



**COVID 19 VACCINE UPTAKE FUND:**  
 A partnership between the Ministry for Ethnic Communities and the  
 Ministry of Health – October 2021 to June 2022



**Working together to achieve equitable health outcomes for ethnic communities**



# Executive Summary

The Ethnic Communities Covid 19 Vaccine Uptake Fund was a partnership between the Ministry of Health (MOH) and the Ministry for Ethnic Communities (MEC). the purpose of the fund was to **“assist ethnic communities to achieve equitable uptake and access to the COVID-19 Vaccine.”** (MOU).

A total of was \$2million and was allocated, and administered over two phases to 30 June 2022. Phase 1 October 2021 - Feb 2022: \$1 million to support vaccination uptake initiatives for ethnic communities. The focus was on achieving the 90% vaccination target by Christmas 2021, as set by the government. The scope was for the primary doses (1 and 2) of the vaccine. Phase 2 March 2022-June 2022: \$1million to support Booster Uptake and the Paediatric Vaccine.

This MOH Covid Immunisation appropriation was administered by MEC under a Memorandum of Understanding which defined the parameters (output categories) for the fund.

MEC stood-up the fund, allocated resources and implemented controls and processes to ensure integrity and traceability of funding decisions. An evaluation panel was put in place, made up of senior leaders from MEC as well as a senior member of the Immunisation Equity team at MOH. Supporting the vaccination outcome went beyond administration of the fund, MEC Engagement and Partnership Advisors played a pivotal role in engaging and supporting community groups, connecting with DHBs, and providing the connection between government and community groups.

Phase 1 of the CVUF had quick and high uptake as a result of the anxieties people were experiencing being unvaccinated. The large presence of vaccination pop up clinics, the vaccination target and the **“two shots for summer”** campaign, and the requirements for a vaccine pass in order to gain access to a range of social and business settings were key levers during this phase. People were motivated and keen to build their immunity, avoid lockdowns and to get on with life.

An estimated 7000 people received the first and second dose as a direct result of this fund This contributed to the overall 90% target being achieved by Christmas 2021.

Phase 2 was met with a high level of hesitancy as a result of misinformation, confusing messaging, linguistically inaccessible content and changing rules and settings. As a result the focus of this phase of the fund was to **educate and vaccinate**. In May 2022 MEC’s analysis of Booster data indicated that there was approximately 200, 000 people from ethnic communities who were eligible but unboosted. Though deeper analysis of the MOH data we were able to breakdown by DHB region and suburb, MEC subsequently engaged community leaders to share what we were seeing, gain their insight and seek their help with addressing the low uptake. In parallel, MEC conducted a vaccine hesitancy survey. Omicron infections in Ethnic Communities between March 2022 and August 2022 reached approximately 167,000 reported cases. A combination of the winter spike and high infection rates impacted implementations.

At the end of September 2022 an estimated 7500 receives vaccines, communities translated information into 30 languages, 75 events (vaccine and educational) and over 35 educational and promotional videos have been developed and delivered. Ethnic health professionals from within communities played an important role in supporting initiatives. Every one of the 51 organisations (100%) funded during this phase have provided either a full or a progress report.



The network effect of ethnic community organisations reaching their constituents was significant, and this is reflected in the high usage of social channels such as WeChat, Facebook, TikTok, YouTube, Whats App. For example The Lady Kadija Trust Videos reached 29000 followers on Facebook, APNA radio has a listenership of 70,000, followers on social media of 127,000. However, we also know that in some instances social channels in general have been a source of misinformation and vaccine hesitancy within ethnic communities.

One of the key challenges experienced was the absence of a systemic approach to funding ethnic communities in the Covid 19 response. As a result, MEC had to advocate and lobby MOH for funding of vaccines, manage requests for support from our mandated communities and implement within short timeframes. This placed pressures not only on MEC but on community groups. However, despite these constraints the contribution of the ethnic sector to the health outcome has been impactful. The system benefitted from the infrastructure of these community organisations and groups, noting that the funding criteria did not allow for support of their core operations.

The strength of MECs partnership with the system, and especially MOH and the DHBs, has been instrumental in building the trust of our communities. As immunity wanes over time and restrictions are lifted, the challenge of vaccinating the unboosted and hesitant remains and may amplify, as the social and health mindset will have shifted further away from the “vaccine protects” psyche. We also know that the long term health impacts are yet to emerge. How we continue to partner and support the approximately 23% of New Zealand’s population that make up Ethnic Communities, will be a key factor in retaining that trust.

This report closes the Covid 19 Vaccine Uptake Fund to June 2022 and summarises securing funding from the system, administration of the fund, the results achieved, and the role that ethnic community organisations played in Aotearoa’s Covid Vaccination response.

### **This funding:**

1. Built alliances across the community sector and with different population groups.
2. Developed trust and connection with government agencies.
3. Delivered better health connections and better health outcomes.
4. Enabled social cohesion and connectedness following lockdowns, by bring people together within the restrictions.
5. Reduced linguistic barriers by empowering communities to produce better quality translated information.
6. Created visibility of the impact and value of the ethnic community and voluntary sector.
7. Built trust in ethnic community organisations.
8. Created access to communities and built visibility and relationships with small, vulnerable and hard to reach individuals and groups.
9. Highlighted the trusted advisor role that ethnic community health professionals played in supporting their communities.
10. Strengthened the partnership between the Health system and the Ministry for Ethnic Communities.

## Helping the system to achieve equitable health outcomes for ethnic communities during the Pandemic



Shortly after MEC became a Ministry (August 2021), the second wave of Covid 19- the Delta strain – hit New Zealand and initiated a series of responses to protect people from the worst effects of the virus. This was then followed by the Omicron wave in January 2022 and more recently the Winter of 22 Covid infection spike.

The Ministry has continuously geared into action, drawing on its legacy and institutional capital, community networks and ability support both ethnic communities and the system to achieve health and social cohesion outcomes.

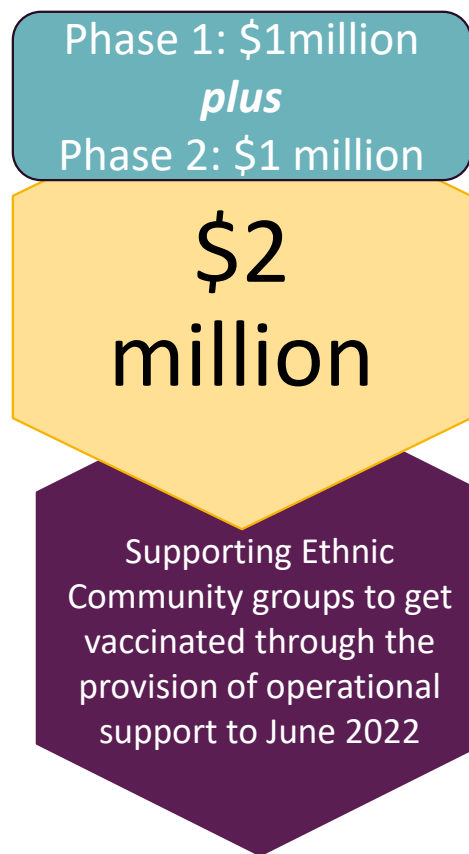
As chief advisor to the Government on ethnic communities the Ministry lobbied and advocated across the system with DPMC, MSD and MOH, for equitable outcomes, by bringing awareness and growing understanding of the vulnerabilities, culture, linguistic barriers and faith based values of the diverse population groups in our mandate. More importantly, the Ministry brokered and opened access to our community groups and leaders.

