were being adhered to and some said that adherence varies considerably between Directorates.

Audits and Quality Accreditation

Most of the respondents were positive or neutral in their comments about the Ministry's audit process. Organisations subjected to audit by more than one agency would like to see an increase in coordination between audits. A few suggested that it would be helpful if Government agencies shared common information needed for audits rather than duplicating paperwork for each NGO.

Slightly less than one-third of the respondents said they belong to a Quality Accreditation System but only a small number of these said the Ministry took this into account when doing an audit. There lead to a perception by some that the Ministry seems unconcerned about whether their organisation belongs to a Quality Accreditation System.

Policy Matters

Table 2. Responses to policy questions by percentage

Policy Question	Responses by percentage			
	Usually	**Sometimes**	**Never**	**Blank, other , n/a**
The Ministry consults with our organisation in a timely and open manner on new policy developments	29	39	30	2
The Ministry considers our input into new policy developments	19	42	35	4
The Ministry keeps us well informed of policy decisions that affect our organisation	27	50	19	4

In addition to the responses shown in Table 2, the vast majority of respondents do not believe that the Ministry's strategic policies and its funding arms are aligned. The following are some verbatim comments from the respondents:

"Policy generated from Wellington goes through several 'interpretations' before becoming operational so that the intent of policy bears little relation to the practice…"

"Strategic policy is great, and a good read. Implementation of policy lacks cohesion."

"We get told one thing by one section of the Ministry and something else from another and have frequently had to tell the Ministry their own policy."

General comments about Ministry Relationships

About one-third of NGOs rate their relationship with the Ministry as *good* with some describing the relationship as *excellent*. However, slightly less than half of respondents reported their relationship with the Ministry is only *fair*, and just over ten-percent rated the relationship as *poor*.

Many respondents commented on differences between Ministry directorates. Within directorates, respondents feel their relationships with Directorate Managers are better than those with more junior staff. The reasons for these differences are not clear. Other comments show that there is some difficulty communicating with the Ministry.

A large majority of respondents consider their relationship with the Ministry *unequal* which is not surprising given the nature of the funder-provider model of their contracts. However, NGOs suggest that occupying the more powerful position should not impact on respectful relationships.

One respondent commented:

"Maybe equality is unrealistic but respect is not. Even those who once worked in the community and who are aware of community issues sadly soon lose their perspective upon entering the culture of the Ministry."

Although many NGOs reported communication problems and frustrations, the majority said they would contact their Ministry Directorate in times of difficulty for their organisation.

Most of those with relationships with other Ministries rated these relationships as *better* than those with the Ministry of Health.
Some comments were:

"CYF is a very easy organisation to connect with-we have a designated person and there are designated times to meet and discuss operation and strategic issues"

"Other Ministry staff turn up to meetings, some (eg MSD) even pay our costs to attend meetings, whilst outcomes in terms of price may not be better, usually the process and the relationship is."

DHBs

The respondents were invited to comment on how their relationships with DHBs differ from those within the Ministry. Some say DHBs tend to be more flexible in meeting the NGO's needs while the Ministry has a broader view and more specialised knowledge than DHBs.

A small number commented that the contracting arrangements were so different that it made it impossible to compare DHBs with the Ministry. One respondent suggested it was easier to deal with the Ministry because it was possible to negotiate only one contract rather than multiple contracts across various DHBs.

PHOs

Just over one-third of the respondents are involved with at least one PHO. The nature of involvement and their experiences were extremely varied which is reflected in a diversity of comments. Some report that PHOs are dominated by a 'medical paradigm' rather than being community-centred or holistic in nature. There is concern that PHOs will be competition for community contracts and won't offer the same specialised services as NGOs currently do. Some NGOs are hopeful that they can work effectively with PHOs and offer their services to PHO patients. Some also commented that PHOs represent an increase in services for their communities.

Conclusion

In general, the NGOs responding to this questionnaire view their relationship with the Ministry as *fair* or *good*, but not *excellent*. We believe there is potential to achieve excellence. NGOs were invited to comment on what the Ministry could do that would be most helpful to their organisations in delivering better health and independence outcomes.

