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Raukura Hauora O Tainui
Ngāti Porou Hauora
E tū ana tātou i roto i te wao-nui-o-tane
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Foreword – Rahui Papa
He Kupu Whakataki

Whakapoi ake te kakau o te hoe!
Ko Maninitua! Ko Maniniaro!
Ka tangi te kura, ka tangi wiwini
Ka tangi te kura, ka tangi wawana

Amohia ake te ora o te iwi, ka puta ki te whei ao.

This tongikura from Kiingi Tuheitia Pootatau Te Wherowhero Te Tuawhitu speaks to our duty of care for our people through the trying times and acts as an inspiration that together, we can overcome any challenge.

In these extremely difficult times, we find ourselves as Māori leading a response to a ngaangara that has come to our shores and threatened the lives of our people. Māori across the country stood up and declared that we will do our utmost to protect our whānau and communities. This is not unusual as our ancestors faced wars, recessions, and depressions. They led the responses to disease by following in the footsteps of their heritage, bringing our collective history into a modern context.

The examples of Māui and Tāwhaki, the deeds of Hinetuahoanga and Te Kura-i-monoa allowed our leaders to pursue new knowledge while keeping to the traditions of their forebears. Consolidating knowledge for the betterment of the people has been our long-standing practice for generation upon generation. Our heritage has provided the template for our leaders to have an in-depth understanding of traditional practices while embracing newer, more modern ways of working for the sustenance and longevity of our whakapapa. These clear examples produced the recent historical responses that saw our greats; Sir Maui Pōmare, Sir Apirana Ngata and Princess Te Puea, to name but a few, lead the vanguard of community spirit and people welfare using the technologies available to them and coupling them with the fortitude and quintessence of being Māori. We survived then; we will continue to survive - hei aha te aha!

Today, Te Rau Ora has sought to bring together some of our best and brightest minds from throughout Aotearoa me Te Waipounamu, to share their experiences and stories, to provide a narrative that stems from the whānau and communities themselves. Whānau, Hapū and Iwi from all areas have worked tirelessly to maintain the protection of the people, we have agreed to adapt our tikanga, we have stood on the front line to protect our tribal borders, we have communicated directly with the people and provided key messages of hope, we have stood up distributions in almost every takiwā and community to provide essential sanitizer packs and distributions of kai, we have engaged collaboratively with Ratonga Hauora, Civil Defence, District Health Boards, Councils, Corporations, Community Trusts and Government Departments in an effort to better serve our people.
Dr Kahu McClintock and Dr Amohia Boulton have facilitated the coming together of narratives and the joining of ideas from a skill set and knowledge base that is second to none. Contributions from experts in the health field and flax roots authorities provide a blueprint for Māori solutions by Māori for Māori during and in a post COVID–19 setting. The pathway to our success lies within the tapuwae we follow and the footprints we create. We celebrate the Toitū Hauora publication because it provides our cultural tapuwae as a roadmap for our collective footprints on the trail of prosperity.

_Hei te kerekere o te pō e kitea rawatia ai te mārama o ngā whetū_

_It is only in the darkest night that we clearly see the brightness of the stars_

Rāhui Papa
Co-Chair Pou Tangata
National Iwi Chairs Forum
Aotearoa
Ko tōku ara rā
Aotearoa
COVID-19 2020

Ka timata taku haere i Te Hiku o Te Ika,
Ko Te Tai Tokerau e papaki mai nā
Heke iho rā ki te Waitematā
E mārire mai ana ki runga o Tāmaki
Kei tua iti atu ko Te Mānukanuka o Hoturoa
   Ko te pūaha o Waikato
Whāia te ia o te wai ki te take o Taupiri
   Ko Tūheitia te mana motuhake!
Ka māwhiti atu rā ki Te Tai Rāwhiti
   Ko Hikurangi e tūtei ana rā
Ka tawhiti rā toku rongo,
   Ko Rangitikei, ko Moawhango, ko Waitapu, ko Turakina,
       ko Ruahine e hora ana nei
   Ko Ngāti Hauiti, ko Ngāti Hauiti e karanga ana
   Ka mātai ake rā te tihi ki Aoraki, ko Tahupōtiki
       Murihiku!
E kīa nei ko Te Pūtahitanga tēnā hoki o Te Waipounamu
   Ka hoki whakararo ki Te Taihiku
O Te Waka a Māui Tikitiki a Taranga
   Ko Te Moana Raukawakawa
E whakakotahi ana i ngā tai o te motu
   Ko te Kete pounamu tēnā e pupuru nei
   Ki te mauri o Aotearoa,
       Tihei Mauri Ora!
Our Journey
New Zealand
COVID-19 2020

Our journey begins at the tail of the Fish
Where the Northern tides crash and roar
Below are the waters of Waitematā
Ebbing calmly at Tāmaki Makaurau
Nearby are the tides of Manukau
And the mouth of the Waikato river
We follow the current to Taupiri
The sacred mountain of King Tūheitia
We cross to the Eastern coast
Where Hikurangi mountain stands guard
Rangitikei, Moawhango, Waitapu, Turakina, Ruahine the rivers and
mountain range
of Ngāti Hauiti we hear your call.
Our gaze from there sets upon Aoraki mountain, to Tahupōtiki
Te Putahitanga o Te Waipounamu!
Further South still, to the region of the Royal Albatross
We return northward to The Prow
Of Māui's great canoe
Where the tides of Raukawakawa
Combine the waters of the Nation
Te Kete Pounamu
The woven basket sits open
Protecting the wellbeing of Aotearoa
Tis, the breath of life!
The investigation into COVID-19 approaches for Indigenous people including Māori (Indigenous people of Aotearoa, New Zealand) has been limited and or inconsistent. For these reasons it is important to capture the following challenges and particularly the success for Māori as presented over the past four months. Ko tōku ara rā, Aotearoa COVID-19 2020 encompasses the breadth and depth of the spread of contributions made by nine rohe (regions) of te Ao Māori (Māori world), Aotearoa (New Zealand).

This introductory chapter acknowledges the range of responses utilised by iwi (tribes), Hauora Māori (Māori Health Services), Community-based and Non-Governmental Organisations (NGOs), District Health Boards (DHBs) and Government agencies. Given the variety and differences of solutions made available in the distinct locations, what is clear is that all the approaches by Māori were driven by a sense of intergenerational manaaki (care) and the continuation of whakapapa (genealogy). The editors have inserted the chapters as received by them to acknowledge the reality of the authors and their undeniable service to their people na koutou ngā ringa raupā te mana.

From March 2020 our government provided a clear four tiered COVID-19 Alert system https://covid19.govt.nz/assets/resources/tables/COVID-19-alert-levels-summary.pdf in order to contain COVID-19. But after only a few months the increased reporting of active COVID-19 cases the government had to implement the Fourth Level Lockdown. This was an unprecedented action only offering access to limited essential services for whānau (families) and the notion of staying within your self-identified boundaries and homes called the BUBBLE - keep safe.

The call from the government of we are all in this together absolutely resonated with many Māori who responded to a system which could have been viewed as punitive, the Lockdown. But it was taken by Māori as meaning the cultural mobilisation of the life enhancing process of RĀHUI - protect who we are as Māori and our connections. I therefore dedicate the following kōrero (information) to remind us of our ancestral knowledge that helped us through COVID-19, which has always been a part of who we are.
Sky Father above
Earth Mother below
Breathe in, Breathe out
Hold on to what is good
The Supreme Creators of all life here to sustain us

I am continually inspired by the resiliency of my father’s people of Waikato Maniapoto, central North Island, to their West Coast shores who experienced the unprecedented loss of life during an earlier Pandemic- the Spanish Flu of 1918 [https://www.nzgeo.com/stories/influenza/]. A catastrophic time for our Iwi caused by a deadly, invisible, foreign invader. The influence of our tupuna (ancestor) Te Puea [https://teara.govt.nz/en/biographies/3h17/herangi-te-kirihaehae-te-puea] on the hauora (health) of our tribe at that time and throughout her lifetime is well documented. She followed the legacy of autonomy and tribal solutions advocated by her tupuna Tawhiao.

Māku anō hei hanga tōku ake nei whare
I will build my own house.

She campaigned like Tawhiao for Waikato to determine their own destiny, hauora services by Waikato for Waikato but always inclusive of others and an aspiration brought to fruition in this emergency time of COVID-19 2020.