As vaccinations started to roll out in 2021, our the priority was to get as many of our community vaccinated, thereby building immunity and resilience. Working with the Immunisation Equity team at the Ministry of Health we secured MOH funding for Covid-19 vaccinations. Confirmation of funding was not always timely and this had implications for administration, buy-in, as well as the ability of community groups to implement in condensed timeframes. Notwithstanding, this fund has played a key role in helping the system to achieve a better level of equitable health outcomes for ethnic communities. At MEC we:

1. **Established a COVID-19 Vaccine Uptake Fund team** to administer the fund and support ethnic communities across New Zealand for the vaccination roll out.
2. **Worked closely with 21 District Health Boards (DHBs)**, the Ministry of Health (MoH), and the Department of the Prime Minister and Cabinet (DPMC) to understand and help inform respective equity work programmes.
3. **Connected with the Immunisation Advisory Centre (IMAC)** to provide information about the vaccine to communities, and with the New Zealand Red Cross to understand and address the needs of the resettled community and with community leaders to drive vaccination uptake rates
4. Facilitated **pop-up vaccination events** as well as tailored community vaccination centres for ethnic communities and their families.
5. **Mobilised Ethnic Youth** to deliver an Ethnic Youth Vaccination Day: 20 November 2021
6. Conducted a **Covid 19 Vaccine Hesitancy Survey** and met with Community Leaders to better understand the reasons behind hesitancy.

# The Covid 19 Vaccine Uptake Fund output categories and funding criteria

Applications were assessed based on the following (excluding last two):



Category	Description
<b>Venue Hire</b>	For vaccination and community hui to address vaccine hesitancy
<b>Catering</b>	Such as providing snacks, light food and non-alcoholic beverages
<b>Transportation costs</b>	To cover costs such as hiring a vehicle to get rural or isolated ethnic community members to vaccination centres
<b>Collateral</b>	Translations of hard copy or e-copy material
<b>Koha</b>	For support people who may need to accompany older ethnic people to vaccination centres, volunteer support, and incentives
<b>Interpreter costs</b>	Interpreters to assist with community language barriers
<b>Wellbeing support</b>	To help with those who are mentally and emotionally afraid of needles
<b>Other</b>	Any other operational costs to support uptake of the vaccine by ethnic communities
<b>Vaccine champion</b>	Someone to work with the community and government and private organisations to champion the Covid 19 Vaccination amongst all ethnic communities to achieve the governments vaccination targets
<b>User department administration costs</b>	Costs incurred to manage and administer the delivery of the outputs

# Administering the fund: The MEC Engine Room



The MEC Covid 19 Vaccine Uptake Fund team (3 FTE) was set up to manage and administer the funding. In addition to this core team, our Engagement and Partnership Advisors across Aotearoa were utilised to support ethnic community organisations with the vaccination programme.

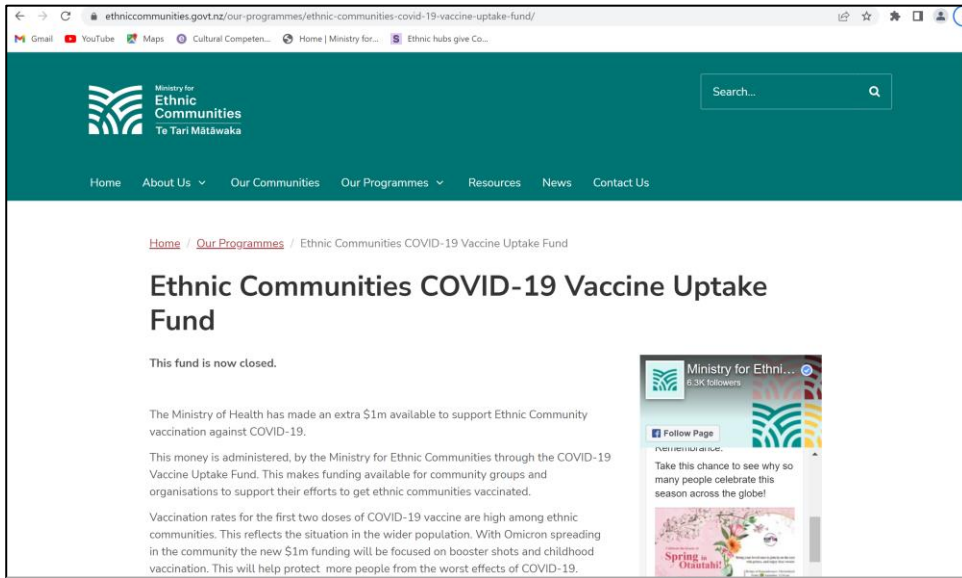
Robust processes were put in place to ensure integrity and traceability of decision making. Given the lateness of funds being made available as well as time pressures for achieving targets, MOH advised that the application and reporting requirements be designed and implemented on high trust model (particularly during phase one).

MEC ran weekly evaluations of applications, and during the peak of phase 1, two evaluations were held per week with two payment cycles being processed. This intensity required high performance and robust processes and included peer review. The evaluation panel included our relationship partner from the Immunisation Equity team at MOH, thereby creating visibility, transparency and operational robustness into all aspects of the administration of the fund. Monthly reports were provided to MOH covering the various dimensions of the outputs as well as themes, feedback from communities and examples of initiatives, and financials.

To date MEC has also responded to 70 WPQ's, 3 OIAs and 2 media enquiries on the fund. We anticipate that these requests may continue beyond closure of this initiative.

The daily operations and administration of the fund covered a comprehensive spectrum of activity.

# Website and applying for the fund



<https://www.ethniccommunities.govt.nz/our-programmes/ethnic-communities-covid-19-vaccine-uptake-fund/>

News in October 2021

## [Ethnic Communities COVID-19 Vaccine Uptake Fund](#)

28 Oct 2021, 13:00

In partnership with the Ministry of Health we have set-up a new fund to support Ethnic Community vaccination against COVID-19.

It provides funding for activities that directly...

## [Super Saturday Vaxathon](#)

13 Oct 2021, 09:00

Ethnic communities across Aotearoa New Zealand are supporting New Zealand's first-ever Vaxathon that will take place this Super Saturday, 16 October.



The Ministry for Ethnic Communities website was the go to place for information about the fund and to apply for the funding. Web content provided information to help communities apply, covering topics such as:

- What does the fund cover?
- Criteria
- What is not covered
- Who can apply?
- How applications will be prioritised?
- The Process
- Reporting (including template)
- Questions about the fund
- Organisations that have been funded

During phase 1 a manual application process was in place but in phase 2 MEC implemented an online application process integrating with DIA's Grants Customer Management System. Frequently asked questions, mock sample applications as well as online hui were made available to encourage uptake of the fund. In addition, MECs newsletter to stakeholders and social channels promoted the fund.

Website information was also supported by a dedicated inbox, enabling applicants to communicate with the project team.



