

A SUMMARY OF YOUR VIEWS ON THE DRINKING-WATER ASSISTANCE PROGRAMME

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by

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**A SUMMARY OF YOUR VIEWS ON THE
DRINKING-WATER ASSISTANCE PROGRAMME**

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1 INTRODUCTION

The Drinking-water Assistance Programme (DWAP) aims to ensure that all New Zealanders have access to safe drinking-water. The discussion paper, *Drinking-water Assistance Programme Criteria for Capital Assistance for Small Drinking-water Supplies* (Ministry of Health, 2006) outlines the proposed criteria for capital assistance for small drinking-water supplies. This discussion paper invited submissions from individuals and organisations on the proposed criteria. These submissions are intended to assist the Ministry of Health finalise the DWAP, including the criteria used to determine the allocation of funding to water suppliers.

Overview of submissions

Forty-two individuals and 94 groups made written submissions using the form at the back of the discussion document. Submitters ranged from individuals, families/whanau, non-government organisations through to local government bodies. Many respondents had more than one affiliation or could identify with more than one group. In addition, a number of respondents provided written submissions by letter.

Oral submissions were received during the 26 consultation workshops run by the Ministry of Health in June 2006 and held throughout New Zealand. These were attended by approximately 300 people and the oral submissions were recorded, transcribed and then analysed.

This report is for information purposes only and summarises the analysis of all of the submissions received as part of the Ministry of Health's consultation on the proposed criteria for determining eligibility for capital assistance. The report is divided into sections as per the discussion paper, *Drinking-water Assistance Programme Criteria for Capital Assistance for Small Drinking-water Supplies* (Ministry of Health, 2006), providing overall feedback on the 'focus questions' in each section.

2 COMMENTS ON THE MINISTRY OF HEALTH'S DRINKING-WATER ASSISTANCE PROGRAMME

This section of the discussion document described the two parts of the DWAP in detail – the Technical Assistance Programme (TAP) and the Capital Assistance Programme (CAP). This description was followed by focus questions to find out what respondents thought of TAP and CAP.

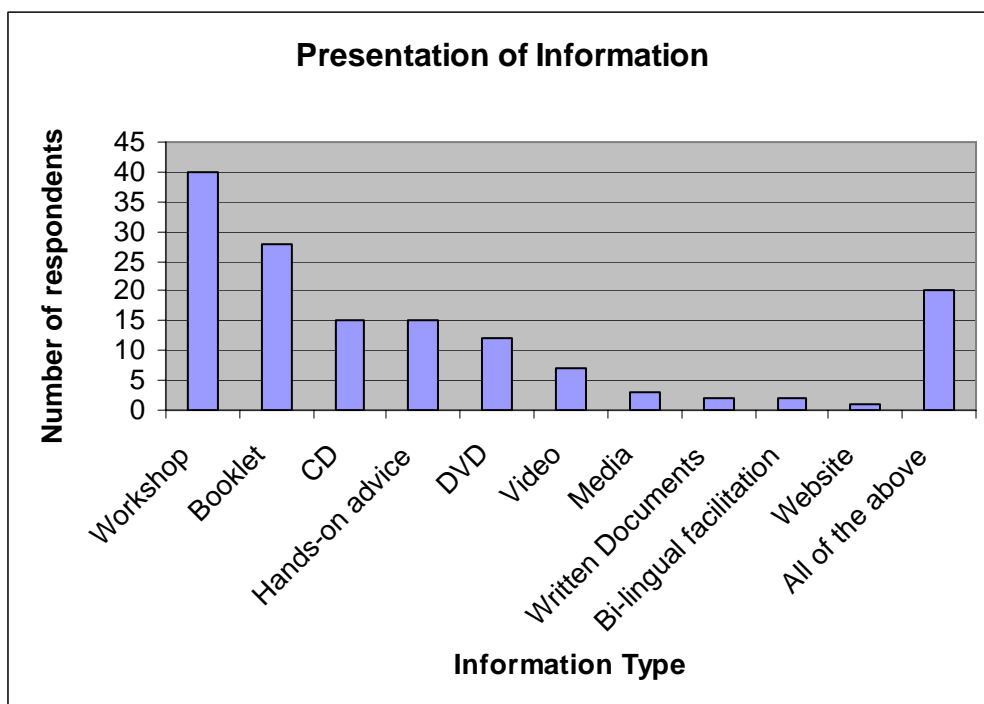
Implementing the TAP

Just over 80% of respondents answered 'Yes' to the question 'Do you think drinking-water assessors (DWAs) are the best people to act as TAP facilitators? If not, why not and who do you think should carry out this role and why?' The respondents stated that they have the necessary skills to identify public health issues and the technical knowledge essential for assessing drinking-water supplies. This question also raised concerns about whether there were enough DWAs acting as TAP facilitators to provide the detailed level of support required. A number of comments were made about the desirable attributes of TAP facilitators including the ability to engage with local communities, the need for rigorous training and the importance of local knowledge. Some concerns were raised about the potential conflict of interest between the DWA and TAP facilitator roles. Respondents went on to identify a range of alternative groups or individuals who they thought could fulfil the role of TAP facilitator in the community e.g. local authority staff and private individuals with small water supply expertise. A range of people and organisations were proposed that might be suitable to help implement the TAP, including iwi organisations, water advisory groups and non-profit organisations. In general, communities want easily accessible and independent advice about managing their water supplies, and many thought that DWAs would be suitable for this role.