Kei ngā kokonga o te Ao oku nei hoa
My friends will come to help me with their skills and knowledge from all corners of these lands.
Raukura Hauora O Tainui and Te Tauihu o Te Waka, have a shared whakapapa with each other and their chapters maintain the dedication to the same legacy. In addition, Tai Tokerau and Te Pūtahitanga o Te Waipounamu in their chapters both acknowledge the connection with Tainui during the Rāhui period. Ngai Tahu, the region of the Royal Albatross in the South Island expressed a similar pandemic past to my Iwi and acknowledge the reliance on their own priorities, solutions and resource committed response in the COVID-19 environment. As others these responses are based on manaaki and whakapapa.

My own experience of COVID-19 is less positive, the shock and mamae (hurt) in respect to the limitations placed by the government around our most tapū (sacred) of all tikanga (protocols), the tangihana (death ceremony). Enforced government sanctions such as NO attending to our dying whānaunga (relations) in hospital, NOT even to say goodbye! NO lying with our tūpapaku (deceased) in a comforting way as we have done for generations, JUST immediate burial, cremation or hold on ice.

I tangi hotu hotu te ngākau! Aue! Aue!
Māoridom let out a collective cry of sorrow! Aue! Aue!

However, in times of crisis what I often do is return to the kōrero of my Ngāti Porou mother. She would share her experiences and fondest memories being raised in her lands of the Tairawhiti East Coast of Aotearoa.

During World War II Ngāti Pōrou felt the huge loss of life of their young Māori boys some as young as 15 years old! Te Hokowhitu a Tūmatauenga Company C [https://en.wikipedia.org/wiki/Māori_Battalion] and some younger than my mother was at that time. She remembered the numbers, the names who had been killed and whose remains were still on foreign soil.

All those who were lost are named in her beloved St Mary's Church across the road from her Ngāti Hinepare marae Rāhui, Tiki Tiki. But what was also shared by her was the process known to Māori as Kawe Mate, of the powerful acknowledgement of those who had passed but who laid elsewhere [http://folksong.org.nz/etehokowhitu/index.html].

Haere atu rā Haere atu rā ngā kānohi ngāro ki Hawaiki nui Hawaiki roa Hawaiki pamamao
Go our loved ones to those of your ancestors who wait to embrace you in your ancestral lands.

I remember her face and felt her sorrow but also her pride as she would recollect te ihi (essential force, excitement, thrill, power), te wehi (express awe, amazement), me te wana, (thrilling, and inspiring) of the young returning soldiers as heads were sadly bowed in respect of those who did not return to their Ngāti Porou homelands.
Arriving to the Aue o te Kawe Mate on the many Ngāti Porou marae to the reverberation of the Ngāti Porou Haka Pōhiri was their moment. I continue to embrace that memory and honour the healing strengths of our tikanga not only then but applicable in a COVID-19 environment.

The kōrero from ANZAC Cove [https://en.wikipedia.org/wiki/Kemal_Atatürk_Memorial,_Canberra](https://en.wikipedia.org/wiki/Kemal_Atatürk_Memorial,_Canberra) every year when the local dignitaries there share with the world the sentiments expressed pertaining to their and our fallen does indeed embrace our tikanga.

> Those heroes that shed their blood and lost their lives, you are now lying in the soil of a friendly country. Therefore, rest in peace. There is no difference between the Johnnies and the Mehmets to us where they lie side by side here in this country of ours. You, the mothers who sent their sons from far away countries wipe away your tears, your sons are now living in our bosoms and are in peace. After having lost their lives on this land they become our sons as well.

**Attatürk, 1934, Inscription on the Arni Burnu Memorial Gallipoli**

*Ae rā tū tonu Maunga Hikurangi Tū Tonu!*

*Stand proud Hikurangi Mountain Ngāti Porou Hauora who continue to serve our people*

I want to take the opportunity to thank our Prime Minister the Honourable Jacinda Ardern, and her capable Director General of Health Ashley Bloomfield, Ministry of Health. Their consistency in making data available to the public in a respectful way increased our confidence.

However, at the time I continually asked of certain sections of the Ministry of Health and a District Health Board for the data to be disaggregated. It was not until the latter stage of the public sharing that ethnicity was reported. But disaggregation of data will need to show improvement including location, gender and age collection for data to be of value to Māori and ultimately to Aotearoa. The proportionate funding support should then reflect this data.

I have belief that there is Māori expertise on data collection and Māori data sovereignty within the networks Amohia, my Co-editor and I have, to make this happen in Aotearoa. The Ngāti Hauiti chapter is a step toward this in terms of valuing the building of evidence and developing Iwi and Research capability and capacity in the COVID-19 environment. The Ministry of Health and District Health Boards just need to activate this essential partnership.
I also had the opportunity over the Rāhui period and still have this with the National Ethics Advisory Committee (NEAC https://neac.health.govt.nz/) charged with writing a Ministry of Health supported Equity document. This document is to be applicable in an environment of limited resourcing such as one that might occur in a community transferred COVID-19 Pandemic environment.

I was introduced for the first time to the Don’t Prolong Death Strapline. Yes, that was an OMG moment for me because what it means is if you are sick requiring tertiary care and present with COVID-19 and have other health respiratory complications as part of triage you will NOT be offered specialist treatment or entry into Intensive Care Unit but palliative care, and an end of life pathway based on the triaging Strapline Don’t Prolong Death.

Yes, offensive to me as a Māori when we already know the poor access data relates to Māori into Intensive Care Units (ICU) and specialist support services. However, put more acceptably here it is but still I thought provocative:

*Current approaches of guidelines to access to ventilators and ICU beds use comorbid conditions, future life expectancy and health and public safety workers status as the key determinants for prioritisation – all of which disadvantage lower socioeconomic classes, Māori, Pacific peoples and people with disability.*

And yet I reflect on a recent kōrero (discussion) that I had with my tamariki (children) much more important as I age, that if I find myself reliant on a ventilator, a machine something artificial for my survival ... then let me go, please release me to journey with our Hine nui te po (Godess of Death) to all those of our whānau who have gone before me. I have messaged to them remember too that I live on in you, my tamariki, my mokopuna (grandchildren) and that we will meet again and if you need me I am only a whakaaro (thought) away. So prepare our whānau as that is one of the best provision we can do for them in a COVID-19 environment.

But for NEAC and our Equity document, our important discussion is the commitment to the Treaty of Waitangi, including the clarity on how to improve the social determinants of Health such as Housing, Education and Employment. We must also elaborate on what that means in practical terms and where influential changes can be made. Our support for the World Health Organisation COVID-19 strategy to Trace, to Track and to Treat is critical to our continued success. Access to Community Based Assessment Care, Contact Tracing, Flu vaccine allocation and COVID-19 vaccine when available must also be the first line of essential defence and prioritisation.
We close with the acknowledgement of a national group who contributed the chapter entitled *Te Kete Pounamu*: Our national lived experience voices. You provide a leadership most often needed to keep us focussed on who we are here to serve and how that needs to be. We are privileged to have your guidance.

The content within *Ko Tōku Ara Rā Aotearoa COVID-19 2020* is a broad snapshot of the Māori leadership shown between March – June 2020. You will read the narratives that are forward looking and ensure our whakapapa is continued and cared for. The narratives are also offered humbly as encouragement to our Indigenous brothers and sisters across the globe.

*Ka whaiwhai tonu mātou*

**Kupu Taka Glossary**

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From restriction to resilience

At midnight on Wednesday 25th March 2020 Aotearoa (New Zealand) moved to level four lockdown effectively shutting down all non-essential businesses and services, as well as placing significant restrictions on people’s movement. Many of us who have experienced restrictions in the past while sectioned under the Mental Health Act (1992) to be further impacted by a government imposed restriction had left us feeling traumatised.

My first thoughts when the prime minister announced we would be moving to level four lockdown were to worry for my whānau (family). As a mum it was a relief to know my two youngest would be home in my ‘bubble,’ but the fear due to the uncertainty of not knowing when I might be able to see my parents and my eldest daughter was also present in my mind.

In those 48 hours I felt a sense of fear and panic at once again being constrained and restricted. I fundamentally agreed with the need to stop the spread of COVID-19, and fully supported the lockdown. However, I couldn’t get the image of Italy out of my head and was fearful of things escalating and of being locked in my house with the police or military patrolling for who knows how long. I knew from my past experiences that level of confinement would have a significant impact on my mental health.