# Enable diversity to thrive.

**by the community,  
for the community and  
with the community**

Our strategic approach for implementing the fund was that it needed to be “by the community, for the community and with the community”. Designed around the principle of high trust the application process was simple and accessible, removing complexity where appropriate, but also setting expectations for accountability and providing support to community groups where needed. MEC Engagement and Partnership Advisors throughout the motu played a key in this.

By empowering community groups to design and implement their initiatives based on their knowledge of their communities, the Covid Vaccine Uptake Fund enabled the system to reach people that it would otherwise have had no access to. The flow on benefits of building social cohesion and connectedness following periods of lockdown, increasing immunity, caring for the vulnerable, incentivising through vouchers, have strengthened the importance and credibility of the community sector. This built trust in government.

Funds went directly into communities through the implementation activities and not as funding to support the core functions of community organisations and groups, some of whom depend on volunteer efforts. The Koha category of the fund contributed to recognising the efforts of volunteers.

Community groups and MEC had to navigate negative feedback based on comparisons of funding and incentives for other like population groups, but community groups also appreciated the funding support, worked with what was available, and recognised and committed to the health objective.





Area	Key Messages	Key Messages	Key Messages
Green	... (text)	... (text)	... (text)
Orange	... (text)	... (text)	... (text)
Red	... (text)	... (text)	... (text)

## Two shots for summer

The focus of the first phase of the fund was on the primary doses of the vaccine – dose 1 and 2. The “two shots for summer” campaign, vaccination target, requirement for a vaccine pass and the shift from the Alert System to the Covid Protection Framework (Traffic Lights) were front of mind for communities during Phase 1 of the fund. In addition, the Caring for Communities Framework was developed and MEC developed Ethnic Communities Personas to test the framework and help improve its policy and service design. The personas have applicability to other system interventions as well – refer to Annex 4.

We also note that community motivation to be vaccinated against Covid -19 was high and there was a fear of not being protected. *The purpose was simple: Get a jab.*

Within a six week period to Xmas 2021:

- 98 applications were received, 53 were funded, 41 groups were declined
- \$623,900.55 was allocated
- over 60 events were held
- an estimated over 7000 (self reported) vaccinated
- information and promotional material was translated into over 20 languages and
- we reached small and hard to reach communities.

MEC Engagement and Partnership Advisors played a critical role in connecting funded organisations with DHBs and vaccinators, and also on gathering insights on implementation, as well as community sentiment.

**THE RESULT:** With high levels of community buy-in, vaccine pop up events and support to remove the barriers to vaccination, by Xmas 2021 ethnic communities aggregated had reached the 90% government target for dose 1 and 2 of the Covid 19 vaccine.

communicate

educate

vaccinate

Phase 2 of the fund was confirmed at the end of March 2022 for Booster and Paediatric Vaccines. This was in the backdrop of the Omicron variant, changing timeframes on booster eligibility, mixed messages and increasing Covid infection rates.

The aim was **Communicate, Educate and Vaccinate**.

Uptake of the fund was slow to start, and anecdotally we were hearing of vaccine hesitancy as a result of misinformation, conflicting messages and inaccessible messaging. MEC undertook to better understand the reasons behind this hesitancy through a survey and one on one meetings with community leaders – summarised in the next section – refer to Annex 5).

In parallel MEC sought to understand the quantum of unboosted analysing MOH data, by ethnicity, DHB region and suburb. In May this analysis revealed the eligible but unboosted number to be approximately 200,000.

A targeted engagement with Community leaders and a strategic approach to funding organisations was agreed with our Health counterpart. For this phase:

- 59 applications were received, 51 were funded totalling \$1,156,278.00, 8 groups were declined
- approx 75 events (held or planned)
- an estimated over 7500 vaccinated incl flu and MMR (self reported),
- reached over 300 000 people (incl via social media, community newspapers, newsletters and radio),
- information and promotional material was translated into over 33 languages, telephonic support available in over 90 languages and dialects
- supported over 30 small, vulnerable or hard to reach communities and groups.

Information translated into ethnic languages, **use of health experts from within the community** and education sessions have been positively received, with community members indicating that they have subsequently vaccinated because they now had better information. Health system data from March 2022 to September 2022 indicates that over 46,190 individuals from ethnic communities received the booster.

Between April 2022 and August 2022, 167054 ethnic community individuals had Covid infections, impacting booster eligibility. Data analysis indicates that there are currently 188,752 eligible but unboosted individuals. For some groups planned implementations over winter were delayed due to the winter spike, household isolation and seasonal flu, however these are now resuming.

Despite these challenges, the efforts and results delivered by ethnic community organisations speak for themselves. Refer to Annex 1: Examples of CVUF Ethnic Communities Implementation Activities.



Ministry of Health Covid 19 Booster Vaccination data told us that approximately 200,000 people from ethnic communities are eligible but unboosted. It also told us that approximately 29,000, 5-11 year children from ethnic communities were unvaccinated (May 2022).

**From our (MEC) research into the reasons behind vaccine hesitancy with ethnic community leaders the following themes emerged (June 2022):**

1. **Side effects:** People are worried about the side effects of the Covid vaccination on themselves as well as children. This theme underlines much of the community sentiment.
2. **Communication:** Messaging has been difficult to understand and translations have not been simply communicated – verbatim English translated to community languages is confusing. Government campaigns are not being delivered through ethnic media channels so it is not reaching communities.
3. **Education:** Relaxing of restrictions, changing the booster timeframes, and the reporting of high percentage of boosted in Ethnic Communities sends conflicting messages, and the reasons for these changes is not easily consumable or understood.
4. **Misinformation and foreign interference:** This is coming through social channels such as Facebook, WhatsApp and WeChat, from networks and relationships in New Zealand as well as countries of origin.
5. **Lack of Urgency:** As a result of relaxing of restrictions, the booster is not required for work or travel. It is also not required by other countries.
6. **Vaccine efficacy:** Questioning of vaccine efficacy due to high levels of vaccinated people who have Covid, and a resulting scepticism. Better education and communication is needed.
7. **Too many vaccines and too many trips** to make in hard financial times: Questioning why the different vaccinations aren't being offered as a bundle. In addition, families come as a whole unit so staging vaccination by age group adds to expenses, and as a result families lose the urgency to do it because they wait until they can go together.

# Supporting small, vulnerable and hard to reach communities



Auckland United Oromo Community



Yoruba South Island New Zealand Incorporated



Dr Umaima Khatoon



THINK Hauora



The Women's Helping Hand Trust NZ

## Making a difference where it matters

Building the resilience of small and hard to reach communities was a key objective that the MEC's team had in place. With the diversity of our communities, our approach was to empower and support communities to lead and deliver vaccination information and pop up clinics. 30 of the 52 organisations funded had reach into small, vulnerable or isolated communities (Annex 3).

Alongside funding larger groups with reach such Yoruba South Island, Umaima Khatoon (Muslim Women), Ricardo Jurawan (West Indies), many of whom we accessing government funding for the first time, did not know much about funding processes and did not have the infrastructure to apply.

MECs Engagement and Partnership Advisors across the motu played a pivotal role in supporting organisations. We strived for an inclusive and empowering approach, meeting community leaders or organisers, mobilising ethnic youth, supporting application processes, connecting with the DHB and running hui on the application process and what we would be looking for in the evaluation.

Tailored support covered areas such as linguistic challenges, dialect, faith, culture, age (children and elders), women, youth, remoteness, and former refugees. In many instances multiple factors come into play with these communities, who find themselves vulnerable for a variety of reasons.