The yes/no response to the question 'Do you know of existing collaborative or community networks that could help with the implementation of the TAP?' was evenly split at just over 40%, with 15% not responding. An extensive list of existing collaborative or community networks that could help with the implementation of the TAP was proposed, including runanga, council/iwi liaison committees, and community and economic development agencies.

Information useful for small water suppliers

The next set of questions explored the kinds of information that would be useful to small water suppliers to help them optimise the management of their systems and to write public health risk management plans (PHRMPs). A number of the respondents noted that existing Ministry of Health resources (in particular the booklets and DVDs) are very useful, as can be seen in the graph below. Other areas of information requested included the following: information for writing PHRMP templates, best practice measures, examples and success stories, technical information and technical assistance. It was stressed that communities need an understanding of the rationale behind the effort needed in order to be motivated to act.



The most important features conveyed about information supplied were:

- Keeping the information simple,
- Recognising the fact that different water supplies require different types of information and different methods for the dissemination of information,
- The importance of having an on-going TAP, and
- Having all the information described above in one place would be very useful.

In response to questions about the way the information should be presented to small water supplies, submitters stated that the type of information required would vary between supplies, and that most would like to begin the process with a face-to-face meeting.

The Register of Community Drinking-water Supplies

The questions moved on to discuss reasons why water suppliers might be reluctant to be included on the *Register of Community Drinking-water Supplies*, and ways to identify supplies and encourage them to register and participate in TAP and CAP. The four most common reasons listed for suppliers being reluctant to be included on the register were: concern that this will highlight the fact that their systems may require upgrading, or that they will need to comply with standards; many suppliers not knowing about the register or the DWAP; fear or dislike of bureaucracy and loss of control; and, lack of incentive for change when there is ‘nothing wrong’.

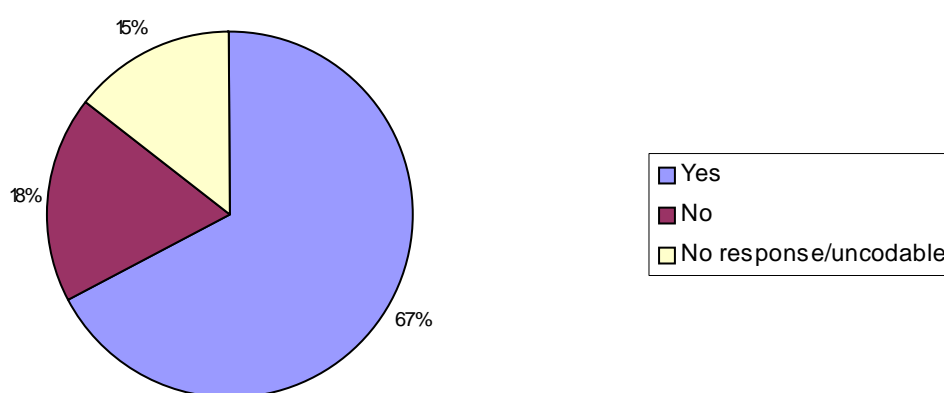
Ways to identify supplies and encourage them to register, included getting help from local authorities, promotion of the DWAP by the Ministry of Health, visits to supplies by TAP facilitators, and building relationships and networks between the Ministry of Health, TAP facilitators, DWAs, local government, local organisations, trade suppliers and communities.

3 WHO SHOULD RECEIVE CAPITAL ASSISTANCE PROGRAMME FUNDING?

Funding principles of the DWAP

This section of the discussion document was divided into two parts, each with focus questions for respondents to consider. The first part considered the funding principles of the DWAP. To the question ‘Do you consider that the arrangements for the TAP or CAP are consistent with the principles of fair and transparent trading?’ 67% of respondents answered ‘yes’ and 18% of respondents answered ‘no’.

Do you consider that the arrangements for the TAP or CAP are consistent with the principles of fair and transparent funding?

