

HEI WHAKATAU | BRIEFING

Subject: Māori Communities COVID-19 Fund (MCCF) Community Resilience Funding Approvals Phase 2 Tranche 1

Date:	4/2/2022	Priority	High
Classification	IN CONFIDENCE	Tracking Number	44507

Contact for telephone discussion (if required)			
Name	Position	Mobile	1 st contact
Dave Samuels	Te Tumu Whakarae mō Te Puni Kōkiri	9(2)(a)	
Grace Smit	Deputy Secretary – Organisational Support, Te Puni Kōkiri		✓
Hamiora Bowkett	Deputy Secretary Strategy, Governance and Public Sector Performance, Te Puni Kōkiri		
Kelly Dunn	Deputy Chief Executive Partnerships, Te Arawhiti		
Patricia Joseph	Manager, Equity for the COVID-19 Vaccine and Immunisation Programme, Ministry of Health		
Peter Douglas	PAG Advisor, Department of the Prime Minister and Cabinet		

Other Agencies Consulted					
<input type="checkbox"/> MBIE	<input type="checkbox"/> MoJ	<input type="checkbox"/> NZTE	<input checked="" type="checkbox"/> MSD	<input type="checkbox"/> TEC	<input type="checkbox"/> MoE
<input type="checkbox"/> MFAT	<input type="checkbox"/> MPI	<input type="checkbox"/> MfE	<input type="checkbox"/> DIA	<input type="checkbox"/> Treasury	<input checked="" type="checkbox"/> MoH
<input checked="" type="checkbox"/> DPMC	<input checked="" type="checkbox"/> Te Arawhiti				

Minister's office to complete:

- | | |
|---|--|
| <input type="checkbox"/> Approved | <input type="checkbox"/> Declined |
| <input type="checkbox"/> Noted | <input type="checkbox"/> Needs change |
| <input type="checkbox"/> Seen | <input type="checkbox"/> Overtaken by Events |
| <input type="checkbox"/> See Minister's Notes | <input type="checkbox"/> Withdrawn |

Comments:

Forward to:	✓ or ✗
• Associate Minister of Health (Māori Health)	
• Minister for Māori Development	
• Minister for Māori Crown Relations – Te Arawhiti	
• Minister of Finance	
• Minister for Social Development	

Purpose

1. This paper provides the following:
 - a. An update on Phase 1 of the Māori Communities COVID-19 Fund (MCCF), including funding allocated and spent to date.
 - b. The first tranche of 14 Phase 2 proposals for your approval to proceed to contracting, with a total value of \$16.210m
2. Agencies intend to proceed with contracting immediately following your approval.

Update on MCCF Phase 1 – Vaccination Uptake

3. Phase 1 of the MCCF was focussed on lifting vaccination rates and opened on 22 October 2021.
4. A total of \$72.08m was approved by Ministers across 8 tranches, with approximately \$53m already paid out to kaitono. Since the MCCF was established, the Māori first dose vaccination rate has increased from 69% to 90% and the second dose rate from 49% to 85%.
5. The latest MCCF Phase 1 reporting dashboard is attached to this briefing as Annex 1, which provides progress since fund launch, and funding by DHB areas.
6. When the MCCF was originally established, \$58.5m (out of a total of \$120m) was allocated for vaccination support (not including \$1.5m departmental expense), however high demand and opportunities identified by providers resulted in an additional \$13.583m being reprioritised from Phase 2 to support vaccination uptake, leaving \$46.417m remaining to be allocated in Phase 2.
7. While 73% of the Phase 1 funding has been paid to kaitono, activity continues on the ground. 40 of 85 contracts will complete by mid-February with most contract milestones due to complete by March 2022. Agencies are working with kaitono to actively monitor progress against contracted milestones
8. The focus of Phase 1 of the MCCF was primarily on first doses for an eligible population which at the time did not include 5-11-year olds, or Māori who were eligible for a booster shot. This means that while the importance of vaccination remains high, MCCF Phase 1 funded activity will begin to taper off quickly in the coming 2-6 weeks as contracts end. Note that some Phase 2 proposals include elements of vaccination work.

Operational approach for Phase 2

9. Agencies will allocate the \$46.417m in two or more separate funding rounds with the first not exceeding \$23m (50%) of the fund. Additionally, all proposals will need to show a clear link to the Care in Community work
10. The first funding round is included for Ministers consideration in this briefing, the second is likely to be in mid-February and a third, if any funding remains, at the end of February.
11. The proposals received by agencies to date exceed \$100m in total value, meaning that not all proposals for MCCF Phase 2 will be able to receive funding. Agencies are aware of additional proposals under development although Phase 2 of the fund has not publicly been promoted as open and seeking applications.
12. The MCCF appropriation is FY21/22 funding only, meaning that all activity funding must start and finish within the fiscal year. Re-phasing the appropriation to multi-year will require Cabinet approval, so proposals presented here only include activity for FY21/22 activity.

Additional MCCF Considerations

Response to Omicron

13. The settings for Phase 2 of the Fund were designed when we were at an early stage of understanding the potential impact of Omicron. As with the government's preparation for an Omicron outbreak kaitono are having to adapt how they intend to respond.
14. An example is that facilities to support self-isolation and quarantine (SIQ) had been considered by a number of kaitono for managing a Delta outbreak. However, with Omicron we understand that there will be a greater reliance on home isolation than distinct facilities. 9(2)(f)(iv)

15. Given that Omicron is in the community, MCCF partner agencies are working to ensure that there is enough pace in the assessment, advice and set up of funding agreements so that kaitono can be funded.

Phase 2 Tranche 1 Proposals

Summary of Tranche 1

16. Following the operational approach outlined above, the first Tranche of investment proposals are outlined below for Ministers approval to proceed to contracting.
17. Phase 1 Tranche 2 includes 14 proposals with a total value of \$16.210m.
18. All proposals have been considered and reviewed by the Senior Officials Group, comprising officials from MCCF agencies. An Inter-Agency Panel of officials has also worked to ensure proposals are aligned with the Care in the Community response and have support from Regional Leadership Groups.
19. Proposals are summarised below, and in more detail in Annex 2.