Suggestions from NGOs include:

- A Ministry response to NGO reports which includes feedback and action – especially where these raise issues for discussion and action.
- A process of constructive Ministry engagement with NGOs around policy, and policy and project implementation where these impact on NGOs.
- Action to increase Ministry understanding of the role and work of NGOs in their communities and at the coalface, including site visits.
- Funding for infrastructural administrative development, especially in the face of increasing demand for NGOs reporting, auditing, etc .
- More flexibility in their contracts and longer-term contracts. The desire for longer-term, flexible contracting arrangements was also frequently mentioned in this survey.

Important issues in the near future

The most important issues NGOs feel they face over the next five years are:

1. Funding and contracting issues. The largest number of responses to this question saw an anxiety around meeting business expenses and compliance costs. Funding is a major concern for NGOs including their ability to meet increasing administration and compliance costs

2. Workforce development is also a priority and linked to lack of funding for infrastructural administrative development. NGOs would like help to improve staff skill-levels and provide on-going training opportunities. They also see the need for more workforce development and recruitment for paid and voluntary staff.

Many NGOs see these issues as being serious enough to threaten their sustainability and fear that they are at risk of being unable to continue meeting the needs of their clients. There were a few responses that show NGOs working with specific disadvantaged populations are under particular stress - those providing elder services to an increasingly aging population – and the increasing complexity of providing services to persons with disabilities and Maori and Pacific communities.

Appendix 1

Survey Comments from selected Narrative Questions

Question 15 What could Government/MoH do to assist your organization?

Funding and contracting issues

Provide us with sustainable funding to develop and grow.
Capacity funding for delivery of services.
Funding should be increased to allow for accessible premises in central locations. Promotion, education, awareness, activities to diverse marginalised groups need to be delivered through special media formats and funding that allows this to happen
Use funding and contracting processes that enable NGOs to be efficient and effective, i.e. operate as a normal business. You could not (and would not) run a business in the environment that NGOs are expected to perform in and survive in the private sector.
Provide equitable consistent services and funding for things such as travel and accommodation etc to assist families to access services more easily. Address needs of non resident health care. Develop better liaison and planning between health and education Ministries and services for children with special health needs.
Constructive and flexible discussions on funding. Active leadership and advocacy for the sector.
Raise the funding in our contract at least to the level to cover the CPI and compliance costs. This would assist the regions to keep their head above water and would acknowledge the hard work they are doing to assist people.
More funding, providing that quality services are needed, and being provided.
Resource the Directorate so there are enough people to foster good working relationships with NGOs. Commit to adequately funding the sector as well. Ensure that the Directorate doesn't just focus on servicing political masters and really comes to grips with the issues the sector is facing. If this doesn't occur soon we believe that community support for people with disabilities will become unsustainable in the future which would be a disaster.
Address issues of funding. Funding should be fair and equitable and sufficient to sustain quality service delivery. Develop stronger relationships with NGOs such as ourselves. This would decrease the risk and vulnerability of our organisation. Genuine consultation would be of benefit and would recognise the value and place of NGOs. This would also result in improved services and quality.
Consider providing capacity building advice/grants.
Longer term contracts (say 5 years with CPI increases). Less 'red tape'.
Contracts which are more equitably funded NGO's in comparison to DHB Clinical Services. Cost of living related increases to contract related funding. Intersectoral collaboration/flexible funding to enable access across a continuum of services to support a person's recovery journey. Current silo's prevent this from happening.
Increased level of funding to support funding initiatives. Faster process to complete RFPs. Funding developments
Assist our agency to be profitable, thus allowing us to use that profit for innovation that is not dependent on Govt funding. Please also recognise that even preparing this submission by simply filling in the squares of a well prepared survey form has cost me about 3/4 of an hour of reading, thinking, typing, and editing.
Renew our contract and acknowledge cost increases
Assist with costs for projects and education/production of health information. However MoH and DHBs consider our services 'too small' to bother entering into contractual arrangements.
Flexibility and innovation in funding streams, co-operation with other ministries to break down funding silos particularly in social services for youth and family
Recognise that essential rehabilitation services for our client group should be funded by the MoH. These are essentially services that ensure people lead independent and safe lives. Clients should not have to rely on the public to fund essential services as is the current case.
Increase out putea (“basket”)!
Long term contracts