As it was, I woke up on day one of the rāhui (ritual prohibition) with a sense of relief. It felt like the whole country had pushed pause, the panicked energy that was present across Aotearoa as people did their last minute shopping had dissipated.

Instead of feeling restricted I felt an overwhelming sense of freedom as I was able to put it all in perspective and began to explore how I might use the situation in a positive way. I was able to remind myself that I could still take my dog for our daily walks, I just had to be one metre away from everyone.
More importantly no one was locking a door behind me and restricting me from all forms of contact with friends, loved ones and the rest of the outside world as I was still able to connect across text, phone and social media.

The simple things like being able to make a hot drink when I wanted, have a bath when I wanted and eat whenever and whatever was available in the house was still something I could do.

Recalling those times where I didn’t have that freedom, helped me to focus on the choice and options I did have and how I could use this time for my own journey to heal from the effects of being restricted to one of resilience.

Although I was able to reflect on my experiences and find positives in the situation, for many others the period during the rāhui was not a positive experience. For many there was an ever present fear of being infected with COVID-19, not having any kai (food), not being able to access support when needed, and of feeling isolated.

Te Kete Pounamu – The National Organisation of Māori with lived experience
Te Kete Pounamu is the National organisation of Māori with lived experience. We are connected to our whānau through our national leadership rōpū (group) and our eight regional networks that span from Te Tai Tokerau (Northland region) to Murihiku (Invercargill).

In the lead up to the announcement of the rāhui we were aware of the fears of the public with reduced supplies in many supermarkets, fears of unemployment and concerns about contracting coronavirus. What was not as well known or publicised was what this would mean for people who were not as well-resourced to navigate the lockdown.

We knew from conversations with whaiora (a person in pursuit of wellness) Māori that fears were beginning to grow with some worried about if they would still get the support they needed, how they would be able to contact the services when they didn’t have access to phones and weren’t allowed to visit their local community centres. For others it was knowing that the only way they could get essential supplies from the supermarket was to use public transport that was not as regular, but that also put them at greater risk of contracting the virus.

We established weekly meetings for our national leadership rōpū to ensure we were able to make timely decisions to be responsive to the needs of our whānau as well as to remain connected and aware of what was happening across the motu (nation) for our whānau. Our eight regional leads also
met weekly to awhi (help) and tautoko (support) one another as they navigated the challenges of remaining connected to whānau in their regions.

Also to explore ways to support whānau whaiora who were not so familiar with some of the virtual mediums such as zoom. These hui (meetings) were also used to celebrate our highlights and to acknowledge the good mahi (work) happening across the motu.

Whakaahuatanga – Reflections
As Māori with lived experience, the way we utilise our experiences and expertise when faced with adversity or challenges can be explained using our Tūmata Kōkiritia: Shifting the paradigm Māori lived experience led change management framework.

**Tūmata:** means to ignite, to incinerate, to burn as getting rid of the old thinking.
**Kōkiritia** means to champion, to promote, to lead and to advocate.
**Tūmata Kōkiritia therefore means igniting champions to lead, to advocate and provoke:**
_Shifting the Paradigm._ (Butler & Te Kīwai Rangahau, 2018, p. 5).

This framework was developed in 2017 and has since been applied across various kaupapa (events) and at noho wānanga where there is a desire by Māori with lived experience to shift thinking, systems and structures that have adverse effects on the health and wellbeing of Māori. We are encouraged by Tuhiwai-Smith (2012a) to use kaupapa Māori frameworks to reclaim our power, and ‘to build upon cultural values and systems’ so that the contribution we make back to our communities supports transformation (p. 339). Implicit within any kaupapa is that we must ensure a place of healing from Te Ao Māramatanga (enlightenment)

_When we are able to lead and determine solutions that give meaning and purpose to our experiences there is the potential for any adverse event to become a place of healing and emancipatory (Bell, 2014; Curtis, 2016; Smith, 1997; Tuhiwai Smith, 2012b)._ 

_Four core values underpin the framework; Mātauranga (education) Māori, Tino Rangatiratanga (Sovereignty), Manaaki (care) and Kotahitanga (unity)._
Mātauranga Māori

Mā te whakaatu ka mōhio, mā te mōhio ka mārama,
mā te mārama ka mātau, mā te mātau, ka ora

With discussion comes knowledge, with knowledge comes light and understanding, with light and understanding comes wisdom, with wisdom comes wellness.

Tuākana (elder) Nepe (1991) firmly places the origins of Mātauranga Māori in Rangiātea (a place in Hawaiki), as ‘being the first known Whare Wānanga (Higher house of learning) located in Te Toi-o-ngā-Rangi (this refers to the upper level of the spiritual realm), the home of Io-Matua-Kore (the creator).

Te Kete Pounamu regions across Aotearoa transferred the hui they were delivering kanohi ki te kanohi (face to face) to the digital environment. This led the way in Aotearoa in developing lived experience led virtual wānanga (deep discussion), hui with pūrākau (legendary stories) and kupu (words) Māori relevant to the restrictions whānau were experiencing being explored within these sessions.

Whānau whaiora who attended these sessions commented on their appreciation in knowing the pūrākau behind some commonly used kupu such as hinengaro (mind). The ability to understand our experiences from our own worldview reflects the ability of Māori to heal from within when surrounded by all things Māori’.

Tino Rangatiratanga

He kākano ahau i ruia mai i Rangiātea, e kore ahau e ngaro
I am a seed sown in Rangiātea, I will never be lost

Tūmata Kōkiritia Māori lived experience led framework operationalises tino rangatiratanga (sovereignty) and fosters control over our lives (Simpson & Ake, 2010; Smith, 1997) and the right to determine our own pathways. Ultimately this is mana motuhake (self-determination).

The right to determine our own pathways highlights the need for meaningful consultation when we are faced with adverse events such as the rāhui. Several whānau whaiora expressed frustration at the lack of consultation during the design of digital apps and online support platforms, which they felt did not meet their needs as they were ‘too technical’, ‘too wordy’, ‘unrelatable’, and ‘lacking in Māori content’. This resulted in further increasing inequities for whānau whaiora to other supports during the rāhui.
Whilst the rāhui presented challenges in getting timely and relevant feedback, we were able to adapt our feedback mechanism to include survey monkey, so we could ensure we were able to continue a partnership with the Health and Disability Commission to gather feedback from our whānau for their interim monitoring report. This also provided an opportunity for whānau whaiora to share thoughts about the service they were receiving during the rāhui.

**Manaaki**

*He rourou mā koutou, he rourou mā mātou ka ora te manuhiri (Cannon Wi Huata)*

*With your food basket, with my food basket, we can feed the multitudes*

Manaaki requires a deliberate nurturing of relationships (Mead, 2016) to ensure the mana (status) of te (the) tangata (person) remains intact and is uplifted.

As the nation received daily announcements on the increased numbers of COVID-19 cases across the country we noticed an increase in whānau whaiora contacting us to talk about some of their fears and to seek support and understanding about what they were experiencing.

We also knew that the effects of isolation would be exacerbated for many of our whānau as the level four restrictions meant any regular hui and wānanga held by Te Kete Pounamu and other services would immediately cease.

These factors formed the catalyst to setting up our 0800 POUNAMU (0800 768 626) support line so whaiora Māori could ring and talk about what was top of mind for them, and to stay connected. We provided 1:1 support over the telephone to increase access to phones and internet capability. We also spent time talking with whānau to guide them through using the zoom platform, so they could access the virtual hui we were running.
Kotahitanga

E tū kahikātea, hei wakapae uroroa, awhi mai, awhi atu, tātou tātou e.

Kahikātea stand together; their roots intertwine, strengthening each other

A collective approach fosters a negotiated plan and shared ownership of the aspirations and knowledge for the benefit of all Māori (Elkington, 2013; Smith, 1997).

National Te Kete Pounamu leaders spent time during their hui sharing information about the positives they were witnessing in their local communities. Positive stories of Māori providers coming together and connecting across communities were attributed to ‘We’re just getting on and doing what we need to do for our whānau’.

Te Kete Pounamu were contacted by several providers to ask what support our whānau needed with Turuki Healthcare in Tāmaki Makaurau (Auckland) delivering several care packages to whānau that included kai, heaters, blankets and sanitisers.