Table 3 – Proposals in Tranche 1

Proposal Name	Location	Funding Agency	Funding (\$m)	Received funding in phase 1?
1 BDO Northland Limited (as Te Pai Roa Tika)	Te Tai Tokerau	Te Puni Kōkiri	1.150	Yes

2 Te Hiku Iwi Development Trust (THDCR2)	Te Tai Tokerau	Te Puni Kōkiri	2.388	Yes
3 Te Rūnanga o Whaingaroa (Te Kahu o Taonui)	Te Tai Tokerau	Te Puni Kōkiri	3.020	No
4 Te Kupenga Hapū	Northland (Panguru)	Te Arawhiti	0.265	No
5 Pawarenga	Pawarenga, Northland	Te Arawhiti	0.138	No
6 Ngā Matapuna Oranga	Western BOP	Te Puni Kōkiri	1.378	No
7 Tuwharetoa ki Kawerau	Kawerau and surrounding rural communities	Te Puni Kōkiri	0.300	No
8 Te Rūnanga o Ngāti Awa	Ngāti Awa rohe	Te Puni Kōkiri	0.762	No
9 Te Puna Oranga o Ōtaki	Ōtaki	Te Arawhiti	0.363	No
10 TWaA Te Whānau a Apanui	Te Taumata-o-Apanui (between Torere and Hawaii) to Potaka, Eastern Bay of Plenty.	Te Arawhiti	0.586	No
11 National Iwi Chairs Forum	National	Te Arawhiti	0.200	No
12 Toitū Tairāwhiti	Tairāwhiti	Te Puni Kōkiri	4.840	No
13 Waiariki Whānau Mentoring	Whakatāne, Tokoroa, Kawerau, Rotorua, Tūrangi, Taupō and Tauranga	MOH	0.553	No
14 Taumarunui Community Kokiri Trust	Taumarunui	Te Puni Kōkiri	0.267	No
		Total	16.210	

Proposal Short Summaries

20. The table below includes a short summary of the activity for each of the proposals, prepared by the contracting agency.

Table 5 – Tranche 1 Proposal Summary

Kaitono	Proposal Summary
1 BDO Northland Limited (as Te Pai Roa Tika) \$1.150m Te Puni Kōkiri	<p>Te Tai Tokerau remains a high priority region with double vaccinated Māori rates at only 78%. Māori make up approximately 36% (50,488) percent of Northland's population, with high Māori populations in rural, isolated, and low socioeconomic areas.</p> <p>This proposal is to enable the kaitono to directly support whānau, hapū and hāpori to build Covid Protection Framework (CPF) resilient solutions enabling existing leadership within communities.</p> <p>The kaitono will work directly with community leaders in 11 priority communities that have a current total of 2734 unvaccinated whānau Māori. The project will also support 50 Māori businesses engaged in Phase 1, and 8 communities in rural, isolated areas across Te Tai Tokerau in the development of CPF resilience plans and health literacy to support whānau/community resilience.</p> <p>There is no crossover between this funded activity and Care in Community or other activity funded by Ministry of Social Development, MoH or DHBs.</p>

Kaitono	Proposal Summary
<p>2</p> <p>Te Hiku Iwi Development Trust (THDCR2)</p> <p>\$2.388m</p> <p>Te Puni Kōkiri</p>	<p>The Te Hiku Delta-COVID Response (THDCR) is a network of locally mobilised and connected teams drawn together to empower and support communities through COVID and into a place of recovery. Te Hiku are actively supporting their community by responding to the impacts of COVID-19 and coordinating support with positive case management in the community without resource to do so. Their bespoke model approach is not siloed to a health and welfare response but aligned to support responses coordinated across the comprehensive 9 tiles to ensure a wider reach and strategically support communities to build whānau/hapori resilience to COVID.</p> <p>Te Hiku Trust have membership on the RLG and active in the whole of region response including leading the establishment of the kaupapa Māori locality hubs in Te Hiku. The hubs are part of the CIC health and welfare response and provide a focal point for community led responses and activity. Health and welfare funding to support the kaupapa Māori hubs is currently being worked through as part of the CIC implementation. The Trust are not seeking additional resource from the phase 2 MCCF fund for that element of their model.</p>
<p>3</p> <p>Te Rūnanga o Whaingaroa (Te Kahu o Taonui)</p> <p>\$3.020m</p> <p>Te Puni Kōkiri</p>	<p>Te Kahu o Taonui (TKoT) have been contributing to the collective action across Te Tai Tokerau since the conception of the COVID-19 health emergency. TKoT is connected into all key spaces across the region, from agency leadership groups through to whānau and hapori and are well informed about the region's current situation. This proposal considers and incorporates the regions immediate priorities and forecasted challenges. The agency has strong community backing and is anchored in quality information and collective iwi leadership.</p> <p>No aspects of this proposal relate to services being funded by the Ministry of Social Development, the Ministry of Health, DHB or another government agency or government funded organisation.</p>
<p>4</p> <p>Te Kupenga Hapū</p> <p>\$0.265m</p> <p>Te Arawhiti</p>	<p>The Te Kupenga Hapū Response Plan will provide wrap-around, on-the-ground support for its people in Panguru district. This hapū is affiliated with Te Rarawa and is a small but isolated and highly vulnerable rural community based in the northern Hokianga harbour where existing health services provision is very limited and water supply is very limited (as it is not on mains supply, there has been drought and the infrastructure is poor). This area has been under red traffic light settings under the COVID-19 Protection Framework for an extended period of time. This group's approach will provide support and guidance for whānau in Panguru that are isolating, as well as providing wider support, resources, capability building, and community focused initiatives aimed at their most vulnerable community members. There are very limited other funding sources available so this covers urgent unmet needs.</p> <p>We have discussed this initiative with the Ministry of Health, and MSD and both agencies agree that this does not duplicate Care in the Community funding. This proposal was also shared and discussed with agencies in Tai Tokerau to ensure there is no duplication.</p>
<p>5</p> <p>Pawarenga</p> <p>\$0.138m</p> <p>Te Arawhiti</p>	<p>This proposal is in direct response to the people of Pawarenga, Hapori Māori, a highly vulnerable community with a deprivation level of 10. It includes activities that prepare their people for an outbreak, such as designing and setting up signage, Tikanga and whānau leadership, and supporting whānau to create COVID-19 safety measures in their homes.</p> <p>We have discussed this initiative with the Ministry of Health, and MSD and both agencies agree that this does not duplicate Care in the Community funding. This proposal was also shared and discussed with agencies in Tai Tokerau to ensure there is no duplication.</p>
<p>6</p> <p>Ngā Matapuna Oranga</p> <p>\$1.378m</p> <p>Te Puni Kōkiri</p>	<p>Ngā Mataapuna Oranga has five general practices with a total population of 11,295 enrolled service users of which 81% are high need mainly domiciled in Te Puna, Gate Pa, Papamoa and Te Puke. There are also 5 kaupapa Māori Providers within the NMO network. Each of these providers (supported by the 5 GP services) will deliver in their own communities and in settings that their whānau, hapū and iwi have already determined i.e., marae.</p> <p>Ngā Mataapuna Oranga are tailoring support across the region to suit each community. They are doing this by providing education and awareness; staff safety; protecting whakapapa; and engagements and communications. This includes whānau not vaccinated, living in remote locations, living in poverty, unemployed, without permanent housing, and needing support for mental health disorders.</p> <p>There is a clear goal not to duplicate existing services but to complement these efforts by leveraging their network strategy and existing systems and processes to support their covid activities including utilising the tribal data base to identify high need whānau and to work with others by coordinating existing services to target support to these whānau.</p> <p>There are aspects of this proposal that relate to the enhancement of services provided by other agencies, but the funded activities do not duplicate these</p>