Full funding from CYF is important. Less emphasis on 'numbers' rather than outcomes would create more effective work. Services become less effective when they are spread too thinly due to contracts requiring high client numbers.
Establish a national fund for new services (like housing innovations fund - DHB talk about new services but deficit mean that none are funded). Improve relationship between MoH and DHB's
Fund it properly
In support of the Government's move to integrated contracts is a positive move. Therefore for the Ministry to ensure that funding is appropriate to the need and that the outcomes sort are realistic and measurable will assist our organisation greatly.
To instruct the DHB to negotiate fairly, giving consideration to the distinctive features of our community and to give recognition of the community aspirations. To instruct the DHB to pass on CPI increases from MoH on non PHO contracts, which the DHB are currently refusing to do.
Resolve data set to ensure evidence exists. Extend contract period 3-5 years. Commit to sustainable funding models at NGO sector. Improve relationship with DHB and MoH. Support the innovation in the NGO sector and encourage further development.
Increase funding. More flexible contracts re service delivery specifications. Capacity funding. Shorter, more meaningful, specific contracts. Open fair negotiations. More information about funding decisions.
To better fund the service being involved
Insist on parity between DHB providers and NGO's when providing the same service at the same level of care.
Greater resourcing and funding of more localised needs based on a more realistic funding formula
Less reporting/contractual compliance on small amounts of money. Greater capacity at DHB (planning and funding level)

Consultation/Communication

Dialogue with NGOs regularly
Recognition that they deal with real people not patient numbers, we are not a hospital
Involve us in planning for our services to the MoH, adopt a long term view of our relationship and offer potential to develop the relationship.
Accept that advocacy is integral part of health promotion and accept government's role in funding this as part of an investment in civil society. Be less risk averse.
Consult with NGOs at a strategic and operational level prior to the development of initiatives and consider the impact of policies and strategies on NGOs as a matter or course. That they understand the role NGOs play their client base and their need for sustainability.
Provide pro-active one stop dialogue between ourselves and 'someone' from the Ministry-the kind of relationship we used to have with North Health. Doesn't have to be face to face but ONE person would be helpful, i.e. similar to personal account managers at banks. It would create an ongoing flow of communication that is relevant to the community we serve. There would certainly be a higher commitment on our part to such a relationship.
Consult, listen, respond
Ensure good communication between the DHB funding arm and the policy/directorate areas
Meet and find out what we do. It is so difficult to get to see some/get a foot in the door. I believe that the Ministry would be very keen to assist if they were to look at what we are doing in the area of primary prevention, child services and mental health.
Be clear about what they want into the future so that we can function with some certainty
Less of the 'control freak' attitude and actions by MoH towards NGOs. Support for importance of lobbying and advocacy.
Communicate re: 'our' needs-community needs-education/prevention in area of youth suicide/mental health by funding our projects-helping us to become accredited and setting up to educate more people.
Improve its performance in consultation and contracting
Provide the opportunity for national gatherings to articulate the positive activities that have been made within the sector over the past few years. This would enable us to showcase outcomes for the clients, organisation and sector. The MoH also could support the drive towards national pricing for providers as we have huge variations within NZ (from our perspective as a national provider) on contract rates.
Consult with NGOs and include a joint initiative