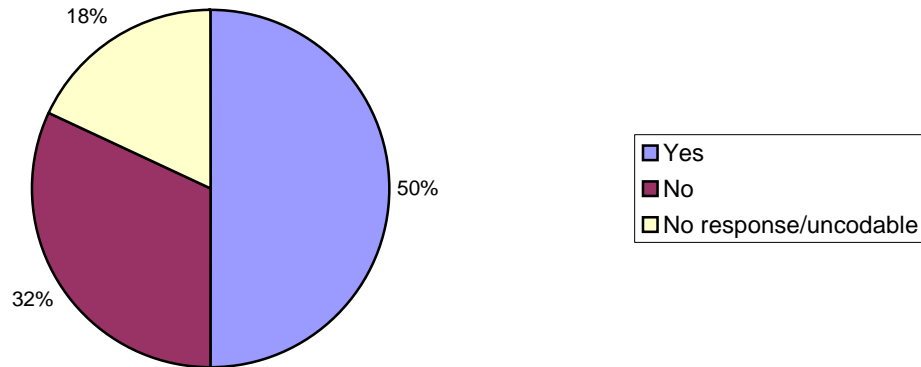


In response to the question ‘Are there any areas where potential difficulties could arise?’ approximately 47% of respondents believed there are areas where difficulties could arise, with many of the concerns related to equity issues and the criteria for funding.

Potential exclusion of small disadvantaged communities

The second part of this section encouraged respondents to consider whether these criteria could exclude small disadvantaged communities from CAP funding – 50% answered ‘yes’ to the question ‘Could the criteria above exclude small disadvantaged communities from CAP funding?’.

Could the criteria above exclude small disadvantaged communities from CAP Funding?



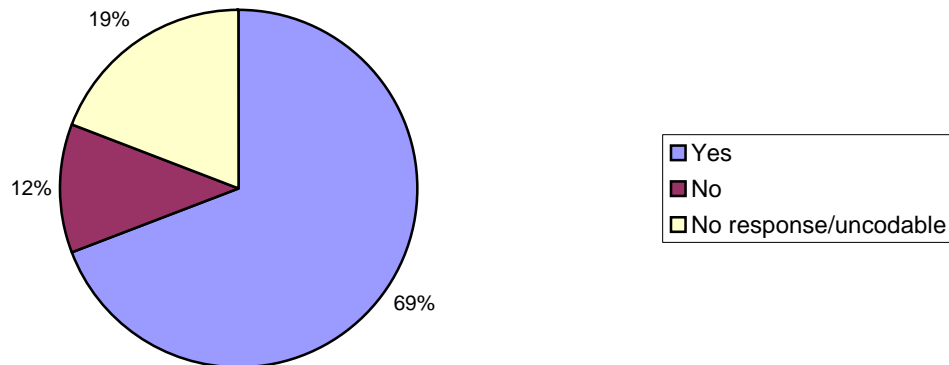
Examples of where the deserving might be excluded were water supplies that also service a small number of commercial activities (e.g. homestays), a school or a community hall, communities that have the perception of having sufficiently large rating bases to fund improvements themselves, and marae-based communities that have large numbers of visitors for hui, tangi and wananga, putting increased pressure on the water supply. Thirty-two per cent of respondents answered ‘no’ to whether CAP funding could exclude small disadvantaged communities, and comments to the ‘no’ responses included the need for flexibility by the selection panel and the need for funds to be available for the preparation of applications.

Responses to ‘Are there other criteria that could be used to determine which communities should be included or excluded from the CAP funding?’ were fairly evenly split among ‘yes’ (34%), ‘no’ (29%) and no response/uncodable (37%). Overall, respondents wanted flexibility in the funding criteria, as they believed there are many communities and supplies that may be disadvantaged by use of the deprivation index.

Using territorial authorities to guarantee a supply

Sixty-nine per cent of people felt that some supplies would be excluded if territorial authorities were required to guarantee a supply.

Would requiring a territorial authority to guarantee a supply, if it received CAP funding, exclude some supplies?



Many communities might not want the territorial authority involved because of historical reasons, concerns about costs, distrust, or preferred community ownership and management. A number of local authority respondents pointed out that they would be reluctant to guarantee any supply over which they did not have total control. Many councils worry that they could inherit non-viable, non-sustainable schemes which are not in line with existing council modes of service delivery. This could increase council costs and impose additional responsibilities on councils and communities, which are already under financial strain. Councils raised concerns that they will be left with the obligation of funding supplies that run into financial difficulty, or responsibility for resolving a public health issue. Other respondents believed that councils do not have the resources to guarantee a scheme or to justify the guarantee to the rest of the community.

Formation of incorporated societies

A significant proportion of respondents identified the formation of an incorporated society as a positive way to protect the government's investment without requiring the local authority to guarantee the drinking-water suppliers activities. Other ways to protect the government's investment included a requirement for financial support to be refunded if the community does not meet or carry out their responsibilities, regular and supportive involvement of TAP facilitators, ongoing monitoring and support for those maintaining the supply, and, a review of past performance, particularly constancy of supply, steps already taken to maintain and improve water quality, longevity of supply and financial management.