Kaitono	Proposal Summary
<p>7</p> <p>Tuwharetoa ki Kawerau</p> <p>\$0.300m</p> <p>Te Puni Kōkiri</p>	<p>For the K by K is a collaborative community project being led out by Tuwharetoa ki Kawerau Health alongside the Kawerau District Council, Bay of Plenty District Health Board, local community groups, Iwi, and government agencies.</p> <p>The collective mobilised in November and have held weekly meetings to strategize a response plan tailored to and delivered by their community, including hosting Minister Henare late last year as he received his booster vaccination.</p> <p>Previous vaccination activities have been supported by larger providers such as TPOoM who are located out of the village, however the Kawerau community have created their own plan to drive a locally developed response for the ongoing and everchanging Covid landscape. The investment requested to support the vaccination component is minimal but part of a greater project to provide Kawerau with the means to deliver their own response led by their own people. This was further demonstrated by the leadership of Tuwharetoa Ki Kawerau with positive cases occurring in Kawerau over the summer.</p> <p>It is important to note the Eastern Bay has the two most deprived deciles (9-10), Kawerau and Opotiki, higher than that seen nationally for Māori.</p> <p>No aspects of this proposal relate to services being funded by the Ministry of Social Development, the Ministry of Health, DHB or another government agency or government funded organisation.</p>
<p>8</p> <p>Te Rūnanga o Ngāti Awa</p> <p>\$0.762m</p> <p>Te Puni Kōkiri</p>	<p>This tribal led response on behalf of the 21,543 Ngāti Awa tribal members is clearly focussed on building hapū capacity, capability, and resilience. It will do this through the implementation of a tribal level strategy, - Te Toka Tū Haumarū. Whānau with high needs including the unvaccinated, those living in rural and remote locations, living in poverty, unemployed, and suffering from mental health issues and addiction will be identified for the delivery of targeted support. There is a clear goal not to duplicate existing services but to complement these efforts by leveraging their tribal strategy and existing systems and processes to support their Covid activities including utilising the tribal data base to identify high need whānau and to work with others by coordinating existing services to target support to these whānau. It is noted that funding has been allocated to entities independent of Te Rūnanga o Ngāti Awa, and the Rūnanga will work with them to ensure their whānau, hapū and Iwi are centred at the heart of all responses.</p> <p>There are clear outcomes, deliverables, and measures for each activity, including the identification of whānau with high needs/development of whānau plans, planning for possible use of marae and other Ngāti Awa properties to support the response, development of marae and hapū plans, establishment of a communications hub and building the associated infrastructure and workforce to support the response.</p> <p>No aspects of this proposal relate to services being funded by the Ministry of Social Development, the Ministry of Health, DHB or another government agency or government funded organisation.</p>
<p>9 Te Puna Oranga o Ōtaki</p> <p>\$0.363m</p> <p>Te Arawhiti</p>	<p>Te Puna Oranga o Ōtaki have been mandated by Ngā Hapū o Ōtaki and Kia ora Ōtaki to lead the covid response for Ōtaki. They are seeking funding to support their ongoing static and mobile vaccination and testing efforts in the region. As well as funding for Covid communications and logistics work, and mental health and addiction support to deal with increased pressure on these services during Covid, and kai sovereignty initiatives to boost community resilience during periods of increased food cost due to supply chain interruption and increased travel difficulties.</p> <p>This proposal has been discussed with MSD and the Ministry of Health. The proposal has been developed to make sure it does not duplicate Care in the Community Funding. While this proposal includes some vaccine related support (approx. 25% of the total funding), the balance of funding supports other activity in scope for Phase 2 including communications and connections and other urgent community needs that fall between existing services.</p>