Supporting these groups enhanced social cohesion and connection, built trust in and connections with government, and also created connection with and visibility of these communities.

# Communities translated information into over 40 ethnic languages

## Asian Health Services provided translations and telephonic support in over 90 languages and dialects



Farsi, English, Hindi, Posto, Swahili, Russian, Pashto, Dari, Vietnamese, Japanese, Cambodian, Korean, Spanish, Arabic, Filipino Tagalog, Uyghur, Urdu, Malay, Afghan, Thai, Tamil, Sinhalese, Simplified Chinese, Traditional Chinese, Ethiopian, French, Samoan, Burundian (Kirundi), Sudanese Arabic, Somali, Rohingya, Taiwanese, Bhutanese, Amharic, Marati, Mandarin, Swahili, Fijian Hindi, Lao, Marati

### From Dari and Pashto to Rohingya and Sinhalese

With the focus in phase 2 on education and information, translation was a huge component as was the use of interpreters. This enables culturally and linguistically appropriate support. Community groups filtered out “government speak” into accessible information in a range of languages.

- Covid 19 vaccine information was translated into over 40 ethnic languages by community groups, over XX videos were produced (ethnic language as well as simple English).
- Interpreters provided linguistic and wellbeing support and were available and accessible during information and education events and at vaccination clinics.
- Asian Health Services operated a 24/7 Healthline providing support in over 90 languages.

*“Through COVID we identified the need and opportunity to provide a 7days a week service due to service demand and COVID requests for CALD communities struggling to access mainstream channels. We were encouraged and supported by various agencies and ethnic community advocates to extend our service to cover phone call enquiries from vulnerable ethnic people nation-wide. We were able to achieve this through the Ministry of Health (MoH) and the Ministry for Ethnic Communities (MEC) COVID-19 fund for our newly established ‘Asian Health Line 0800 88 88 30’. The community’s needs have been met through direct culturally and linguistically appropriate support.”* **Grace Ryu, Operations Manager Asian Health Services**

## Minister of Health Covid Awards: Ethnic Community Vaccine Uptake Fund recipients



“Asian Health Services(AHS) Volunteers received 2022 Minister of Health Volunteers Award (COVID19 Support Criteria)...MoH created the new category of the Award “COVID19 support” this year and it was a great honour to receive the special award and acknowledgement.

Our volunteers were super delighted after the announcement.

“Asian Health Line Support (AHLs) volunteers have made a vital contribution to the fight against COVID-19 and have helped Waitematā DHB Asian Health Services meet the needs of our ethnic communities throughout 2021 and 2022”

Thanks for MEC’s support by addressing significant increased demand for COVID-19 information and support for the ethnic communities. “ **Grace Ryu: Operations Manager, Asian Health Services, Waitematā DHB**



“With profound gratitude I would like to share with you that Muskaan Care Trust team Community Vaccination team has been awarded - "Community Covid Vaccination Champion " by Hon Minister of Health Shri Andrew Little at National Volunteer Awards Ceremony.

I really like to take this opportunity to thank you and Ministry for Ethnic Communities for resourcing and enabling our team Muskaan "Protection Through Prevention" and collaborators to provide this service to our wider community.” **Vivek Vij: Chairperson, on behalf of team Muskaan Care Trust NZ**

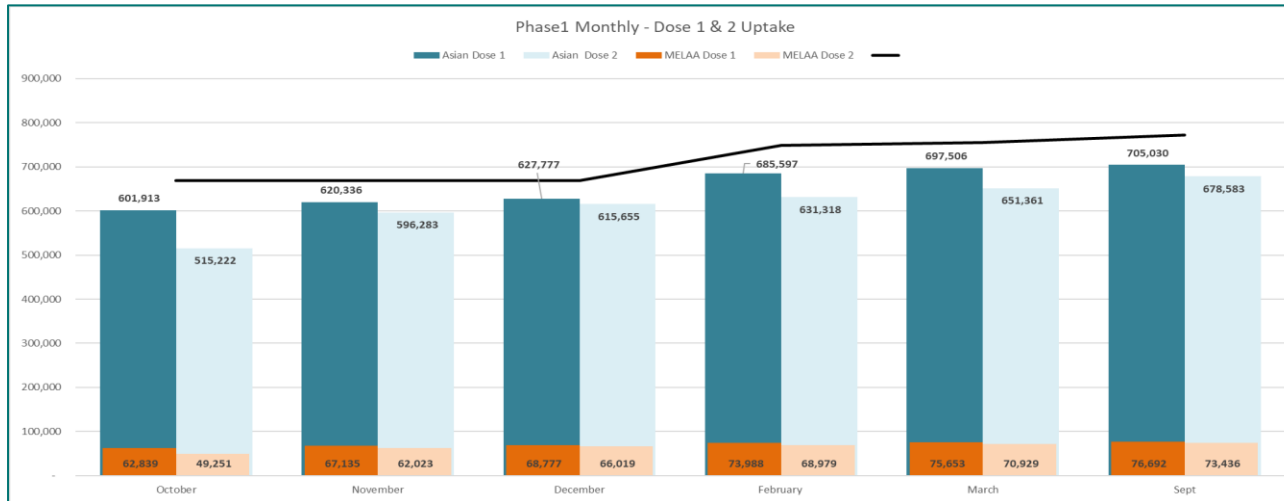
# Vaccination data analysis for Ethnic Communities

The Ministry for Ethnic Communities has 3 data sharing agreements in place with The Ministry of Health/Te Whatu Ora

1. Covid 19 Vaccination data by ethnicity and DHB region
2. Booster remainder data
3. Covid infection data

All data analysed is from these Ministry of Health sources.

## Phase 1 data



Phase 1 - Dose 1 & 2: Overall from the end of October to September a total of

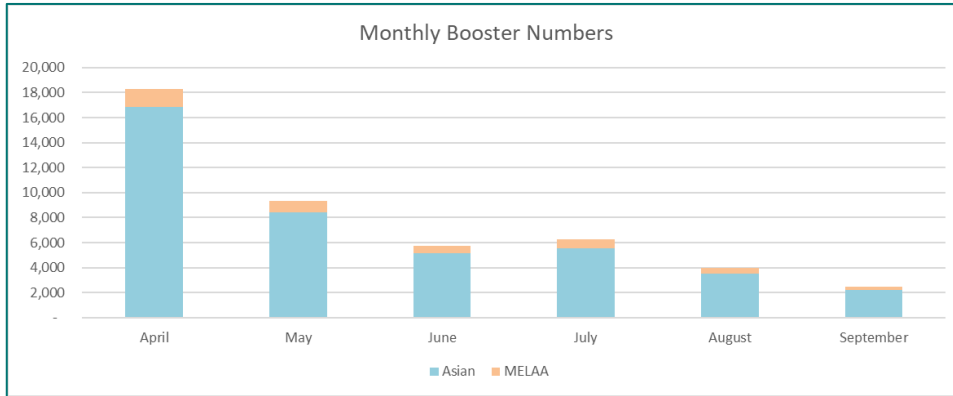
- **116,970** ethnic people got the first dose of the vaccine
- **184,546** received the second dose