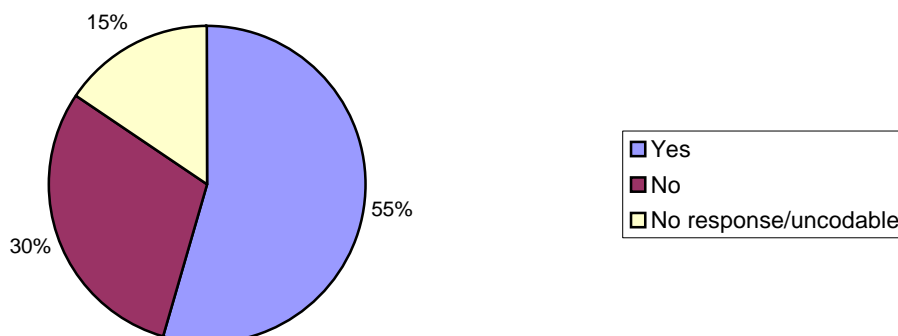
High-volume, fee-charging and commercial water consumers

Respondents used the question 'Do you consider that high-volume water consumers like industry or irrigation should have an impact on the amount of CAP funding available to community water supplies?' to comment on whether high-volume water suppliers should be eligible to receive CAP funding. Respondents were split between those who think high-volume water consumers should not receive any CAP funding (predominantly suppliers, consumers and runanga), and those who think such users may benefit (predominantly district councils).

Of those who thought high-volume users should have access to CAP funding, numerous respondents noted that there should be some flexibility in the funding due to the fact that some industries are very important to the financial health of some communities. It was also frequently pointed out that for rural schemes it is often not economic to have separate reticulations for potable and stock water. A common point was that one of the aims of CAP is to make capital assistance available to community water suppliers that have demonstrated a need through TAP. The presence of high-volume consumers should not detract from this aim. Others noted that high-volume water consumers are also ratepayers and contribute to the economy and that they should therefore share in the benefits of CAP funding.

Fifty-five percent of respondents believed fee-charging clubs, or commercial organisations with their own supplies should be excluded from CAP. Around 30% of respondents indicated that the answer was not so simple with clubs and other commercial organisations often being central to a community, thereby risking sickness in the community if their supplies were to be excluded from CAP.

Should fee-charging clubs (surf/golf clubs), or commercial organisations like hotels, motels, home stays or restaurants with their own supplies be excluded from the CAP?

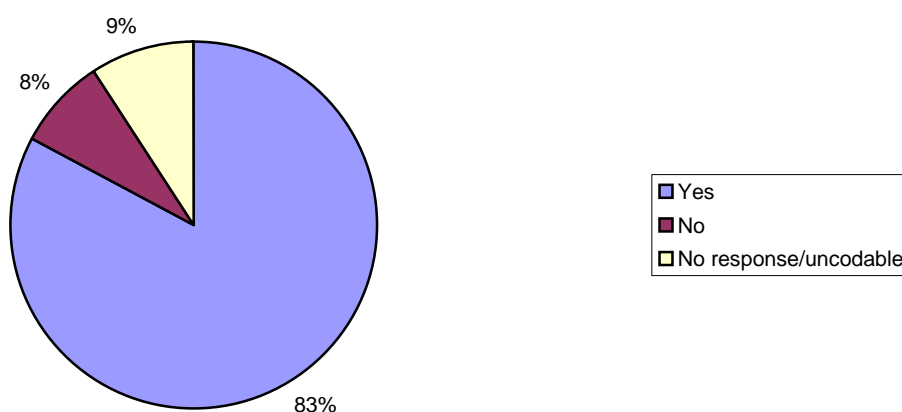


4 WHAT SHOULD THE CAPITAL ASSISTANCE PROGRAMME FUNDING BE USED FOR?

This section of the discussion document described the types of things that CAP funding should be used for and this led into the question ‘Does the section above include all the things that CAP funding should be available for?’, 45% answered ‘yes’, 24% answered ‘no’ and 31% did not respond. The most common response to this question was that funding should include operational and maintenance costs, particularly for small communities. Respondents also used this question to comment on what types of supplies they believed should be funded by CAP including school campsites, marae, halls, churches, reserve buildings, schools and rest-homes. In response to ‘Are there things included above which the CAP should not fund?’ 29% answered ‘yes’ and suggested that CAP should not fund commercial or large-volume water users, suppliers whose activities exploit water resources and pollute the environment, consultants’ fees, reticulation upgrades except where the existing reticulation is a source of contamination, funding for local authorities and operating costs or establishment of new supplies. Those who answered ‘no’ to this question (39%) felt that the provision of safe drinking-water to all people should be the key aim for the programme.

Over 80% of respondents agreed that CAP funding should be used to establish new reticulated supplies where they do not already exist. Those who answered ‘no’ to the establishment of new reticulated supplies with CAP funds (8%) suggested that existing supplies which do not meet the drinking-water standards should be given priority, and that CAP funding for a new reticulation should only pay for water treatment aspects.