Kaitono	Proposal Summary
<p>10</p> <p>TWaA Te Whānau a Apanui</p> <p>\$0.586m</p> <p>Te Arawhiti</p>	<p>TWaA have submitted a proposal to fund communications and vaccination uptake activity. This proposal covers an isolated rural community with limited access to most services (e.g. supermarket, laboratory, hospital, public transport) with the closest hospital (Tauranga Hospital) being four hours away from the furthest part of TWaA's district. This proposal targets pockets of the community that have low Māori vaccination rates.</p> <p>The vaccination uptake plan consists of upskilling community members to become vaccinators, mobile vaccinations, vaccination events, incentives and developing material to target those aged 10-34 years of age and vulnerable community members to access vaccinations. TWaW are also starting to prepare to roll out booster jobs.</p> <p>The communication plan consists of actions to encourage community members to access Wi-Fi and communication devices (e.g. phones, tablets), vaccination information, social media campaigns, TWaA website updates, promotional material, and an 0800-support phone line.</p> <p>This proposal is vaccine focussed because of the significant pockets of vaccine hesitant groups in the community. It has been discussed with the Ministry of Health which supports this proposal.</p>
<p>11</p> <p>NICF</p> <p>\$0.200m</p> <p>Te Arawhiti</p>	<p>The Pandemic Response Group (PRG) enables a multi-iwi response to the Government's policy setting and legislative response to the COVID-19 pandemic. Following a whānau centric pandemic model, the activities planned by PRG aim to protect and support their people and assets.</p> <p>Funding is requested for intelligence and communications activities.</p> <p>Intelligence activities include planning for and developing a portal with information designed for Māori on self-isolation, preparedness, and links to agency support.</p> <p>Communication activities will include weekly newsletters, social media content, direct engagements with media, weekly meetings with ministers and direct lines of communication with National Organisation's and Pasifika whānau.</p> <p>There is not cross over with Care in the Community funding.</p>
<p>12</p> <p>Toitū Tairāwhiti</p> <p>\$4.840m</p> <p>Te Puni Kōkiri</p>	<p>Toitū Tairāwhiti (Toitū) was established in 2020 in response to the first COVID-19 lockdown and is a collective of all four iwi in Te Tairāwhiti – Ngāti Porou, Ngai Tāmanuhiri, Rongowhakaata and Te Aitanga a Māhaki. Toitū is responsible for building resilience amongst whānau, hapū and iwi towards COVID-19.</p> <p>Modelling tells us Māori communities in Tairawhiti will be hit hard by Covid-19. This is the main MCCF phase 2 proposal for Tairawhiti. It covers the entire Gisborne and East Coast Region and is supported by the Tairawhiti Regional Leadership Group. The SIQ and support for whānau who do not test positive reflect urgent needs identified by communities in Tairāwhiti and they do not duplicate services provided through CiC or by other agencies.</p> <p>The costs attributed reflect that Māori communities in Tairawhiti are already experiencing many difficulties which will have an impact on their resilience during a COVID-19 outbreak.</p> <p>Toitu Tairawhiti is part of the RLG for Tairawhiti. The activities outlined in this proposal complement the work of MSD, MoH, the DHB and Iwi health providers.</p>

<p>13</p> <p>Waiariki Whānau Mentoring</p> <p>\$0.553m</p> <p>Ministry of Health</p>	<p>This proposal aims to reduce the impact of COVID-19 for Ngāi Tokomatua (gangs) and their whānau in Whakatāne, Tokoroa, Kawerau, Rotorua, Turangi, Taupō and Tauranga. The proposal requests funding to continue to increase the vaccination rate, provide isolation support, and increase resilience for Ngai Tokomatua and their whānau affected, or at risk of being affected, by COVID-19.</p> <p>The target population group for this proposal is approximately 4500 Ngāi Tokomatua and their whānau in the seven areas noted above, which have high deprivation scores and among the lowest vaccination rates in the country. This population is typically isolated (both physically and socially) and is vulnerable to the impacts of COVID-19.</p> <p>This provider is well-connected with gangs and gang leaders in the target region. Since November 2021 they have delivered 34 vaccination drives, resulting in over 650 members and their whānau receiving at least one vaccination. The provider is recognised as one of the few providers that have access and reach to multiple gangs in the area. They are supported by each of the three DHBs in the region – BOP, Lakes and Waikato.</p> <p>The proposal complements other activities and resources provided to the target area. Mainstream health services and vaccination uptake programmes have struggled to connect with the gang population. This proposal is well placed to address this issue through Waiariki Whānau Mentoring's substantial gang connections across the target area and track record working with gangs to improve COVID-19 related health outcomes.</p> <p>Waiariki Whānau Mentoring has strong relationships with all three DHB's in the region (Lakes, Waikato and Bay of Plenty DHB's), and with government agencies and other community providers delivering services to Ngāi Tokomatua. However, no other provider in the region is currently delivering the day-to-day COVID-19 support that Waiariki Whānau Mentoring are providing, which this funding will support.</p>
<p>14</p> <p>Taumarunui Community Kōkiri Trust</p> <p>\$0.267m</p> <p>Te Puni Kōkiri</p>	<p>This proposal targets South Waikato where Māori vaccination rates are significantly lower than other ethnicities. As at the last Ministry of Health update (January 12), the data shows that Māori in South Waikato are sitting at approximately 83% single and 74% double vaccinated, in contrast with the rates for all ethnicities in this DHB (Waikato), where 94% are double vaccinated.</p> <p>The proposal specifically targets isolated communities in Taumarunui, Te Kūiti, Piopio, Mokau, Bennydale, Matiere, Ohura, Ōwhango, Ohura, Waihāhā, National Park and Ngāpuke. Kaumātua. Target groups in these regions are rangatahi, those impacted by vulnerability factors (not yet vaccinated, living in rural and remote locations, living in poverty, not in education or training, in need of support for mental health and addictions, and families that have been separated due to family violence) are all target populations for this proposal.</p> <p>The original proposal for the provided was for a higher amount, which included activities (e.g. kai packs, medical support) that crossover with other funding sources. However the recommended funding amount of \$0.267m only includes activities in scope for Phase 2, primarily around building capacity in the workforce to deliver vaccinations and testing.</p>

Next steps

21. Following Ministerial approval of these proposals, agencies will establish contracts with delivery partners. Depending on approval of this tranche, officials are working with kaitono on proposals for a second Tranche.