During the 2 shots for summer campaign October - February

- **94,833** ethnic people got the first dose of the vaccine
- **135,824** received the second dose

Phase 1 Monthly - Dose 1 & 2 Uptake							
		24-Oct-21	28-Nov-21	19-Dec-21	13-Feb-22	28-Mar-22	11-Sep-22
	<b>Population</b>	<b>668,991</b>	<b>668,991</b>	<b>668,991</b>	<b>748,531</b>	<b>754,956</b>	<b>772,936</b>
<b>Dose 1</b>	<b>Asian</b>	601,913	620,336	627,777	685,597	697,506	705,030
	<b>MELAA</b>	62,839	67,135	68,777	73,988	75,653	76,692
<b>Dose 2</b>	<b>Asian</b>	515,222	596,283	615,655	631,318	651,361	678,583
	<b>MELAA</b>	49,251	62,023	66,019	68,979	70,929	73,436

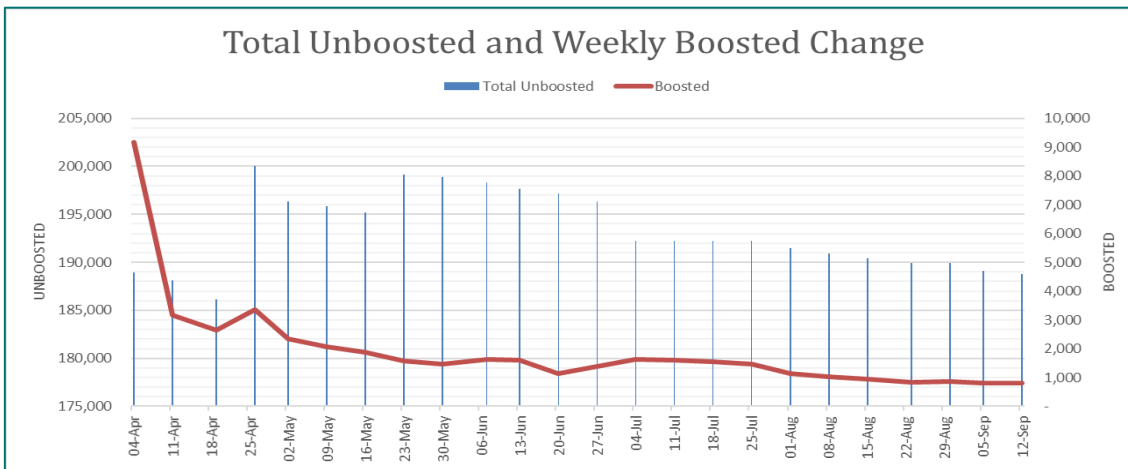
# Vaccination data analysis for Ethnic Communities



Monthly Booster Numbers							
	April	May	June	July	August	September	22-23 weeks Overall Total
Asian	16,835	8,450	5,122	5,555	3,535	2,218	41,715
MELAA	1,471	886	627	682	421	265	4,352

## Phase 2 (Booster and Paediatric)

- Between March and September 2022 observe an increase in population of 103,945 – this is as a result of data being received for an additional section (i.e. ages 5+, previously 12+)
- Between the 28th of March and 11th of September **46,190 ethnic people got boosted**, and within the same time period 20,571 children between the ages of 5-11 years old received their second dose of the vaccine.



- From May there has been a steady decrease on the numbers of eligible unboosted ethnic individuals.
- In May there were over 200,000 eligible but unboosted, by mid September this number is 188,752.
- From July the booster uptake nearly halved, an average of 900 people are getting boosted weekly.
- Between April 2022 and August 2022, 167054 ethnic community individuals had Covid infections – this has impacted eligibility and uptake as a result of not being able to vaccinate as well as household isolation restrictions during this period. Furthermore low uptake coincided with the Winter spike in July.



# Financial overview

Phase 1	(Oct-21-Feb-22)
Fully Funded applications	29
Partially Funded applications	23
Declined applications	41
Total Requested amount	\$2,871,503.79
Total Approved amount	\$623,900.55
Returned funds	\$30,179.00
Total Approved amount minus returned funds	\$593,722.00

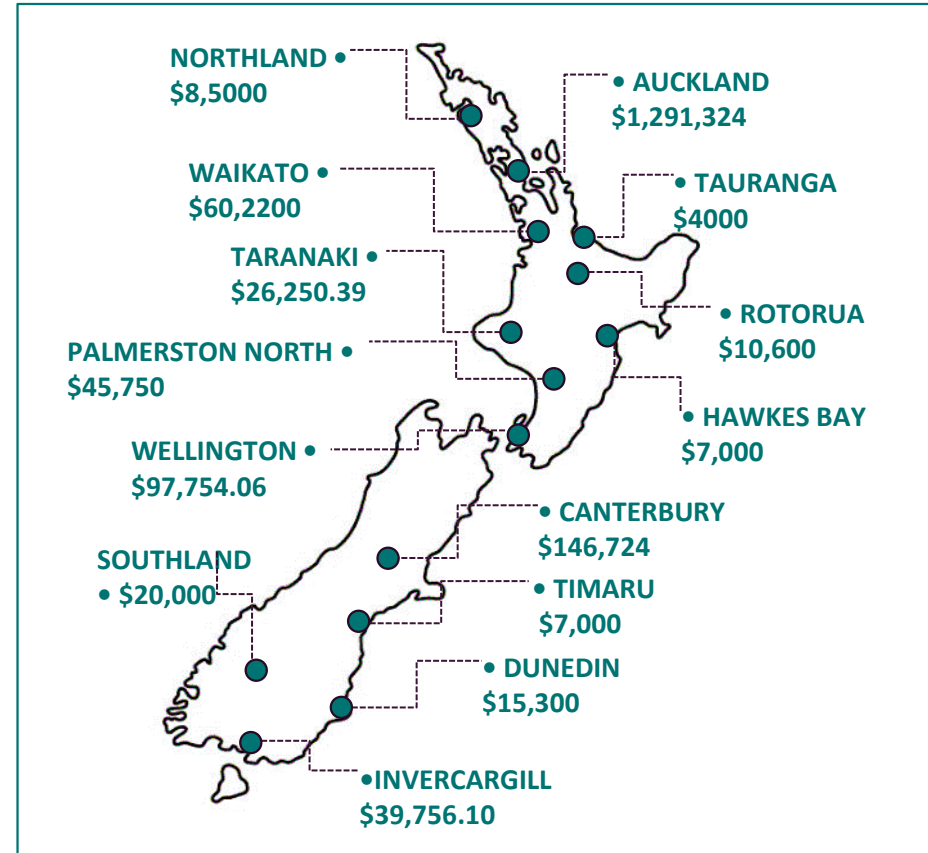
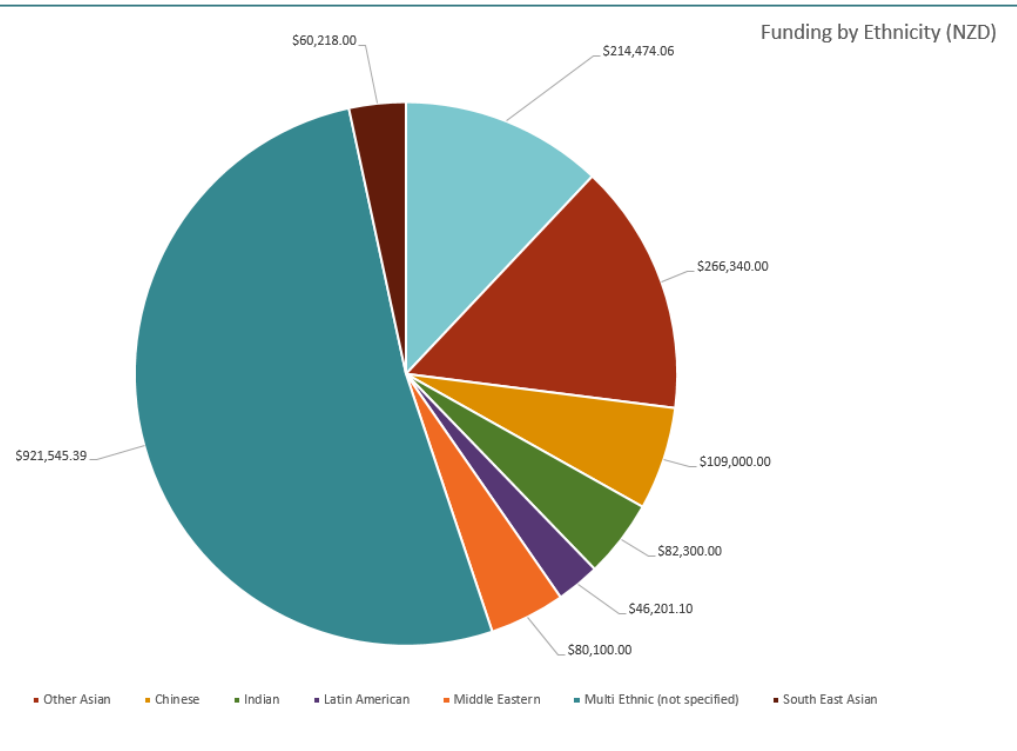
Phase 2	(Mar-22-Jun-22)
Fully Funded applications	35
Partially Funded applications	16
Declined applications	8
Total Requested amount	\$1,642,288.00
Total Approved amount	\$1,156,278.00