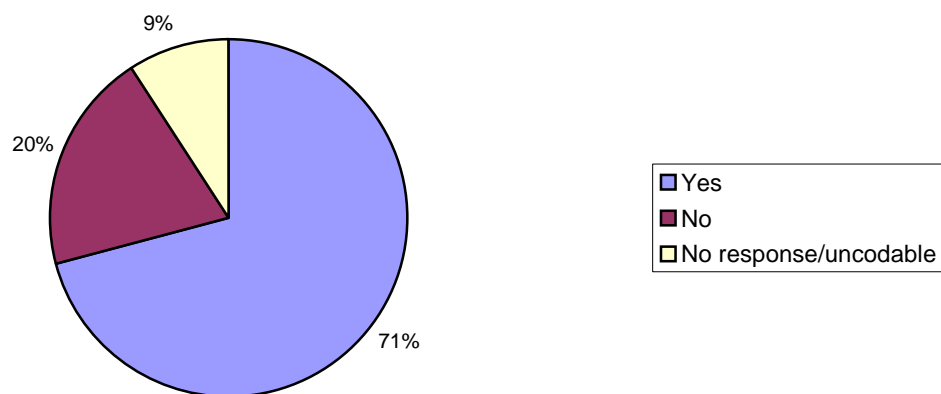
Should CAP funding be used to establish new reticulated supplies where they do not already exist?



Funding consultants

More than 70% of respondents answered ‘yes’ to the question, ‘Should the CAP fund consultants to help water suppliers with applications?’. Those who answered ‘yes’ to this question believed that consultants should be used to provide advice on the most cost effective supply and treatment system, design of the system, and help with lodging an application. It was also suggested that there should be a register of small water competency specialists who know and understand all the dynamics of small drinking-water supplies. Of those who answered ‘no’ to this question (20%), some were of the opinion that consultants should not be funded under any circumstances, as they are ‘inconsistent, expensive, and of variable standard’. It was suggested that the wider industry and suppliers have a good range of skills and experience that does not require duplication by consultants’ reports. Others accepted that use of consultants may be appropriate in unusual circumstances, and particularly for design work. Suggestions for making best use of available funds included the recommendation that the Ministry of Health sources a good consultant that drinking-water technicians could call on at any time, and use of a system for application to the DWAP team for funding for consultants’ fees, with a limit on the amount available.

Should the CAP fund consultants to help water suppliers with applications?



Operational and capital costs

In response to the question ‘How likely is it that operational costs will be a barrier to small suppliers seeking to upgrade their water supplies through CAP funding?’, approximately 17% of respondents thought this was highly likely, particularly for the most disadvantaged and small communities and marae. Many respondents believed that operational costs were ‘quite likely’ to be a barrier to upgrading their water supply, especially for small communities, and those not operated or maintained by local authorities. Another common response was that ‘it depends’ i.e. on who operates the system, if the system is expensive to operate, on the impact of other compliance requirements in the community and on the size of the community.

Respondents used the question ‘How much should the CAP seek to fund operational costs as opposed to capital costs?’ to answer the question ‘Should CAP fund operational costs?’ 17% of respondents stated that CAP should definitely not fund operational costs, while others simply stated that the primary focus should be on capital costs, and many respondents believe that the proportion of funding should be assessed on a case-by-case basis.

About 13% of respondents suggested the development of a scale to determine the proportion of funds allocated to operational costs, including such things as the size of community, level of expertise/experience in the community, attrition of expertise, ability to contract in specialist expertise, remoteness, access to bigger water supplies, and activity with CCBG (Collaborative Capacity Building Groups). Approximately 14% of respondents believed that operational costs should be funded to ensure that deserving communities get access to safe water. It was recommended by some of these that this be only a small proportion, or only for an initial time period.

5 HOW MUCH FUNDING SHOULD EACH ELIGIBLE SUPPLY RECEIVE?

In this section of the discussion document, submitters were given two options for determining how much funding each eligible supply should receive, and they were asked focus questions on the suitability of each question.

Option 1

Option 1 incorporated a flow chart and a question that asked whether the flow chart accurately identifies supplies the CAP seeks to help. Although 69% of respondents replied 'yes' to this question, several of them raised concerns particularly regarding the terminology used. Those who answered 'no' to this question (16%) had a variety of reasons, including the fact that for new supplies, the flow chart did not represent the correct process, for example 'is the supply on the register'. Several respondents noted that the chart could be misleading, as it did not note the key criteria of population and deprivation index or mention supplies under 5000 people.

The next question asked 'Will excluding communities with a deprivation index of 4 or less ensure disadvantaged communities are prioritised for CAP funding?' – 47% replied 'yes' and 35% replied 'no'. Fourteen per cent of respondents expressed concern about the limitations of the deprivation index, and several respondents suggested that there should be a process available to consider special case applications.