Communicate with empathy

Other

Understand the support that we provide for health professionals, service providers and other NGOs in the health sector. We support 4500 individuals, families, professionals and agencies throughout NZ on an annual basis-much of this related to illness, chronic illness, disability and mental health-days months and years after the event and most of it cumulative in nature. The MoH needs to recognise our work as being preventative.
Management and leadership training. NGOs do not have large management structures to model their administrative processes on. Often NGOs such as ours rely on trust grants and have grown from the community. Little training is available for NGO managers that is affordable. Hiring outside support is often too expensive however in the long term has proven very effective for us as long as the managers know how to ensure they are getting the best.
Recognise need for speed and co-ordination for service and support delivery (eg equipment) as this is rapidly degenerative, fatal condition.
Know the service, and have some flexibility in contracts to reflect/respect individuality of service eg size, philosophy, service users, region, community needs etc.
Sort out illegal charities. Better professional assessment of client's needs. Funding for client equipment needs.
Provide more active support for the organisation. Improve access for our working to training.
Government acknowledging that the contracts we have don't reflect the work that is done. It is difficult to unbundle exact percentages because for example, the DIAS funding no where near covers services provided. Therefore this part of the organisation's services comes mainly from applications to Trusts.
Individualised packages of care - i.e. open to more flexible ways of delivering care and support to people. Less prescriptive in their services specifications, resulting in less gaps in service delivery. More timely response to issues raised- for example Transparent Pricing Model. Work in partnership with the disability sector and develop a 'Blueprint' for the future of people with disabilities particularly intellectual disability.
Quality programme has been a significant development which makes a huge difference to capacity development of our members. MoH response has consistently been that members can pay full costs. However members choose to take part in quality programmes which they believe support their developments. They are small providers who do have to belong but do. Yet the costs are stipulated by to be entirely on them (and have ineffective audits to respond to)
Recognise (specific disorder) as a serious public health issue. It is at worldwide epidemic. We would like provision of more (medical specialist) position in DHB's - currently we less than 50% of WHO and MoH benchmark levels for New Zealand. We would also like more money given to PHARMAC so the organisation can start funding important new drugs for people our clients.
Recognise the growing need for services for carers and people with (specific disorder)particularly early stages and young onset (age 40 up)
Use a tied taxation regime that would use tobacco monies on tobacco control matters
Review bureaucracy and lessen it.

Question 16. Most important issues facing H&D sector?

Services/Service Delivery Issues
Partnering in service delivery.
Delivering quality services
Restructuring of service providers
increased offloading of traditionally govt provided services to NGOs
Service delivery
Ease of access to range of services in a timely and cost effective way
Integration/collaboration of services to focus on client needs
Matching services to needs to community
Quality/innovation coming from NGO sector
Realisation that good health is more appropriately managed by the NGO sector with some strategic partnership with the crown.
Growth in demand from ageing in place and older populations
Millennium development goals, live up to BMF, International convention for disability
Meeting needs of a changing population with more complex, diverse needs
Accessing disease modifying drugs for clients
Prevention needs to be increased
Educating the public about disability and removing societal barriers to disability
Removing the stigma attached to disability
An acknowledgement of the importance of non clinical health and disability services
Increasing misuse of alcohol and drugs
Increasing clinical responsibilities being passed on DHB to NGO's (risk shifting without due consideration of resource/funding implications).
Meeting expected outcomes in reporting when reports don't meet client needs
Pacific health service provision
Improved provision for Pacific addictions and other services
Maintaining and incentivising (sic) effective community participation and supporting those that make this a priority
Strengthening and incentivising (sic) effective interagency and interdepartmental collaboration
Specific needs of an ageing population.
Changing population demographics
Providing a good start for children by supporting families
Providing adequate assistance for people with disabilities-such as home care-and paying the carers
As above but for the elderly
Shifting dominant problem focused medical approach to a more holistic approach
Wider knowledge of what's out there-where to refer-and who is effective

Policies
Relevance in terms of strategy
Stability of sector policies
Devolution of public health from Ministry to DHBs.

Funding
Funding/Funding Issues (**18 comments**)
Funding to target self help initiatives, self help groups who are minority marginalised people.
Threat of funding constraints with PHOs taking any discretionary funding.
Long term/secure funding
Adequate funding for quality service delivery
Receiving adequate funding for clients needs
Fund raising is becoming more competitive, so less charity dollars available.
Ministry funding is reducing on an ongoing basis. Non recognition of the true value of NGOs
Government trying to fund an increasing business size without increasing the fund
Changing to meet client needs and resources to do this
Being appropriately contracted with long term contracts

Inadequate funding of NGO sector. Please conduct a survey of those NGOs who do not have MoH contracts.
Cost of healthcare
Reliance on public donations to fund services is not a sustainable solution
Capacity development support of small community driven NGO's including iwi ,pacific ,youth services including resourcing (both $$ and people)
Resourcing
Funder capture
Inability to offer competitive remuneration rate
Public health vs personal health funding conflicts
Competition for slice of funding pie amongst NGOs
Resources
Stable realistic base funding for aged care
Development/increase of services
Securing appropriate funding
The reliance on the DHB for adequate funding on non PHO contracts
The increasing costs in the health sector, particularly the push for increased nurses' pay and reluctance of the MoH to fund capital development/replacement.
Competition between NGOs for fundraising dollar
Sustainable funding track term of contract
Non realistic funding of contracts to meet real needs