Kupu whakatepe – Conclusion

The public health response to COVID-19 in Aotearoa, with its restrictions had a social and emotional impact on whānau whaiora with experience of being restricted by government mental health services. In the application of whanaungatanga, kotahitanga whaiora Māori determined what they needed and maintained their wellbeing as a collective. This highlighted that when Māori are enabled to evidence solutions and outcomes that are determined by Māori the success is collectively owned, activated and it is more likely that their desired aspirations will be realised.

When we use Māori frameworks alike Tūmata Kōkiritia that are designed by us and led by us to define our experiences we create a space where we can be Māori and use our collective experiences, knowledge and passion to find healing and resilience during times we are restricted.
References


**Kupu taka - Glossary**

<table>
<thead>
<tr>
<th>Maori Word</th>
<th>English Translation</th>
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<tbody>
<tr>
<td>Aotearoa</td>
<td>New Zealand</td>
</tr>
<tr>
<td>Awhi</td>
<td>to give a helping hand</td>
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<tr>
<td>Hinengaro</td>
<td>mind</td>
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<tr>
<td>Hui</td>
<td>to discuss, talk</td>
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<tr>
<td>Io-matua-kore</td>
<td>the creator</td>
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<tr>
<td>Kai</td>
<td>food</td>
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<td>Kaupapa</td>
<td>event</td>
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<tr>
<td>Kanohi ki te kanohi</td>
<td>face to face</td>
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<tr>
<td>Kupu</td>
<td>word</td>
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<td>Mahi</td>
<td>work</td>
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<td>Mana</td>
<td>status</td>
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<td>to care for</td>
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<td>self-determination</td>
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<td>Mātauranga</td>
<td>education</td>
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<tr>
<td>Motu</td>
<td>nation, island</td>
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<tr>
<td>Murihiku</td>
<td>Invercargill</td>
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<tr>
<td>Pūrākau</td>
<td>legendary stories</td>
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<tr>
<td>Rāhui</td>
<td>to put in place a temporary prohibition</td>
</tr>
<tr>
<td>Rangiatea</td>
<td>an ancestral place</td>
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<tr>
<td>Tamaki ki Raro</td>
<td>Auckland</td>
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<tr>
<td>Tangata</td>
<td>person</td>
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<tr>
<td>Te Toi – o – ngā – Rangi</td>
<td>upper level of the spiritual realm</td>
</tr>
<tr>
<td>Tuākana</td>
<td>elder</td>
</tr>
<tr>
<td>Wānanga</td>
<td>deep discussions</td>
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<tr>
<td>Whare wānanga</td>
<td>higher house of learning</td>
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Abstract
This chapter presents a case study based on the experiences of six Te Tai Tokerau self governing Hauora Māori (Māori well-being) Organisations who played a leading role in the COVID-19 public health response in the northern region of Aotearoa (New Zealand). This case is notable as an illustration of the authority and capacity of Māori leadership.

Background
Te Tai Tokerau is the northern region of the North Island of Aotearoa. Resident to just under 190,000 people of whom 36% are Māori (Statistics New Zealand, 2019). The main Iwi (tribes) groups include Ngāti Kurī, Te Aupōuri, Ngāi Takoto, Ngāti Kahu, Te Rarawa, Ngāpuhi, Ngāti Hine, Ngāti Wai, Te Roroa and Ngāti Whātua (tribal groups based in the Northland region).

The current state of Māori health in Te Tai Tokerau (Northland) is one of the disproportionately harder regions. Raising concerns, that should COVID-19 appear in the region, it would cause significant harm to Māori communities.

With a vast history of poor health and social outcomes caused by complex socio economic factors and a troubled colonial history. The Māori response to COVID-19 had to be led by Māori to ensure the needs of its Māori population would be prioritised and their overall wellbeing protected. If it wasn't for self governing Hauora Māori organisations in Te Tai Tokerau, the regional outcome to the pandemic could've been catastrophic.

“If we didn't have Māori providers, Te Tai Tokerau would've been a mess! We already knew how and who to access in our communities to ensure the best response and get messages into our communities” Ki A Ora Ngāti Wai

Māori Self Governing Hauora Organisations
There are a range of Māori self governing organisations in Te Tai Tokerau contributing to a broad range of social, education and wellbeing needs of its population. This chapter, draws on the experiences and insights of six Māori self governing organisations during COVID-19 in 2020.
Methodology

An invitation was sought among Māori Organisations to share about their experiences from the responses to the COVID-19 Pandemic that occurred in Te Tai Tokerau. Three phone interviews (two individual and one group) were conducted with seven Māori health leaders employed by six Te Tai Tokerau Māori Organisations. This kōrero (discourse) was informed by decades of clinical and cultural experience of working at the frontline of developing and providing holistic health and social wellbeing services in Māori communities.
FINDINGS: INSIGHTS OF SIX MĀORI ORGANISATIONS

Access to Māori communities

Māori Organisations are recognised for their access to Māori whānau and communities where non-Māori organisations struggle to engage and sustain relationships. The relational attributes, knowledge of community and infrastructural strength of the six Māori organisations were important aspects for the fight to prevent the harm of COVID-19 in Te Tai Tokerau.

“We go into Māori communities, you cannot, or rather others cannot get into, we were the ones who could access those people and those communities” Whakawhiti Ora Pai

Insight to act fast

All six Māori organisations anticipated the need to prepare their own local response to COVID-19 early. Rather than await direction from Government, these Māori Organisations facilitated their own processes in order to prevent and prepare for the management of COVID-19 in their communities. Though at the beginning little was known about the need for certain supplies or resource, these Māori organisations were confident of their capacity and capability to respond fast.

Pandemic Plans

The Governments national and regional pandemic plans were too distant from the realities of Te Tai Tokerau Māori communities and Māori organisations. Accordingly, the pandemic planning approach had not involved these local Māori organisations nor did they provide practical information about what a response would entail under rāhui (ritual prohibition) or under Government restrictions. As such, there was no centralised coordination of supplies or communication pertinent to Māori.

“The pandemic plan did not match our priorities and there was no central coordination to access supplies and PPE [Personal Protective Equipment]” Kī A Ora Ngāti Wai

Though, there were initial suggestions for Te Hauora o Ngāpuhi to await for the district health boards pandemic plan before they acted (which they did not do) they did not get access to the pandemic plan until weeks following the rāhui and COVID-19 level restrictions were in place.

For Te Hiku Hauora there had been no discussion or contact with them about pandemic plans or planning and when communications did occur, there was often misinformation.

Ngāti Hine Health Trust emphasised the District Health Board pandemic plan needed sharpening to be relevant for Māori communities and the provision of services by Hauora Māori organisations.

“I would recommend each Māori organisation having their own Pandemic plan and process revised following COVID 19”. Ngāti Hine Health Trust.
Ko A Ora Ngāti Wai recommended the district health board pandemic plan going forward would need reviewing and could do well to include scenarios experienced during COVID-19.

**Nohokitekainga and Rāhui**

The Governments public health measure of nohokitekainga (stay at home) and rāhui associated with COVID-19 was nationwide. But the measures raised concerns among Māori of the difficulties many whānau (family) Māori faced prior to COVID-19 (for example; damp housing, overcrowding, low income, health and social issues) thus exacerbating the challenges in communities. Added to by the contemporary stressors (e.g. job losses) that COVID-19 caused. It meant creative measures and pragmatic responses were called on and made possible by Māori organisations for example;

In recognition of the high infection rate of Rheumatic Fever and the IMOKO work, Te Hauora O Ngāpuhi pivoted their virtual approach and established mobile outreach solutions by taking their COVID-19 testing clinics, and wellbeing approaches into remote areas. The primary virtual consultations helped to address skin and other infections, whilst keeping a vigilance of positive Strep. Throats, Rheumatic Fever, COVID-19 and other health issues.

A team of six staff members with Te Hiku Hauora bulk purchased a range of items to develop into special packages for tamariki (children), rangatahi (youth) and whānau with lived experience of mental distress. These included helpful resources compiled by mental health nurses of how to cope during COVID-19.

“We bought all of the playdough, the colouring pencils, notebooks, balloons, handballs, cards, knucklebones all sort of things [out of the local shops]. For the mental health packages we included mindfulness activities, reflection journals” Te Hiku Hauora

A Kaumātua package included tissues, toilet paper, plasters, cleaner, gloves and masks. As Kaumātua mentioned missing the local newspaper ‘The Northland Age’, staff got creative and made pānui with a range of Information such as how to contact Te Hiku Hauora staff; what was occurring in the community under COVID-19 such as their rubbish collection, as well as crossword activities.