Phase 1 & 2	(Oct-21-Jun-22)
Fully Funded applications	64
Partially Funded applications	39
Declined applications	49
Total Requested amount	\$4,513,791.79
Total Approved amount	\$1,750,000.00

Fund Financial Summary	
Total Funding recorded in DIA General Ledger	\$1,780,179.00
Returned Funds (confirmed by DIA Accounts Receivable)	\$30,179.00
Total Funding recorded in GL minus Returned Funds	\$1,750,000.00
User Agency Admin Costs per GL	\$237,670.00
Grand Total	\$1,987,670.00

- The \$2million fund has been administered in accordance with the MOU and appropriation management expectations.
- Funding criteria and decisions were based on the purpose of the fund and the focus of each of the \$1million allocations. Phase 1 for the primary doses and phase 2 for the Booster and Paediatric vaccine.
- A senior official from MOH has been part of every funding decision.
- Returned funds from phase 1 was transferred to phase 2.
- DIA Finance provided monthly appropriation reporting to MOH Finance and to the Treasury.
- DIA Finance has also provided EOFY reporting to MOH Finance and the Treasury.

# Funding allocation and distribution by ethnicity and location

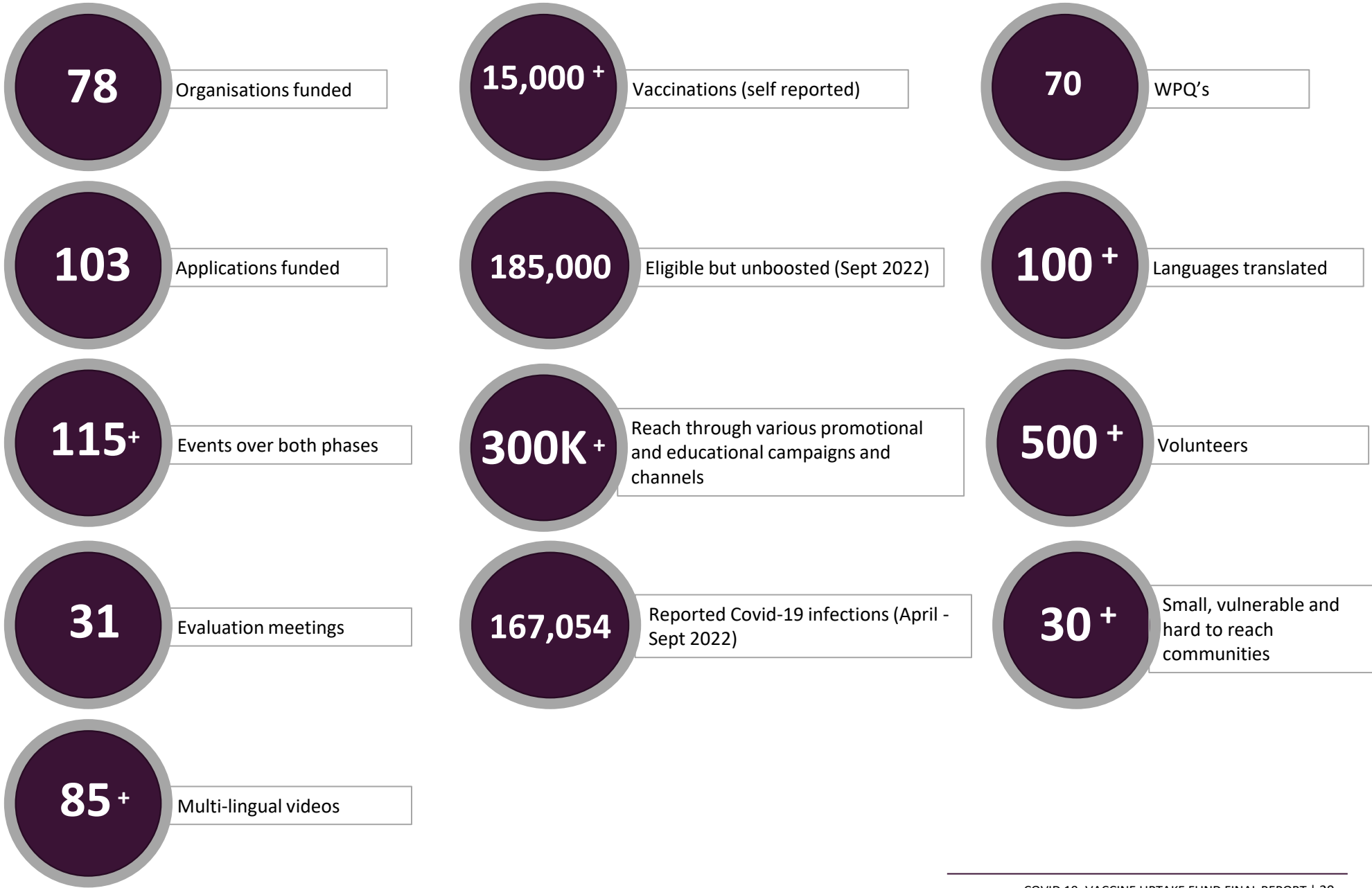




78

Abroad-Global | African Communities Forum Inc (ACOFI) | Aotearoa Africa Foundation | Apna Networks Ltd | Arasan NZ Trust | Asian Family Services | Asian Health Services (AHS) | Asturlab Cultural Centre | Auckland Tamil Association | Auckland United Oromo Community Incorporated | Authenticity Aotearoa | Babylon Community Development Charitable Trust | Canterbury Somali Association Incorporated | Change Makers Resettlement Forum | Chinese Association of West Auckland | CNSST Foundation Ethiopian Community in Wellington Incorporated | Everyone an Artist Trust | Fiji Girit Foundation NZ | Hamilton Multicultural Services Trust | Hindu Heritage Research Foundation (NZ) | Indian Association (Manukau) New Zealand Incorporated | IndianNZ Association Of Christchurch | K-CENTRE (Waikato Korean Cultural Centre Trust) | Korean Positive Ageing Charitable Trust | Lady Khadija Charitable Trust | Let's Play Aotearoa | Manukau United Football Club | MAR Colombia Charity Trust | Migrant Connections Taranaki Charitable Trust | Multicultural Aoraki | Multicultural Council Wellington Incorporated | Muskaan Care Trust New Zealand | Muslim Focus | Nepalese Culture and Tourism Promotion Forum New Zealand | New Zealand Federation Of Multicultural Councils Incorporated | New Zealand Islamic Cultural Trust | Northland Indian Association Incorporated | NZ Middlemore Sangam Incorporated | NZ Pan African Broadcasting Corporation Charitable Trust | NZ Sikh Community Tauranga Trust | NZFuture Community Trust | Pariwaar New Zealand | Philippines Culture and Migrant Services | Pinoy CARES Canterbury | Radio Farsiland | Ricardo Jurawan | Rotorua Multicultural Council | SM Publications Ltd | Social Wealth | Somali Education and Development Trust | Southland Migrant Walking Together Organisation and Multilingual and Activity Centre Charitable Trust | Southland Multicultural Trust | Sri Lanka Friendship Society Waikato | Sri Lanka NZ Community Newspaper | Sukhdeep Singh | Supreme Sikh Society of New Zealand | Synergy Community Trust | Take2For The Team Wellington Youth | The Asian Network Incorporated (TANI) | The Christchurch Chinese Advisory Network Group | The Good Deed Group | The TNC Trust | The Umma Trust | The Whānau Community Trust | The Women's Helping Hand Trust NZ | THINK Hauora | Umaima Khatoun | Waikato Ethnic Family Services Trust | Waikato Refugee Forum Inc | Waitakere Chinese Association | Waitakere Ethnic Board | Wellbeing Charitable Trust (Mt Roskill Collective) | Wellington Chinese Association | Wellington Inter-Faith Council Inc | Wellington Muthamizh Sangam | Yoruba South Island New Zealand Incorporated | Youth Activating Youth

# Dashboard



## To conclude

1. The fund has been administered in accordance with the MOU between the Ministry of Health and the Ministry for Ethnic Communities.