Consultation

22. This briefing and the proposals included in Annex 1 have been developed in collaboration with Te Puni Kōkiri, Te Arawhiti, Ministry for Social Development, and the Ministry of Health.

Recommendations

23. It is recommended that you note to the following

<p>1. Note that MCCF Phase 2 funding will be allocated via multiple funding rounds, including Tranche 1 in this briefing</p>	Minister Henare	Noted
	Minister Davis	Noted
	Minister Jackson	Noted
	Minister Robertson	Noted

2. Note that MCCF agencies have considered a pipeline of proposals with a value in excess of \$100m, and that in some cases proposals have been scaled or reduced to fit the level of funding available.	Minister Henare	Noted
	Minister Davis	Noted
	Minister Jackson	Noted
	Minister Robertson	Noted
3. Note that following your approval, we will proceed to contracting with relevant counterparties.	Minister Henare	Noted
	Minister Davis	Noted
	Minister Jackson	Noted
	Minister Robertson	Noted

24. It is recommended that you approve the following decisions for **Tranche 1 proposals**:

4. Agree to Te Puni Kōkiri proceeding to contract BDO Northland Limited (as Te Pai Roa Tika) with total investment value of \$1.150m	Minister Henare	Yes / No
	Minister Davis	Yes / No
	Minister Jackson	Yes / No
	Minister Robertson	Yes / No
5. Agree to Te Puni Kōkiri proceeding to contract Te Hiku Iwi Development Trust (THDCR2) with total investment value of \$2.388m	Minister Henare	Yes / No
	Minister Davis	Yes / No
	Minister Jackson	Yes / No
	Minister Robertson	Yes / No
6. Agree to Te Puni Kōkiri proceeding to contract Te Rūnanga o Whaingaroa (Te Kahu o Taonui) with a total investment value of \$3.020m	Minister Henare	Yes / No
	Minister Davis	Yes / No
	Minister Jackson	Yes / No
	Minister Robertson	Yes / No
7. Agree to Te Arawhiti proceeding to contract Te Kupenga Hapū with a total investment value of \$0.265m	Minister Henare	Yes / No
	Minister Davis	Yes / No
	Minister Jackson	Yes / No
	Minister Robertson	Yes / No
8. Agree to Te Arawhiti proceeding to contract Pawarenga with a total investment value of \$0.138m	Minister Henare	Yes / No
	Minister Davis	Yes / No
	Minister Jackson	Yes / No
	Minister Robertson	Yes / No
9. Agree to Te Puni Kōkiri proceeding to contract Ngā Matapuna Oranga with total investment to \$1.378m	Minister Henare	Yes / No
	Minister Davis	Yes / No
	Minister Jackson	Yes / No
	Minister Robertson	Yes / No
10. Agree to Te Puni Kōkiri proceeding to contract Tuwharetoa ki Kawerau with a total investment value of \$0.300m	Minister Henare	Yes / No
	Minister Davis	Yes / No
	Minister Jackson	Yes / No
	Minister Robertson	Yes / No
11. Agree to Te Puni Kōkiri proceeding to contract Te Rūnanga o Ngāti Awa with a total investment value of \$0.762m	Minister Henare	Yes / No
	Minister Davis	Yes / No
	Minister Jackson	Yes / No
	Minister Robertson	Yes / No
12. Agree to Te Arawhiti proceeding to contract Te Puna Oranga o Ōtaki with a total investment value of \$0.363m	Minister Henare	Yes / No
	Minister Davis	Yes / No
	Minister Jackson	Yes / No
	Minister Robertson	Yes / No
13. Agree to Te Arawhiti proceeding to contract TWaA Te Whānau a Apanui with a total investment value of \$0.586m	Minister Henare	Yes / No
	Minister Davis	Yes / No
	Minister Jackson	Yes / No
	Minister Robertson	Yes / No
	Minister Henare	Yes / No
	Minister Davis	Yes / No

COMMERCIAL IN CONFIDENCE

14. Agree to Te Arawhiti proceeding to contract NICF National Iwi Chairs Forum with a total investment value of \$0.200m	Minister Jackson	Yes / No
	Minister Robertson	Yes / No
15. Agree to Te Arawhiti proceeding to contract Toitū Tairāwhiti with a total investment value of \$4.840m	Minister Henare	Yes / No
	Minister Davis	Yes / No
	Minister Jackson	Yes / No
	Minister Robertson	Yes / No
16. Agree to Ministry of Health proceeding to contract Waiariki Whānau Mentoring with a total investment value of \$0.553m	Minister Henare	Yes / No
	Minister Davis	Yes / No
	Minister Jackson	Yes / No
	Minister Robertson	Yes / No
17. Agree to Te Puni Kōkiri proceeding to contract Taumarunui Community Kōkiri Trust with a total investment value of \$0.267m	Minister Henare	Yes / No
	Minister Davis	Yes / No
	Minister Jackson	Yes / No
	Minister Robertson	Yes / No