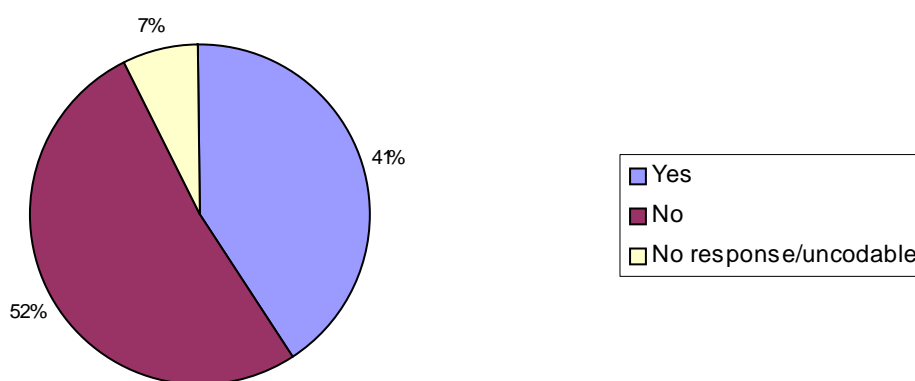
In response to the question 'Will this option ensure that the more remote, disadvantaged communities receive a greater share of CAP funding? If not, how could this be achieved?', 39% believed option 1 was suitable. Others noted that they were unsure due to a lack of information and a lack of confidence in the deprivation index. The most common response was that the deprivation index should not determine eligibility. Another common response was that option 1 is based on the key assumption that a larger community has a lower cost per head of population and hence a greater ability to pay. Some respondents believed that in reality, some moderately sized communities are faced with site-specific problems that mean the cost of good quality drinking-water is prohibitively expensive unless CAP funding is available. Several comments were made that disadvantaged communities are not necessarily remote and that remote or disadvantaged schemes may or may not be of a low deprivation index. Many suggestions were proposed for ensuring that the more remote, disadvantaged communities receive a greater share of CAP.

Over 80% of respondents felt that TAP facilitators would be very appropriate resources for helping small drinking-water suppliers to develop applications for CAP assistance. However, it was stressed that there must be enough TAP facilitators to cater for the need, the facilitators must be able to gain community support, they will need to be audited to ensure consistency of the approach countrywide, and that they will need to be appointed by the Ministry of Health. Others (10%) felt that TAP facilitators would not be an appropriate resource and their comments included that there should be a team approach of which TAP facilitators are part, there are presently not enough DWAs to ensure that adequate assistance is provided while still meeting other commitments and preventing any conflict of interest, there should be government funding to allow council staff to carry out this role, and that success will depend on the energy, talent, appearance and training of the TAP facilitators.

The next focus question asked whether the assistance given by DWAs as TAP facilitators should be limited to supplies below a certain size. Thirty-nine per cent of submitters replied 'yes', while 52% replied 'no' to this question.

Over half of the respondents (52%) felt that local authorities should not receive funding from CAP to reimburse the costs of independent professional advisers helping with the completion of applications for CAP funds. Forty-one per cent thought these costs should be reimbursed and 7% did not respond to this question.

Should local authorities be able to receive funding from the CAP to reimburse costs of independent professional advisers helping with the completion of applications for CAP funds?



Most respondents (61%) thought that the application process presented in option 1 was simple enough to avoid undue delays, but provided sufficient detail to enable funding decisions to be made. Twenty-five percent of respondents did not respond to this question.

In relation to suggestions for changes to the application process for option 1, respondents outlined several ideas, many of these related to the process for small communities. Other ideas for change related to the administration of the programme and the use of the deprivation index.

Option 2

The discussion document then outlined option 2 for determining how much funding each eligible supply should receive. This option used a system that ranks CAP applications to determine those who will receive funding. The first focus question asked whether the respondents thought that the weightings of option 2 would adequately rank the applications for most to least deserving, and achieve the intention of targeting CAP assistance to small disadvantaged remote communities. The response to this question was fairly evenly distributed with 37% of respondents saying 'yes', 34% 'no' and 29% gave no response. This question then asked those who responded negatively to propose other criteria. Suggestions included, criteria around sustainability, history of community involvement in a water supply, and to remove the 'remote' criteria as some communities not considered remote will be disadvantaged. Concerns were raised that the same application may receive

funding in one application round, but not in another because of the way it scores against other applications – this was not seen as fair or transparent. It was suggested by one respondent that both options 1 and 2 be assessed against a community to see if the funding percentage differs.

Respondents were asked to consider whether the methods for determining public health cost effectiveness, economies of scale and ability to pay were realistic and fair – 34% replied ‘yes, 39% ‘no’ and 27% did not respond. A variety of reasons were given by those who did not think that such methods are realistic or fair, these included difficulties associated with data collection and analysis to determine these criteria. Some respondents believed that public health ‘cost effectiveness’ is ‘subject to a wide variety of interpretations’ and is too complex, while another noted that risks to public health can come from many sources other than just the source water, such as from the reticulation system, storage and operators. The submission form then asked for proposals for other criteria. Ideas included, using criteria that relate to risk assessment, including “risks to quality”, and using the PHRMP. Other respondents suggested acceptance of the fact that ‘every case is different and all have necessary requirements to be taken into account so the parameters have to be wider’.

In response to the question, ‘What other information would be useful at this application stage to give an accurate ranking score of the applications?’, many respondents suggested information that provides details about the specific community and supply. Other respondents called for more detail and emphasis on public health risk issues, for example ‘the risk management plan prioritises the risks, those with the greatest first need help’. In addition, the community’s willingness to contribute to the upgrading of the supply was also mentioned.