Sustainability
Sustainability
Sustainability/viability
Continuing to have sustainable level of funding as needs of consumers increase
Survival
Sustainability through equitable contracts/price
Maintaining sustainability
Their viability and sustainability
Survivability
Certainty (or lack of it)
Capacity to expand to pick up the increased work in MH
Sustainability and viability
Sustainability
Sustainability

Staffing
Ability to attract and keep well qualified/trained staff
Shortage of volunteers or ability to attract them
Workforce-recruitment and retention, particularly of qualified staff
Work force capacity and management expertise.
Staff recruitment and retention
Retaining qualified staff
Development of the workforce
Workforce development, recruitment and retention.
Committed paid staff
Committed people to work voluntarily to support any paid staff
Access to suitably qualified staff - or access to funds to provide training to staff to enter the MH workforce
Volunteer burn out in light of the increased expectations from public and govt
Renewing our volunteer base
Scarcity of workforce for services, particularly aged care because of fiscal constraint
Skills/training
Difficulties in recruiting and retaining suitable skilled volunteers
Maintaining qualified staffing levels-how do we compete with public sector (eg probable nurse pay increases)
Workforce
Volunteer input

Workforce development
Workforce development
Shortage of skilled workforce and retention of workforce
Workforce development
Workforce recruitment and retention
Shortage of expertise

Compliance
Compliance issues
Compliance costs
Compliance costs/issues for contracts
Being certified under new standards
Compliance issues and costs
Increased compliance requirements issues and costs
More complex, more time consuming (but important) accountability and compliance processes overall
The implications of those issues not being addressed is seriously impacting the continuation of flexibility, innovation and adaptability for which the NGO sector is well known.
Balancing time needing to spent on output delivery with reporting and accountability requirements
Increasing Govt requirements for supposed quality provision by meeting standards. The work involved in paper trail generation required to prove that standards are met stifles small innovative and caring agencies from the hands on and relationship style service they are designed to provide.
Increasing compliance costs
Increasing compliance costs eg audit
Compliance costs
Accreditation
Continue pressure of quality compliance standards
Compliance of contracts and capacity to manage it
Quality in service delivery

Legislation
Charities Commission

Planning
Lack of expertise across 21 DHB funder and planning level to plan services to meet local needs.

PHOs
Growth in PHO Services
Integration with PHOs
Developing relationships with PHOs
Capacity to engage with 21 DHBs and PHOs for a national NGO
The role PHOs will provide
Integration of primary care and public health-especially in the climate of PHO development and the advent of primary care health promotion activity
Devolution from MoH-DHBs-PHOs and NGOs of services with inadequate levels of funding for them
PHO development
Devolution of contracts to area/PHO level and associated fragmentation of specialist services
The lack of long term vision for PHO development further on from the GP practice model
PHO development and implementation for the sector
Implementing PHO philosophy

Contracting
Focused on contract retention rather than strategic issues or quality
Their ability to be able to plan strategically rather than lurch from year to year in order to ensure we provide effective quality services
Capacity! We have a large number of NGOs (that has multiplied significantly with PHO development). The sustainability of those organisations is very much dependent on viable contracts
Capacity building
Capacity building

Lobbying/Advocacy
All this nonsense over advocacy and lobbying by NGO sector
Advocacy and lobbying issue
Fear of speaking out induced by contract behaviours and the "advocacy/lobbying" issue

Relationship with MoH/Govt
Still trapped as the agent of govt and continuing to lose autonomy and direction
Leadership
Attitude
Being squashed and victims of the bigger issues in govt. When something goes wrong in a govt dept then NGOs get hammered
Working towards a positive relationship with the Ministry
Maintaining their autonomy
Lack of leadership (govt) and strategic planning for the disability sector
Political independence
Improved partnerships with funders
Relationship with Government
Support of organisation structures and skills in an environment of political attacks
Uncertainty of current health structure if new govt.

Other
Slow to adapt to new paradigms
Collectivity
Open communication
A philosophy that does not recognise the increasing gap between those that have and those who have little/nothing.
Growth in non-productive, non-client related activities
Rationalisation
Effectiveness and outcomes
Maintaining autonomy
Change
DHB provider dominance