“In the end we delivered 700 Kaumātua packs, and 450 each for tamariki, rangatahi and whānau with mental distress” Te Hiku Hauora

**Protecting Kuia and Kaumātua**

The protection of kuia and kaumātua, whakapapa and whānau were driving forces behind the Māori assertive response to stopping COVID-19 in Te Tai Tokerau.

“Protecting our whakapapa and ensuring our whānau are kept safe” Te Hauora O Ngāpuhi
Te Hiku Hauora encouraged Kuia and Kaumātua to shift into rāhui a week prior to the Governments COVID-19 restriction system was put into place. Information captured from their MedTech system identified all Kuia and Kaumātua they serviced so staff phoned each person to assess how they were doing from a health and social wellbeing perspective. They ascertained if they had whānau nearby, and if they needed a caring caller to make regular phone contact. Most Kuia and Kaumātua had good whānau support or a network of support they could access whilst nohokitekainga throughout COVID-19.

**Identifying the Team**

Māori Organisations facilitated their own processes to identify their teams for a response when COVID-19 hit Aotearoa.

In the case of Te Hiku Hauora, from an overall team of staff 35, a core group of 14 were established into the team who drove the Whakapiri Ora COVID-19 response. The frontline team were made up of Māori nurses, social service staff, kalāwhina and their leader a Māori nutritionist.

Te Hauora O Ngāpuhi formed a team of seven. Led by a Māori registered nurse with a 15 year career in the defence force including humanitarian aid, disaster relief and the military response to SARS. Inclusive in this team was a pandemic logistical expert, Māori nurses, Māori doctor, Māori communications, marketing and health promotion experts. Though, each Māori organisation redeployed its staff to the COVID-19 response, they each drew on a range of experiences, knowledge, expertise and roles.

“[manager had] prior experience of managing residential facilities for people with TBI [traumatic brain injury] which required emergency event planning and evacuation activities which also helped to inform safe distancing practices” Ki A Ora Ngāti Wai.

**Staffing a Public Health Response**

Staffing a public health response to a pandemic required regular assessment and review of frontline staff capacity and resilience. For staff with existing health issues, or were hapū (pregnant) or who were living with whānau with existing health issues were enabled to stay or work from home. In these situations, roles were developed to take care of 0800 help phone lines, to provide digital triage, consultations or at home solutions.

In some cases there were situations where frontline staff became anxious about COVID-19, given the international observations of how COVID-19 was impacting alike front line colleagues. This required ongoing reassurance and support of staff, whakawhanaunga, hui (meetings) and strategies for debrief, information sharing and where necessary the offer of testing and flu vaccinations for staff.

“Some kaimahi (staff) couldn’t work because of their health, some worked from home, and one worked with Iwi during the time” Te Ha Oranga
It was important to reassess how staff were coping, and what their health and well-being was especially as they continued to work at the frontline. Flexible work hours were encouraged where a negotiation occurred for days off to reduce and manage stress, and to ensure staff could have time with whānau at home, during rāhui.

"[as a team] We all had young tamariki and tamariki at home” Te Hiku Hauora

Some staff needed reassurance with infection control measures such as showering after working frontline and returning home. Kia Ora Ngāti Wai staff wore scrubs which were taken off at work after a shift and laundered by the organisation so they could get changed before going home. All staff received infection control and prevention training and resources to ensure their protection. Each day staff worked tirelessly to support their communities and returned home to attend to their responsibilities. Since, there has been an appreciation by other staff in Te Hiku Hauora of the efforts of the COVID-19 response team in providing the community what they needed.

“Though it was stressful at times, the staff appreciated being able to be in the community and just do it” Te Hiku Hauora

It was important to be pragmatic and flexible. For Te Hauora O Ngāpuhi being agile and decentralised, included ensuring everyone who had something to bring to the table would be respected for their contributions. Resilience in people was a significant attribute overall for all Māori organisations.

“People were up to the wero (challenge) they were all dedicated to support the Ngāpuhi kaupapa (cause). Te Hauora O Ngāpuhi

There were observations of Māori Nurses taking the lead, thinking and acting on the move whilst drawing upon embedded clinical and cultural experiences. In many cases, this was needed because of the challenges of limited car access and no phone coverage.

“ We were running, doing it and thinking all at the same time during COVID-19 as the same movement! We didn’t have a strong Nursing pandemic policy, we [were] working from our own kaha (strength) and experience” Te Ha Oranga.

Support by Funders

Māori organisations acknowledged the funders for their support so they could meet the needs of their communities. Funders of these Māori organisations affirmed the need to totally focus on preventing COVID-19 in Te Tai Tokerau and the necessary redeployment of staff.

Normally the organisations are working towards contractual outcomes and having to meet deliverables in order to meet service delivery requirements. In this case, funders enabled the Māori organisations to do what was right for their community.
"By funders saying just go and do what you need to do meant the focus wasn't on keeping the funder happy, that was huge!" Te Hiku Hauora

Community Based Assessment Centres (CBAC) & Mobile Health Teams

Māori Organisations assertively established community-based assessment centres (CBACs) and mobile teams to help slow the spread of COVID-19. Their workforce enabled an efficient way to provide COVID-19 tests, clinical assessment, advise, triage, referral solutions and support. Māori Nurses, medical staff, kaimahi, administrative and cultural support were combined to extend the Māori primary health reach in communities.

One example with Te Hauora O Ngāpuhi;

Ngāpuhi observed the rise in COVID-19 nationally and decided to establish their own COVID-19 testing station. Their COVID-19 testing drive through station was based at Te Rūnanga-Ā-Iwi-O-Ngāpuhi in Kaikohe (a town in the Northland region). This involved obtaining marques, and the necessary equipment to provide a safe and functional station. Delays did occur with gaining quick access to good quality materials such as swabs alike other parts of Aotearoa. Ngāpuhi pushed back on suppliers with what was made available to them at first striking challenges of institutional racism and gatekeeping decision making of what Iwi could access and could not access. The team were trained, prepared, and comprised of three senior nurses, a social worker and several kaimahi that either directly assisted with the swabbing or supported with stores, security or traffic management. Two days following the establishment of the COVID-19 testing station, a member of the community was tested positive for COVID-19 which sparked concern as the person had contact with a wide range of people.

Many whānau have expressed their gratitude to the CBAC staff, who were reassured and felt safe. They recognised the location of the CBAC (at the rūnanga) and the use of Te Reo greetings and signage set the correct āhua for whānau engagement. Ngāpuhi met with approximately 1600 whānau members and approximately 40% of this number required COVID-19 testing, whilst the rest were either directed to other support services or were reassured and sent home.

One example with Te Hiku Hauora

Te Hiku Hauora -Whakapiri Ora established mobile teams to provide rural isolated communities an outreach response that included COVID-19 testing, Flu vaccinations, health and wellbeing checks. The process often involved a person being triaged by a nurse which would entail a colour coded system of red zone or green zone. If the person was triaged into green, they would receive a free Flu vaccine or and a health check. Most people, especially Kaumātua appreciated the reassurance, and to have their blood pressure by the nurse. Much of this response was about managing stress and anxiety levels. Anyone who was symptomatic, were placed in the red zone, COVID-19 tested, reassured and offered ongoing support.

Similarly with the other four Māori Organisations:
Kia ora Ngāti Wai had a Mobile Clinic, which was imperative to continue the delivery of health services to their communities. The benefit of creating a safe place where people could be seen, without other people around and outside of a building was a saving grace as landlords of rented facilities and general practitioners had closed their doors.

Ngāti Hine Health Trust established eight testing clinics, and had access to a Mobile Nursing team who were delegated into different roles. They had a Māori Trainee General Practitioner and Māori Nurse Practitioner who formed a mobile team across designated clinic areas Ngāti Hine service. CBAC clinics and stations were set up on farm land, near rivers, in locations where numbers of people were. As members of the community became aware of the COVID testing clinics, people would turn up to get tested and immunised.

Whakawhiti Ora Pai mobilised the COVID-19 testing approach via their Iwi Camper Van, providing swabbing and administering flu vaccinations across communities. Workplaces that were still operational also enabled wellbeing visits by the team.

Te Ha Oranga utilised their ingenuity to establish CBAC and COVID-19 testing approaches in available communities venues, often requiring the team to be resourceful.