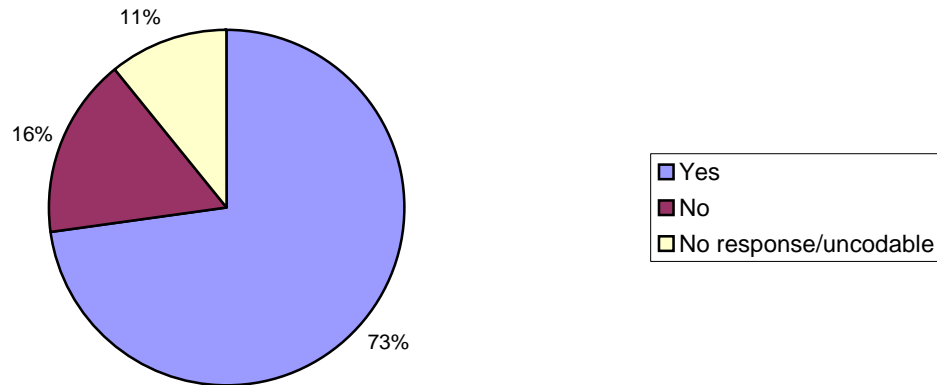
Forty-four per cent of respondents believed that the provision of information outlined in the section [relating to option 2] would make applying for CAP unreasonably difficult for water suppliers and deter them. Several respondents highlighted the importance of a simple process. The respondents felt the difficulties lay in the complex and time consuming three-stage process, and large amount of paperwork and bureaucracy. The fact that many communities may need technical support and assistance to complete the process was frequently mentioned.

Resource consents

To the question ‘Do you agree that two years is an appropriate period of grace for obtaining a resource consent?’, 47% of respondents said ‘yes’, some said that in certain circumstances an extension may be warranted. Of those who said no (19%), reasons given for believing that a two-year period of grace is inappropriate included the need to allocate additional time when consulting with Māori/iwi, and objections that could delay the consenting process. The most commonly suggested period of grace was three years, although suggestions ranged from 6 months to without time limit.

Seventy-three per cent of respondents agreed with the proposal that CAP could provide up to 90% of the capital costs.

It is proposed that up to 90% of capital costs could be provided by the CAP. Do you agree with this figure?



Some felt this level of provision was appropriate because community buy-in in the form of a financial contribution, is very important. For those that answered ‘no’ (16%), opinion was split on whether more or less than 90% of the capital cost should be provided, with 12 submitters believing a higher percentage was warranted, four favoured a lower percentage, and four respondents opted for a flexible approach. Those who favoured less than 90% of the capital cost being provided were keen to stretch the available CAP funding so that more supplies would be eligible and to ensure community buy-in. Those who favoured a higher percentage of the capital cost being paid pointed to poorer communities who may find raising 10% of capital cost a barrier to making an application.

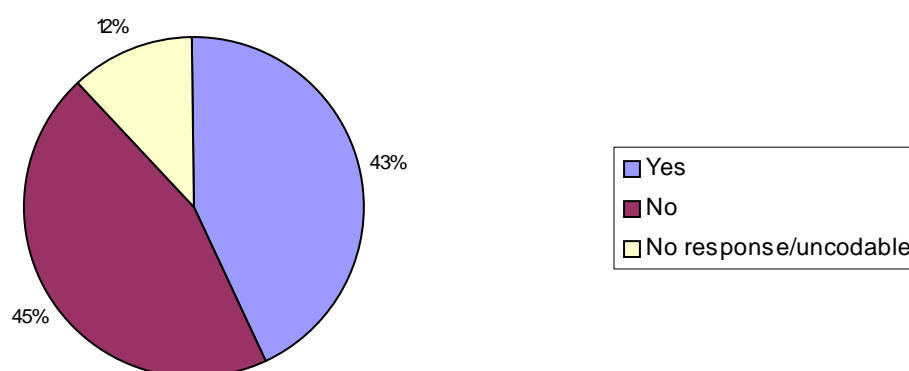
Preferred options

When asked if they preferred option 1 or option 2 for determining the allocation of CAP funding, 49% said they preferred option 1, 26% preferred option 2 and 25% did not respond. Those who favoured option 1 liked its simplicity and risk-based approach. Concern was expressed about the use of the deprivation index, although it was also noted that the index is at least an established method. Specific concerns included its coarseness, and the potential mismatch between a community served by the water supply and those households included in the meshblock. ‘Ability to pay’ also needs to consider the fact that those communities or individuals who use a community water supply may not reside in the same meshblock as the water supply, e.g. marae or absentee homeowners. The deprivation index is a static measure of ‘ability to pay’, and does not take into account any historical or future changes that might impact on the ability of a community to sustainably provide safe drinking-water. Many communities wanted flexibility introduced into the eligibility criteria including an assessment based on community-specific information. Examples include drought-proneness, number of people on a supply, ethnicity, neighbourhood life expectancy, and individual incomes. Others suggested a reassessment process where communities that did not fit the criteria could appeal the decision. Those who favoured option 2 saw it as comprehensive and fair, although a number of respondents were concerned about the complexity of application.