2. The scope and complexity of work to effectively deliver the health outcomes exceeded transactional administration of the fund, and required engagement with communities, insights from leaders, better data analysis and support to implement.
3. MEC's relationship with and support of ethnic community organisations has been instrumental in building trust in government, the health system, and achieving health outcomes through vaccination, as demonstrated in this report and its annexes. This would not have been possible without MECs deep knowledge of its communities and credibility with community leaders.
4. Ethnic communities demonstrated their commitment to building their communities resilience through vaccination, despite hesitancy. Without ethnic communities leading the implementation of the Covid Vaccination uptake, a significant demographic may have been left behind. The funding was a key enabler.
5. We have seen exemplars of trusted delivery and accountability for public funds e.g. one organisation returned \$22.00.
6. The impact of the fund should not be measured by vaccination numbers, but on the wider societal, wellbeing and economic benefits.
7. MEC has developed a blueprint for how to engage and empower ethnic communities to achieve system outcomes, and this can be adapted to a range of opportunities.
8. Given the growing size of the ethnic communities demographic, which is over 20%, in Aotearoa, there is need for the scope of equity in the Health System, as well as other policy settings, to include the diverse needs of these communities at the initiation stages of their mahi.



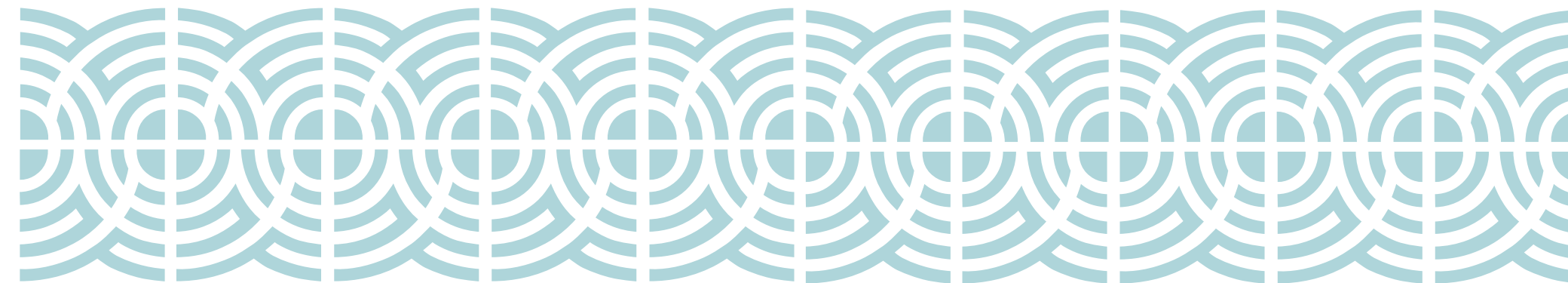
## Contributors

---

The following people have contributed to this funding effort:

Vaccine Uptake fund core team	Eileen Yee, Kate Pope, Kavita Kumar, Helen Brown, Sonitha Aniruth
Engagement and Partnership Team*  *plus Engagement and Partnership Advisors (10) leading community engagements and managing relationships	Candy Wu Zhang, Enatha Musabe, Bernard Gomes, Fungai Mhlanga, Dennis Maang, Habib Ullah, Sean O’Neill. Matthew Nichols. Shane Whitfield
MEC Sponsors	Anusha Guler/ Richard Foy
MOH/Te Whatu Ora Partners	Raaj Govindaraj (MOH)/Rachael Hate (Te Whatu Ora), Danilo Coelho de Almeida

**‘e kōre e taea e te whenu kotahi te whāriki te raranga’  
one strand alone will not weave a tapestry**



## List of Annexes

---

Annex 1: Examples of Implementation Activities

Annex 2: List of videos

Annex 3: List of groups reaching small, vulnerable and hard to reach communities

Annex 4: Ethnic Community personas

Annex 5: Vaccine Hesitancy Insights













## Annex 1: Examples of CVUF Ethnic Communities Implementation Activities

---

Refer to separate document

## Annex 2: Over 85 videos produced in multiple languages by Ethnic Communities and MEC

Organisation	Video	
Master Tang Yu-Shiun		<a href="#">Message from Master Tang Yu-Shiun</a>
Pinoy CARES		<a href="#">Pinoy CARES COVID-19 Vaccination Program</a>
THINK Hauora		<a href="#">THINK Hauora Vaccination Pop Up and Healthy Living workshop</a>
NZ Middlemore Sangam Incorporated		<a href="#">NZ Middlemore Sangam live streamed their vaccination event via Facebook 30 April 2022</a>
Muskaan Care Trust NZ		<a href="#">Muskaan Care Trust NZ shared videos of their vaccination clinics via Facebook</a>
Asian Family Services		<a href="#">Asian Family Services Reach out Campaign</a>
CNSST Foundation		<a href="#">CNSST Foundation COVID Vaccination Uptakes - Children Voices</a>

Organisation	Video	
Migrant Connections Taranaki (MCT) Charitable Trust		<a href="#">Covid19 informational videos in 12 languages on MCT Facebook page</a>
Auckland Tamil Association		<a href="#">ATA Covid-19 Campaign By Auckland Tamil Association</a>
Lady Khadija Charitable Trust		<a href="#">Lady Khadija Trust - YouTube</a>

[Ministry for Ethnic Communities – YouTube](#): over 55 vaccination related videos in multiple languages.