“We were told we had to do some swabbing, we didn’t have a clinic or van, so we had to dig deep to find and adjust protocols to adapt to the resources we had and going for it. I sought training with the Hospital and my first testing was outside of the Kaihu Hall under a Gazebo. We set up a clinic with local school tables, chairs which we had to get cleaned. We established approaches on farms and in car parks”. Te Ha Oranga.

Social Support

COVID-19 exacerbated the social circumstances whānau were exposed to prior to the pandemic. Te Tai Tokerau already had a water shortage prior to COVID-19, and in many cases Iwi and Māori Organisations purchased water for people in their community. Kai (food), hygiene packages, firewood, social support and continual social contact were important.

One example with Te Hiku Hauora:

The social support team were proactive in the community, from pharmacy deliveries three times a day, to mobilising whānau hygiene packages as part of the Whānau Ora collective response. They also made phone calls to people, providing a 30 minute call just to check in, to see how they were coping. Within the phone kōrero a basic health needs assessment process would blend within the kōrero by the support team members. Asking if the person was healthy, if they were managing stress, enquiring on how were their whānau and the whare (household).
**Importance of Community**

In all situations, Māori Organisations shared of the Northland Community spirit of kotahitanga (unity), the offers of help and people staying motivated to keep everyone safe and well. Often it meant pragmatic approaches to ensure basic essentials to life, by mobilising resources and supports locally, whilst triaging and facilitating the access of these to whānau at need.

There were examples of orchard owners offering Māori organisations access to pick their fruit and deliver as part of kai packages. Of companies who could not sell their kai but requested groups to take the supplies of their hands to redistribute which benefitted both local businesses and communities.

Conversely, people in the community were very grateful for the support received during COVID-19, knowing that people cared for them. This was noticeable among Kaumātua and people who lived alone, and those who didn't have internet connection or access to social media platforms.

**Iwi Investment**

Working closely and linking in with Iwi was integral to the COVID-19 response. Across Te Tai Tokerau Iwi had instituted check points across the region making it extremely clear of the importance of protecting the wellbeing of their communities. Iwi also supplied, kai and hygiene packages, water, firewood and social support to all members of the community.

There were multiple examples shared of tribal leadership and investments to ensure additional resources and support to local health and social wellbeing organisations in the COVID-19 response.

A strong collaboration with Te Roroa, enabled a wrap around approach with Te Ha Oranga Nursing staff.

Ngāti Kuri gave Whakawhiti Ora Pai a Camper Van to mobilise their COVID-19 screening and general health checks enabling health staff to travel into different communities on different days.

> “We worked closely with Ngāti Kuri and Te Aupōuri, the Iwi were integral in complimenting the supports for whānau”  Whakawhiti Ora Pai

The Ngāpuhi COVID-19 response strengthened the connections with Te Tai Tokerau wide Iwi collaborative Te Kahu o Taonui (Northland Collective of Iwi Chairs). The Iwi collaborative had also made deliberate connections with Waikato Tainui Iwi for the Ngā Kaimanaaki Iwi Service provisions and the northern Iwi continue to work upon recovery and economic responses post COVID-19.
Racism

Racism is a constant impediment to positive Māori outcomes, though the organisations felt their response during COVID-19 was successful. Their starting place was one of struggle due to short term contracts and limited funding whilst needing to service the holistic needs of their communities and continually fight to sustain services.

Though funders were supportive in ensuring Māori organisations actions centred on their communities and the delivery of contracts were put aside during the COVID 19 pandemic.

“Nevermind about your targets, just focus on COVID-19 - We found that helpful” Ki A Ora Ngāti Wai

High trust relationships requested of Hauora Māori organisations by funders and mainstream organisations were not always reciprocated, thus impacting Māori organisations access to resource and supports to do their jobs well.

All Māori organisations had difficulty with easy access to PPE and flu vaccinations in the first phase of the COVID-19 response.

It was considered by the Māori organisations that Māori had the highest health need, yet Hauora Māori organisations in Te Tai Tokerau experienced delays in gaining access to Flu vaccines.

“We heard the flu vaccines were going to the Auckland based pākehā GP practices, and it was a real pain to chase them” Whakawhiti Ora Pai

“Once the gates opened, and we had the vaccines, we could get out to vaccinate as many people as we could. It was just getting it to come our way in the first instance” Ki A Ora Ngāti Wai

Racist behaviours were also noted in the Public during COVID-19, as Māori staff wore the negative comments made about their Iwi Check Points, and Māori affirmative actions highlighting the continual need to breakdown institutional racism and enhance the understanding of local Māori.

“There were comments like Why don’t you get a job? [to those of us at the check point] Actually we are all employed, qualified, and some in very high roles and well educated!” Whakawhiti Ora Pai
The Workforce

The Māori workforce was the critical success factor in the COVID-19 response in Te Tai Tokerau. Kaimahi employed in Māori organisations are accustomed to the expectation of being flexible, agile and humble about the roles that need fulfilling. It is common for kaimahi Māori employed for one role, to conduct multiple roles and adapt to each situation to meet the needs of whānau. Because Māori organisations do not have the luxury of employing many people, they are creative in doing more than what they are employed for.

“These people are our whānau, so you want to do whatever you can to help. You have to learn to be inventive, you have to learn to work outside of the square and muck in together” Ki A Ora Ngāti Wai

New workforces were created during COVID-19. Te Hauora O Ngāpuhi developed a workforce of kaiāwhina (volunteers/assistants) to assist with the delivery of kai, to help whānau with gaining access to finances and to ensure whanaungatanga (sense of family connection) during rāhui. These kaiāwhina roles provided the newly unemployed Māori from COVID-19, redeployment into paid work and contribution to their community COVID-19 response.

Ngāti Hine enabled their frontline workforces to become provisional vaccinators which resulted in seven new vaccinators capable of providing flu vaccinations in their rohe.

“We ended up with Seven Vaccinators passing the test and be signed off to give flu vaccinations, when we didn’t have our doctor available” Ngāti Hine Health Trust

Extra kaimahi brought into Te Ha Oranga worked tirelessly to ensure practical supplies and supports for whānau in their rohe. The kaimahi assisted the Social Worker to provide pragmatic responses to a range of social stressors such as sleeping rough, homelessness, reduced income, water and kai.

“[the social worker] had huge mahi, people were homeless, they needed water tanks, there were sewage problems. [she] just worked day in and day out, she was integral in transporting the kai and hygiene packs to whānau” Te Ha Oranga

Communications

The Māori communication method or the ‘Kumara Vine’ was a positive attribute for these Māori organisations in seeking people, sharing information and communication.

“The kumara vine worked well, it helped to get messages to people, without being in each others space” Whakawhititi Ora Pai
The shift to digital forms of communication by Māori organisations were also met with a good response from Māori communities.

Te Hiku Hauora had an existing 0800 phone line so shifting their support aspects of the hauora service was seamless. A flow chart was created to provide a system of access to registered nurses who provided clinical triage, or access to support staff for social support, holistic health care and someone to talk to.

Social media such as Facebook was also a great method to connect with people in communities, Facebook messaging was an efficient way to find people and stay engaged.

“Most Marae has its own Facebook page and the communication was easy to get out, and Facebook played a big part. "We are going to be in this place at this time, for flu vaccinations and the whānau would turn up” Ki A Ora Ngāti Wai

“It also helped Managers and Leaders to make contact with each other” Ngāti Hine Health Trust

“Kaimaumau is not usually our area, we picked it up because there a lot of Māori living there, there was a nurse who worked at Te Hiku who lives there – so I asked who is the mover and shaker in your community and he gave me a name. So I made contact with her – she was rounding up all the people - she was so helpful!!” Whakawhiti Ora Pai

The downside though, was the overwhelming amount of email correspondence going to Māori Organisations, often mainstream targeted and repetitive. For some, the constant stream of communications provoked stress for staff who were busy at the frontline.

“The amount of emails we were getting were about the same messages, we were busy enough, and then we were expected to read all of these emails, which were all the same”. Whakawhiti Ora Pai

Post COVID-19 Response

There are a range of aspirations that exist among the Māori organisations since their response to COVID-19 including the desire for a local evaluation of how COVID-19 affected Māori in their region. They also desire future pandemic planning and the need to ratify Māori organisations as a priority to ensure their easy and quick access to resources and supplies.

Much learning occurred during the COVID-19 response and subsequently it has brought about a differing relationship with funders who seem to be fully aligned to Māori organisations being
more proactive in their communities with health care. This has raised a sense of excitement as key stakeholders are in alignment with each other to focus on what the community needs rather than remain in transactional contracts that do not support the holistic, responsive approaches needed in Māori communities.