RELEASED UNDER THE OFFICIAL INFORMATION ACT

25. It is recommended that you approve the following decisions to **drawdown funding from the tagged contingency**:

18. Note that \$60 million has been set aside in the Māori Communities COVID-19 Fund, Phase 2: Whānau and community resilience tagged operating contingency	Minister Henare	Noted
	Minister Davis	Noted
	Minister Jackson	Noted
	Minister Robertson	Noted
19. Note that joint Ministers agreed to repurpose \$13.583m from Phase 2: Whānau and community resilience to Phase 1: Rapid Vaccine Acceleration [TPK briefing 44312 refers] leaving \$46.417m remaining for Phase 2: Whānau and community resilience	Minister Henare	Noted
	Minister Davis	Noted
	Minister Jackson	Noted
	Minister Robertson	Noted
20. Note that Joint Ministers agreed to criteria for Māori Community COVID-19 Fund, Phase 2: Whānau and community resilience in December 2021 [TPK briefing 44453 refers], which confirms that funding held in contingency can be drawn down	Minister Henare	Noted
	Minister Davis	Noted
	Minister Jackson	Noted
	Minister Robertson	Noted
21. Note that the Minister of Finance, Minister for Māori Crown Relations – Te Arawhiti, the Associate Minister of Health (Māori Health), Te Minita mō Whānau Ora and Te Minita Whanaketanga Māori are authorised jointly to draw down the tagged operating contingency funding in recommendation 10 above, following agreement of criteria in December 2021.	Minister Henare	Noted
	Minister Davis	Noted
	Minister Jackson	Noted
	Minister Robertson	Noted
22. Agree that funding within the Māori Community COVID-19 Fund Phase 2: Whānau and community resilience tagged operating contingency up to a maximum of \$16.210 can be drawn down to support Phase 2: Whānau and community resilience	Minister Henare	Yes / No
	Minister Davis	Yes / No
	Minister Jackson	Yes / No
	Minister Robertson	Yes / No

	2021/22	2022/23	2023/24	2024/25	2025/26 & Outyears
Vote Māori Development					
Minister for Māori Development					
Multi-category appropriation: Māori Communities COVID-19 Fund					
Non-Departmental Output Expense: Phase 2: Whānau and community resilience	16.210	-	-	-	-
Total Operating	16.210	-	-	-	-

23. Agree that the proposed changes to appropriations for 2021/22 above be included in the 2021/22 Supplementary Estimates and that, in the interim, the increases be met from Imprest Supply;	Minister Henare	Yes / No
	Minister Davis	Yes / No
	Minister Jackson	Yes / No
	Minister Robertson	Yes / No
24. Agree that the expenses incurred under recommendation 24 above be charged against the Māori Community COVID-19 Fund, Phase 2: Whānau and community resilience tagged operating contingency described in recommendation 22 above	Minister Henare	Yes / No
	Minister Davis	Yes / No
	Minister Jackson	Yes / No
	Minister Robertson	Yes / No

Hon Willie Jackson Te Minita Whanaketanga Māori	Hon Peeni Henare Associate Minister of Health (Māori Health)
Date: ____ / ____ / 2022	Date: ____ / ____ / 2022

Hon Kelvin Davis Minister for Māori Crown Relations: Te Arawhiti	Hon Grant Robertson Minister of Finance
Date: ____ / ____ / 2022	Date: ____ / ____ / 2022

Māori Communities COVID-19 Fund Phase 1 – weekly update as at January 21

Funding Progress

\$72.08m
No change from last report

Total approved
46 proposals with 85 contracts (8 tranches)

\$72.08m
↑ \$0.2m from last report

Funding currently under contract with providers
85 contracts

\$52.74m
↑ \$0.653m from last report

Paid to providers
84 contracts

There are no further Phase 1 proposals pending approval from Ministers

Vaccination Progress (MoH data on eligible population, January 21st)

89% / 84% Total Māori first and second dose rate (88%/83%) last report 14th January

8.6k Total doses given since 14th January for Māori (including 3,032 first doses)

5.6k First doses remaining to hit 90% first dose rate for Māori

62.7k Total eligible Māori with no first doses

Weekly progress update

- All 85 contracts under Phase 1 have now been signed by kaitono.
- Agencies are progressing development of resilience proposals (Tranche 1 of Phase 2) with recommendations due to Ministers on 28th January.

MCCF Communications weekly report

- The [MCCF page](#) has been updated with current information on the status of the fund.
- The [Karawhiua website](#) has also been updated, including [Frequently asked questions](#) so whānau can find trusted information about the Pfizer vaccine now available for tamariki, and booster shots.
- The latest Karawhiua newsletter was sent to stakeholders, including TPK MCCF providers.
- The Karawhiua team met Iwi comms specialists to discuss the next stage of the campaign.
- MCCF and Karawhiua comms specialists met with Te Puni Kōkiri regional directors to discuss the scope and tone of messaging for whānau and to ensure there was clarity in funding proposals about the difference between communications and engagement.

ORA TOA

Karawhiua tō uru raumati

WEEKLONG POP UP EVENT

Mon 13 th Dec	Waitangirua Salvation Army	6.30pm-8pm
Tue 14 th Dec	Takapūwāhia	2pm-5pm
Wed 15 th Dec	Porirua Train Station	4pm-7pm
Thu 6 th Dec	Te Kura Māori o Porirua	3pm-5pm
Fri 17 th Dec	Waitangirua Mall	2.30pm-5pm

Spot prizes include: Summer festival tickets, retail vouchers and more...

#4Rangatahi#byRangatahi

Mobile vaccination clinics

TE RŪNANGA O TOA RANGATIRA

Te Puni Kōkiri

Unite against COVID-19

4 Lydney Place, Porirua City Centre

GOT BACK'S? Get Vax'd!

Thursday 2nd Dec 6pm - Friday 3rd Dec 8am

4 Lydney Place, Porirua City Centre

ALL NIGHT VACCINATIONS!

Live DJ & Performances
Food Trucks from 6pm-11.30pm
Prizes/Giveaways
All Night Coffee Cart

Provider Spotlight

Te Rūnanga o Toa Rangatira (Ora Toa)

We have invested \$0.93m in the Rūnanga to improve access to vaccination clinics, increase vaccination rates and to inform, educate and empower hapori Māori.