## Annex 3: List of groups reaching small, vulnerable and hard to reach communities

Funding recipient	FOCUS
<b>Abroad-Global</b>	Educational workshops aimed at the Latin American community
<b>Apna Network Limited</b>	Radio and social media campaign to promote boosters and 5-11 vaccinations. Interpretation in to 6 languages: Fijian Indian, Indian, Sri Lankan, Pakistani, Nepali and Afghani
<b>Asian Family Services</b>	Vaccination campaign including development and translation of flyers (disseminated in Auckland, Wellington, Christchurch, and Hamilton) and an online media campaign in 12 Asian languages: Chinese simplified, Chinese traditional, Hindi, Punjabi, Korean, Japanese, Vietnamese, Thai, Burmese, Tagalog, Arabic and Farsi.
<b>Asian Health Services (AHS)</b>	Covid-19 phone line and outreach programme. Bi-lingual support staff speaking languages including: Chinese, Korean, Indian, Pakistani, other South Asian, Filipino, Thai, Japanese, Vietnamese, Cambodian, Burmese
<b>Babylon Community Development Trust</b>	Focus on Assyrian, Kurdish and Arabic communities, providing translation and vaccine information. Transport to vaccine clinics.
<b>The Christchurch Chinese Advisory Network Group)</b>	Booster campaign and vaccination day aimed at the Chinese elderly and community and Chinese families
<b>Everyone an Artist Trust</b>	Vaccination event aimed at Canterbury's elderly Chinese community and Chinese families, plus the Chinese artist community
<b>Indian Association (Manukau) New Zealand Incorporated</b>	Workshops run by youth for youth to encourage vaccination uptake and short multi lingual videos distributed through social media - languages: Gujrati, Hindi and Punjabi
<b>K-CENTRE (WAIKATO KOREAN CULTURAL CENTER TRUST)</b>	Project includes online conference with Korean Doctors to address vaccine hesitancy
<b>Lady Khadija Charitable Trust</b>	Media campaign to counter vaccination misinformation. Creating video interviews with people from Indian and Chinese communities to tell their stories about why they got vaccinated
<b>MAR Colombia Charitable Trust</b>	Vaccination clinic aimed at Latin American children and families
<b>Migrant Connections Taranaki (MCT) Charitable Trust</b>	Educational hui, vaccination campaign and vaccination clinic. Promotional material translated into multiple languages including: Indian, Thai, Tagalog, Vietnamese, Malay, Sinhalese, Korean, Arabic and Spanish
<b>Multicultural Council Wellington Incorporated</b>	Vaccination clinics and education hui aimed at migrants, former refugees, long-term settlers, particularly young and elderly population
<b>Muskaan Care Trust NZ</b>	Campaign and multiple vaccination clinics aimed at MELAA community - children, youth, adults and elderly. In school vaccination clinics.
<b>Muslim Focus</b>	Outreach programme to address vaccine hesitancy involving volunteers who speak multiple languages including: Arabic, Tamil, Sinhalese, Malay, Afghan, Urdu, Ronhinya, Bangali, Posto and Hindi

<b>New Zealand Islamic Cultural Trust</b>	Two vaccination events aimed at Muslim community adults, youth and children with volunteers speaking: Arabic, Hindi, English, Somali, Bengali
<b>Nepalese Culture and Tourism Promotion</b>	Promote vaccination to Nepali community. Joined with other Wellington vaccination events eg Wellington Mutiamizh Sangam
<b>Philippines Culture and Migrant Services</b>	Vaccination event. A youth group will work alongside seniors to serve their community. Tagalog and reaching wider Filipino community
<b>RICARDO JURAWAN</b>	Educational event aimed at Taranaki's West Indian Community
<b>Somali Education and Development Trust</b>	Vaccination clinics held in Auckland and Wellington aimed at African / Somali refugee and migrant community
<b>Southland Migrant Walking Together Organisation</b>	Rural outreach programme and educational event focussed on migrants and refugees, particularly women
<b>Southland Multicultural Trust</b>	Mobile door to door vaccination drive aimed at hard to reach communities in rural Southland
<b>Sri Lankan Community Newspaper</b>	Information, promotion and social media campaign to Sri Lankan Community
<b>The Asian Network Incorporated (TANI)</b>	Focussed on translation and distribution of official Covid-19 government information to multiple languages including Vietnamese, Cambodian, Malaysian, Thai and Burmese.
<b>The Good Deed Group</b>	Campaign addressing vaccine hesitancy and transportation to vaccination clinics aimed Middle Eastern women
<b>THE TNC TRUST</b>	Sporting event aimed at youth and families and different generations of the whole family, mainly Filipino community
<b>The Whānau Community Trust</b>	Two week vaccination campaign with focus on children, elderly and most vulnerable community members
<b>The Women's Helping Hand Trust NZ</b>	Educational hui focussed on Indian women and families
<b>THINK Hauora</b>	Vaccination educational events with a focus on reaching former refugees, migrants and asylum seekers.
<b>Umaima Khatoon</b>	Vaccine educational hui to encourage women to be vaccinated
<b>Umma Trust</b>	Focussed on Muslim former Refugee Women
<b>Waikato Ethnic Family Services Trust</b>	Vaccination campaign including a mobile vaccination service for remote regions with a focus on elderly, communities living with disabilities and psychologically vaccine-hesitant people
<b>Wellbeing Charitable Trust Board (Mt Roskill Collective)</b>	Vaccination event for multiple ethnic groups in Mt Roskill. Promotion translated into 18 different languages: English, Swahili, Russian, Somali, Pashto, Dari, Arabic (Sudanese), Uyghur, Urdu, Tamil, Simplified Chinese, Traditional Chinese, Ethiopia, French, Samoa, Bengali, Burundian, Thai. Sudani/Somali/Rohingya.
<b>Yoruba South Island</b>	Vaccine awareness and promoting wellbeing and importance of vaccination. Addressed importance of vaccination from a culture lens.

## Annex 4: Ethnic Communities Personas

---

Refer to separate document

Developed during the Covid-19 response (Caring for Communities) highlighting the complexity of needs for different personas e.g. refugees, faith based, elders etc. These personas have wider applicability and use value to help improve system policy decisions and responses for Ethnic Communities, through the lens of diversity, inclusion and equitable access to government services.

## Annex 5: Vaccine Hesitancy Insights

---

Refer to separate document