6 HOW USEFUL IS THE DEPRIVATION INDEX IN ASSESSING A COMMUNITY'S ABILITY TO PAY?

This section of the discussion document explored how useful the deprivation index is at assessing a community's ability to pay. The first question in the section began with a statement that the deprivation index is a simple method of determining a community's ability to pay and the percentage of CAP funding that could be provided, then the question was asked 'Is it a suitable method? Give reasons for your answer'.

The deprivation index is a simple method of determining a community's ability to pay and the percentage of CAP funding that could be provided. Is it a suitable method?



Those submitters who answered "yes" (43%) gave a variety of rationales. Most acknowledged that the deprivation index has specific weaknesses. Particular concern was expressed about the bluntness of the deprivation index and at least six submitters argued that communities that are disadvantaged by the deprivation index should be considered on a case-by-case basis, perhaps using a community-specific deprivation rating. Those who did not favour the use of the deprivation index (45%) noted a number of problems including a lack of transparency around how deprivation index is calculated, potential distortions meaning the index may not necessarily reflect the ability of a community to pay for upgrades and the potential for the census data to be out of date.

A number of submitters suggested alternatives, and more equitable approaches to assessing a community's ability to pay including, the level of TLA and/or community debt, other infrastructural needs of the community, and a combination of WINZ and census information on household income. Some submitters did not believe a more equitable approach existed but nevertheless suggested that the Ministry of Health may want to consider using evidence-based recommendations from field officers such as work and income surveys, modifying the deprivation index to incorporate local data and/or removing or reducing the weight allocated to the deprivation index under option 2, and introducing flexibility into the programme so communities that did not fit criteria could apply to an expert committee to assess their ability to pay based on information provided by the community.

Submitters were then asked ‘What things could distort the information provided by the deprivation index, and how could they be overcome?’. Respondents suggested a number of factors that might distort the deprivation index including, capital/land value, especially of surrounding farms, a mismatch between the community included in a meshblock and consumers actually supplied by the water supply, and community facilities such as marae and camps (e.g. for children of low income families) that exist for individuals outside the meshblock. Suggested solutions included, removing meshblock boundaries and working out a deprivation index for scheme users by GIS software, base ‘ability to pay’ on actual income for the area to be served via a survey funded by CAP, taking capital value into account, base eligibility on public benefit, and use Housing New Zealand’s approach to funding small communities.

Most respondents thought that the method outlined in the Ministry of Health’s report *Monitoring Health Inequality Through Neighbourhood Life Expectancy* (Ministry of Health, 2005) would not be useful in determining the wealth or disadvantage of a community. Those who saw merit in the process also qualified this process. A number of submitters were either unsure, not familiar with the report/method, found the report difficult to understand, or needed more information before they could comment.

7 ANY OTHER COMMENTS?

At the end of the discussion paper’s submission form respondents were asked to make ‘other comments’. Some took this opportunity to ‘voice’ whether they supported the DWAP and/or submission process. The main areas where comments were received included eligibility criteria, the use of the deprivation index, the need for flexibility during the ‘start-up’ phase of TAP, the size of the CAP budget and what costs CAP will cover, and the absolute importance of small water suppliers having access to independent technical advice.

8 SUBMISSIONS BY LETTER

This section provides an overview of submissions received by letter. Numerous letters expressed support for the development of the DWAP. The matters raised echo those highlighted in the discussion document submission forms and included

- The numbers of TAP facilitators, and potential conflicts of interest that could arise within this role,
- Requests for a flexible approach to assess eligibility for funding, and
- Use of the deprivation index – particularly for small communities and the fact that it does not take into account ethnicity and community life expectancy.

9 ORAL SUBMISSIONS MADE DURING THE PUBLIC MEETINGS

These meetings were important for raising specific questions, facilitating collaboration between groups and interested parties, and for highlighting important issues about the DWAP. A variety of questions were asked by attendees, most often focusing on definitions for concepts or terms used in the discussion document (for example, definitions of ‘community’), and questions relating to the process supplies must go through to apply for capital assistance.

Key issues raised included the following:

- ‘Do we qualify?’
- Suggestions for more emphasis on risk management and assessment to determine eligibility for funding;
- Use of the deprivation index;
- There may not be enough TAP facilitators to serve the whole country, and those that are available will need highly developed communication and ‘people’ skills;
- The issue of whether CAP funding will cover operational expenses, retrospective funding, or resource consent applications;
- Whether the Ministry of Health intends to undertake continued monitoring, and to take population fluctuations and/or growth into account;
- Whether the Ministry of Health intends to take geographic and geologic factors into account;
- That there should be some best-practice examples and positive community experiences that are available to be showcased to other communities; and
- Questions about ownership of the supply, and methods for guaranteeing a supply.

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