According to recent reporting, their successful approach so far supporting 350+ vaccinations, has included:

- Onboarding Communications resource to support the work programme.
- Using local influencers and whānau to underpin the bespoke grassroots messages, resources, activities and communication channels including social networks and platforms.
- Including local iwi radio including Mai FM who are part of a Media Works communication approach designed for the target audience and kaupapa.
- A street-by-street campaign (advertised on Mai FM) which has been a "game changer" in getting the kaupapa out to the most hesitant whānau.

The rūnanga attribute their success to:

- Integrating a Te Ao Māori perspective into their vaccination kaupapa. Their kaimahi and kaupapa also uphold Ngāti Toa Rangatira tikanga and their Mauri Ora framework. Having staff dedication to the kaupapa has also been a huge factor in their success. They have dedicated hours of their mātauranga, pūkenga, mātanga, time and effort to ensure that every event no matter how big or small is a success. This includes clinical teams and kaimahi who have provided their expertise and clinical guidance, practice and support alongside their Te Ao Māori perspective, tikanga and Mauri Ora framework.
- The rūnanga continue to build key relationships with other data source holders like the Ministry of Health, Tu Ora Compass PHO and DHB to strengthen data intelligence.
- Having a clear strategy and consistent communication plan to link our kaupapa like *Karawhiua – be a doer* to build a successful and solid foundation for ongoing and future opportunities and communications. This included consistent signage for our mobile vaccination teams, fleet of cars and van.

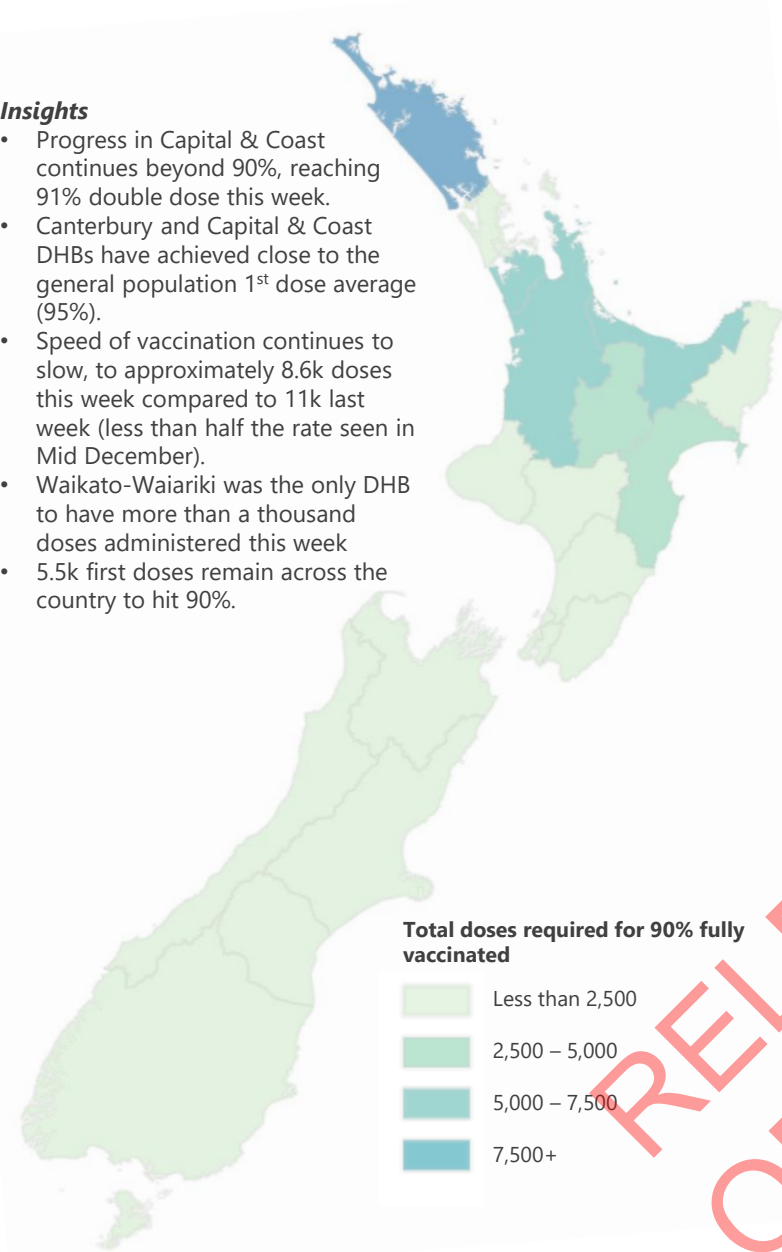
Looking ahead, the rūnanga continue to work on their communication collateral to support their key messages and communication approach. For example, using a well-recognised local tāne rangatahi on social media who himself was encouraged to be vaccinated. The manaaki shown by him on the day has established him as a local champion for vaccination amongst local rangatahi. In addition, the rūnanga IT team are working to look at ways to provide an IT infrastructure that will support both current vaccination efforts and their care in the community work which is being developed concurrently with the vaccination strategy.

Māori Communities COVID-19 Fund Phase 1 – Vaccine rate and DHB investment

Total doses required to hit 90% Māori fully vaccinated as at January 21st

Insights

- Progress in Capital & Coast continues beyond 90%, reaching 91% double dose this week.
- Canterbury and Capital & Coast DHBs have achieved close to the general population 1st dose average (95%).
- Speed of vaccination continues to slow, to approximately 8.6k doses this week compared to 11k last week (less than half the rate seen in Mid December).
- Waikato-Waiariki was the only DHB to have more than a thousand doses administered this week
- 5.5k first doses remain across the country to hit 90%.