The next phase for one iwi is on enhancing the iwi social and economic wellbeing. It means the model of approach continues to address social issues that were exacerbated during COVID-19, e.g. unemployment. Whilst seeking something different for their people, that sees Iwi in leadership positions to make the decisions about new employment and education opportunities that matches local industry needs. For Te Hauora O Ngāpuhi this focus will bring education and employment into the Ngāpuhi Iwi rohe (region), to explore and enhance sustainable business opportunities.

**Conclusion**

The rangatiratanga (autonomy) of Māori in Te Tai Tokerau was key to the regional response to COVID-19 and the successful prevention of Māori deaths from Coronavirus. Self governing Māori organisations are resilient and adaptable governing institutions. Their knowledge and expertise showed their logistical coordination of a Kaupapa Māori Public Health approach in a region that could’ve fared worse given the populations high social and health issues.

There were many insights of these Māori organisations who went over and above their remit, digging deep into their reserves, leveraging off relationships and their years of knowledge to ensure a holistic Māori response to a pandemic. Though, Māori were prioritised, these Māori organisations ensured non Māori residents living in their regions were also cared for. Their assertive and connected collective leadership was integral to their unique approach, with all groups establishing COVID-19 testing stations, mobilising health and social wellbeing resources to their community. Overall, demonstrating their tribal sovereignty and manaakitanga (hospitality) for all.

During COVID-19, pandemic plans and planning approaches by government agencies were dominantly monocultural and viewed as irrelevant to Te Tai Tokerau Māori communities and organisations.

As COVID-19 has not yet been eradicated, there are concerns about the need for a stronger Māori public health infrastructure and Māori led pandemic planning method for Te Tai Tokerau should COVID-19 or another pandemic emerge. Among the insights, what is clear is the capacity and capability of these six Te Tai Tokerau Māori Organisations to be at the forefront of any public health direction, control or and coordination of resources that are to occur in this region in the future.
### Kupu taka - Glossary

<table>
<thead>
<tr>
<th>Term</th>
<th>Translation</th>
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<tbody>
<tr>
<td>Aotearoa</td>
<td>New Zealand</td>
</tr>
<tr>
<td>Hapū</td>
<td>pregnant</td>
</tr>
<tr>
<td>Hauora Māori</td>
<td>māori well-being</td>
</tr>
<tr>
<td>Hui</td>
<td>to meet, discuss</td>
</tr>
<tr>
<td>Iwi</td>
<td>tribe</td>
</tr>
<tr>
<td>Kaha</td>
<td>strength</td>
</tr>
<tr>
<td>Kai</td>
<td>food</td>
</tr>
<tr>
<td>Kaiāwhina</td>
<td>volunteer, assistant, helper</td>
</tr>
<tr>
<td>Kōrero</td>
<td>to tell, say, speak, address</td>
</tr>
<tr>
<td>Kotahitanga</td>
<td>to unite</td>
</tr>
<tr>
<td>Manaakitanga</td>
<td>to take care of, hospitality</td>
</tr>
<tr>
<td>Ngāpuhi</td>
<td>a tribe located in Northland</td>
</tr>
<tr>
<td>Ngāi Takoto</td>
<td>a tribe located in Rangarunu</td>
</tr>
<tr>
<td>Ngāti Hine</td>
<td>a tribe located in Moerewa</td>
</tr>
<tr>
<td>Ngāti Kahu</td>
<td>a tribe located in Kaitaia/Whangaroa</td>
</tr>
<tr>
<td>Ngāti Kurī</td>
<td>a tribe located Te Hāpuia</td>
</tr>
<tr>
<td>Ngāti Wai</td>
<td>a tribe located in Whangaruru/Whangarei</td>
</tr>
<tr>
<td>Ngāti Whātua</td>
<td>a tribe located in Kaipara</td>
</tr>
<tr>
<td>Nohokitekainga</td>
<td>stay at home</td>
</tr>
<tr>
<td>Rāhui</td>
<td>to put in place a temporary ritual prohibition</td>
</tr>
<tr>
<td>Rangatiratanga</td>
<td>autonomy</td>
</tr>
<tr>
<td>Rohe</td>
<td>region, area</td>
</tr>
<tr>
<td>Te Aupōuri</td>
<td>a tribe located in Te Kao</td>
</tr>
<tr>
<td>Te Kahu o Taonui</td>
<td>a Northland collective of Iwi Chairs</td>
</tr>
<tr>
<td>Te Rarawa</td>
<td>a tribe located in Northern Hokianga</td>
</tr>
<tr>
<td>Te Roroa</td>
<td>a tribe located in upper Kaipara</td>
</tr>
<tr>
<td>Te Rūnanga-Ā-Iwi-O-Ngāpuhi</td>
<td>Te Rūnanga-Ā-Iwi-O-Ngāpuhi is the parent organisation of the Group that includes Ngāpuhi Iwi Social Services, Te Hau Ora O Ngāpuhi and the Ngāpuhi Asset Holding Company.</td>
</tr>
<tr>
<td>Te Tai Tokerau</td>
<td>Northland</td>
</tr>
<tr>
<td>Whānau</td>
<td>family</td>
</tr>
<tr>
<td>Whanaungatanga</td>
<td>sense of family connection, relationship</td>
</tr>
<tr>
<td>Whare</td>
<td>home, household, house, building</td>
</tr>
<tr>
<td>Wero</td>
<td>challenge</td>
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</tbody>
</table>
He mokopuna nō ngā tūpuna o te Tai Hauauru me Te Tai Tokerau. Kei te taha o taku pāpā nō Kāwhia Moana, Kāwhia kai, Kāwhia tangata te tumu o te waka o Tainui. Kei te taha o taku whōea ko Tinana te waka, ko Te Rarawa te īwi. Nō Pukepoto ia. Engari i tupu ake ahau i roto i te rohe o Ngāti Toa Rangatira i Takapuwāhia i Porirua. Nō reira tēnā tātou katoa.

Kia Ora my name is Terina Moke and I am the CE of Raukura Hauora o Tainui. It is heartening to see similarities between what a lot of Māori providers did during alert level 4 lockdown in terms of standing up, mobilising, being agile to respond to the needs of our people and also to all of the people who live in our tribal boundaries.

Raukura Hauora o Tainui is a Charitable Trust. We are based around the aspirations of Kingi Tawhiao, the moemoeā of Princess Te Puea, and also the legacy of Te Arikinui Te Atairangikaahu which is around reclaiming the health and well-being of the Tainui people. We are based in Waikato, predominantly around Hamilton, Ngāruawāhia and Huntly and then we extend up to the northern tribal boundaries of Waikato, Counties Manukau District Health Board (DHB) region and we provide services in those regions.

Raukura Hauora o Tainui has 120-130 kaimahi, four General Practise (GP) clinics based in Waikato and an Alcohol and Drug Treatment residential, a kaupapa Māori treatment residential facility in Wiri, Manurewa. We provide Primary Health GP services and we are also a part of the Waikato Tainui Whānau Ora Collective alongside three other iwi providers of Waikato, Te Hauora o Ngāti Haua, Ngā Miro based at Turangawaewae Ngāruawāhia and Waahi Whānui based in Huntly. Raukura also have a combination of Community Service contracts both clinical and non-clinical in Waikato. Mental Health services are a strength and we’re one of the biggest mental health and addiction kaupapa Māori providers in Counties Manukau DHB region.

In terms of talking about COVID-19 because we are Raukura Hauora o Tainui it would be remiss of me not to mention the influence and the legacy of Princess Te Puea particularly in the way she led our people during the 1918 influenza pandemic here in Waikato. In fact we all took strength, confidence and the urge to respond from her legacy and also the feeling of being compelled or obligated. When you are working for your people there’s much more at stake, its more of an obligation rather than this being a nine to five job. And when you talk about that you have to reflect on the Māori health inequities that exist and that if COVID-19 got into our communities particularly our rural, kaumātua and rūruhi (elders) communities in my view it would have been devastating. Those were the types of motivations that drove Raukura and all of the kaimahi and actually all of the iwi providers inside Waikato to respond the way that we did.
First we had to look after kaimahi as we had a lot of vulnerable staff that we needed to make sure were looked after or we had whānau at home who were vulnerable. That was first and foremost - to look after our own kaimahi. Just before alert level 4 lockdown the College of GPs came out with the directive to direct all GP clinics to shut their doors and move to virtual consults. For us as a Māori GP provider we scrambled in terms of trying to get the IT equipment and get us all up and running to be able to do that virtual function.