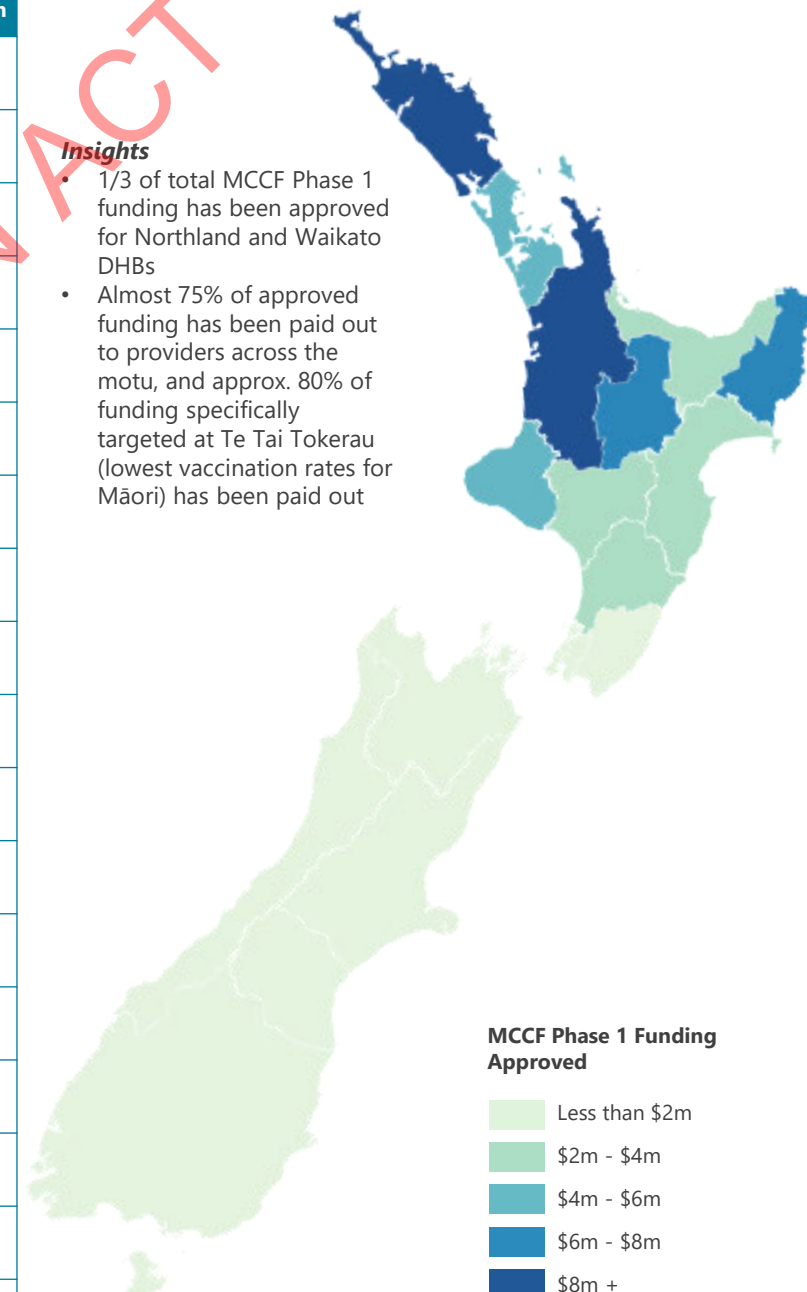
Māori Vaccination Data and MCCF Summary Table

DHB Area	Dose 1 / Dose 2 %	Total Doses Needed for 90 2 Dose%	Total doses since last report (Jan 14)*	Doses since MCCF open (Oct 24)*	MCCF Phase 1 Investment Approved \$m
Northland	85% / 78%	8,550	733	27,406	8.17
Auckland Metro	90% / 86%	6,229	1,706	62,772	5.35
Waikato	89% / 83%	5,193	1,145	39,207	15.10
Lakes	88% / 82%	3,174	497	19,197	6.49
Bay of Plenty	86% / 79%	7,120	769	29,643	3.76
Tairāwhiti	89% / 83%	1,625	333	11,861	6.84
Taranaki	88% / 83%	1,399	250	10,208	4.31
Hawkes Bay	89% / 83%	2,943	620	20,926	2.51
MidCentral	92% / 87%	744	461	15,074	2.72
Whanganui	85% / 80%	1,968	230	7,581	2.84
Capital and Coast	94% / 91%	0	343	13,055	0.93
Hutt Valley	92% / 87%	483	302	11,189	0.52
Wairarapa	92% / 87%	205	105	4,063	0.43
Nelson Marlborough	89% / 84%	725	148	6,220	0.54
West Coast	88% / 83%	226	39	1,511	0.11
Canterbury	94% / 89%	240	519	22,847	0.99
South Canterbury	90% / 84%	205	70	1,957	0.09
Southern	92% / 88%	548	347	12,258	1.56
National Coverage					8.82
Total	89% / 84%	40,324	8,638	317,288	\$72.08m

MCCF Phase 1 Approved Investments by DHB Area January 21st

Insights

- 1/3 of total MCCF Phase 1 funding has been approved for Northland and Waikato DHBs
- Almost 75% of approved funding has been paid out to providers across the motu, and approx. 80% of funding specifically targeted at Te Tai Tokerau (lowest vaccination rates for Māori) has been paid out



Notes:

- Dollar figures are amounts approved or contracted through MCCF
- Auckland DHBs are aggregated
- Funding share for proposals covering multiple DHBs is based on vaccination rates, and should be considered an estimate
- Vaccination data = 21 January, rate of change since 14 January
- All vaccination rate data sourced from daily MOH updates
- 'Overseas / Unknown' included in total vaccination figures
- Total dose figures include those overseas / unknown residence

*doses delivered by DHB areas are based on MOH data, and are not specifically linked to MCCF funding



Te Puni Kōkiri
MINISTRY OF MĀORI DEVELOPMENT