The other thing at the time was the mixed messaging from the government saying stay at home yet a lot of our patients were interpreting that to mean not go to the GP. So we went dead quiet in terms of our GP Clinics in the first week and we had to work really hard to get people to engage in primary health care while we were in level 4.

I think one of the things that drove Raukura was our ability to act early before the government announced the move into level 4 lockdown. Raukura initiated a call to action to all the iwi providers in Waikato and to the tribe. We held a hui at Hopuhopu which is our tribal chambers where we had a big kōrero as iwi health providers as we needed to mobilise and be able to respond to COVID-19.

As a result of that hui, the best thing that happened was the Waikato Tainui tribe stood up, enabled and provided the korowai (cloak) for all of the Māori providers to come together to collectivise and coordinate a response. It also included Waikato and Counties Manukau DHBs. We were able to mobilise very quickly and coordinate the mobile services when at the time there was a real push for flu jabs which motivated Raukura to stand up and assist.

At the same time we hardly had any Personal Protective Equipment (PPE) gear and there was a real struggle to get it and the vaccines started to run out. We had GP clinics or pharmacies that started to stockpile vaccines and we were running quite low. One thing that struck me around our response and across Māori providers was our agility, the ability to get up, mobilise, collectivise and respond.

I also noticed when we had Zui (Zoom Hui) we would start with plan A and by the end of the zui we were at plan D or by the end of the day we were up to plan Z. That was an indication of how fast we could adjust and how providers communicated with each other in real time.

I got a real good sense of people putting their ego aside, we just got on with the mahi because we couldn’t do everything everywhere so we all divided up the work and did what we could. That agility was crucial. There was also Innovation. As a response to the lack of PPE gear and this was driven by my Clinical Services Manager, Selena Wawatai, we looked overseas. We looked at the way other countries were responding around PPE gear and Serena saw something in South Korea.
We saw this contraption applied in South Korea so we got it made up and during alert level 4 there were a lot of builders that couldn’t do anything and some of them were essential workers. We approached a builder and he was able to create the specs to this contraption for us. We nicknamed it Roxanne and it enabled our nurses to go in without any PPE gear on and put their hands through the gloves they were able to do flu jabs through the contraption and then we used it to do COVID-19 testing. That was a direct response to having no PPE gear.

The first time we trialled it was at a wharekura in Huntly, at Rākaumangamanga. It was a bit of a hit in terms of “what is it” so we have taken it around as another way to administer COVID-19 tests or flu jabs. That’s a visual example of being innovative in our response. For me I was struck by continuous agility and innovation in terms of how we operated in Tāmaki, we set up high distributions teams in both rohe (regions) and they were responding to communities.

We had hygiene packs, our tribe Waikato Tainui had assembled kai (food) packs so we were distributing as well as assessing needs. One of the other primary health needs we figured out, people were engaging in virtual consults but then they weren’t going to pick their medicines up. We provided a free daily service where we would pick up their medicine and covered some of the initial costs and then we would deliver to their door. That was really effective and helpful for all.

In terms of other key learnings for us is to continually adapt to the way in which things are changing. We never waited for ministry funding, we just moved. We found that when the funding did follow, it wasn’t too late but it was quite a way down the track yet it did not stop us from responding. We did have big challenges, I had a workforce that didn’t have appropriate equipment to work from home like laptops and phones. Some people in terms of finance couldn’t afford to pay monthly data or the internet bill so we provided an allowance and contribution to help our kaimahi.

For us it was around continually moving and adapting, being agile, not waiting for the funding to drop or not doing anything until funding dropped we just kept moving. The other thing we did was we used GEO spacial mapping to track our data. We mapped our flu jab data, kai deliveries, pharmacy deliveries, hygiene pack deliveries and we aggregated information by age range, ethnicity, gender and where they lived so we could map in terms of coverage, we could map a whole street.
The importance of that was not necessarily where we had been but where we hadn't been in terms of identifying parts of a street and that then meant our kaimahi could go and target those ones in other houses to make sure they were okay.

I noticed during this process a lot of our tauwi providers were silent or invisible. I would say our Māori providers, our kaimahi would be seen everywhere and they were much more visible in our communities. I think we've just got to focus on what we are doing and how we can contribute. I think the other thing is I saw true leadership come from our kaimahi. I saw the strength of our kaimahi and how fast they were able to get things done using their own networks and as a result I saw a lot of outstanding leadership. It was more than working long hours but it was their ability to be astute in terms of the networks they held and being able to influence and get things done and address some of the issues.

It was around Matariki time before we went into the second lock down, we had Matariki Award celebrations to recognise our kaimahi. If anything when you are a manager and CE and you're trying to respond to something like this the most important thing is you have to look after your workforce so that they don't burn out and you must recognise them.

For Kaimahi who were turning up to work in the clinics and in the mobile clinic unit you have to take into account the concerns of their own whānau. Who were also concerned and scared for their whānau member being out there in the frontline and the possibility of being exposed to COVID as a front line worker.

Because of that you are very aware of ensuring that you look after your kaimahi. There were instances where they were on for a couple of days and there would be a big stretch where they were off. We were trying to look after our workforce. That was really important. I had the luxury to have conversations with kaimahi and there were times where I had to tell them that's enough – you need a break. I have worked in a lot of tauwi organisations, where it was 8:30am – 5pm and no more. I had the opposite experience in this regard of having to ask kaimahi to park up and put the brakes on so people could have a break. In terms of some of the other organisations, we found we got a better response and a more collaborative response with Civil Defence in Waikato rather than we did in Auckland. It meant we changed tact in Auckland, the way in which the tribal management were able to intervene and advocate opened up the doors for us as providers and with the tribes korowai they influenced all the providers to be close knit much more than they were before. Nei rā te mihi
This report, based on interviews from across the organisation (Ngāti Porou Hauora), has been developed to help assess the effectiveness of our response to the threat of COVID-19; determine the impact on organisation function and morale and identify learnings. It is too early to fully evaluate the response, and COVID-19 is not over, but we thought it was useful to capture some of the organisational responses and experiences of the journey while fresh in the mind.

Introduction

The health sector has been challenged in responding to the potentially devastating threat of SARS-CoV-2 (COVID-19), to protect both staff and the population served, reorient health services, and manage disruptions to supply chains, workforce and normal practice. Ngāti Porou Hauora (NPH), as a Māori provider serving 9,000 people, both urban (in Gisborne) and rural (across the East Coast), rapidly adapted to ensure that whānau were kept safe, staff were protected, and service delivery continued.

An advantage for NPH was early recognition of the significance of COVID-19 and preparation that began in mid-February 2020. A Clinical Governance Group meeting on the 19th Feb, discussed potential impacts, including risks to the NPH population, strain on already constrained resources and potential disruptions to supply chains. The Chief Executive, Rose Kahaki, asked the NPH Infection Control Group to provide initial advice and within 24 hours this advice was provided. Before the end of February, staff were involved in training around COVID and PPE, and many measures such as hand sanitiser stations, restrictions on facility entry and staff reorganisation were starting to materialise.

What followed was the gradual recognition across the country of the impact that COVID-19 was having, not only in China but then in Iran and Italy. New Zealand responded with its pandemic plan, taking on board epidemiological and scientific advice to limit spread, then aiming for elimination. Border restrictions and different levels of restriction within the country followed, culminating in a Level 4 Lockdown by March 25th.

For NPH, the early weeks were hectic, with endless hui and Zoom meetings, whānau-led responses emerging, major shifts required in workforce deployment and service delivery (including the establishment of a rural CBAC), involvement in responses led by Te Rūnanga o Ngāti Porou (TRONP) through Whānau Ora such as distribution of food and hygiene products, and rapid changes in emphasis, case definitions and expectations of health sector responses. The agility and adaptability of NPH came to the fore during these testing few weeks, as did the strength of relationships within Ngāti Porou (both through TRONP and directly with whānau), and with other services in the region.

1. It includes interviews from: the Chairman of the Board, the CE, Mental Health Manager, Primary Health Care Manager, Contracts Manager, GPs, Practice nurses, Receptionists, RHNs, Practice Manager, Kaiāwhina, Hospital RN, HCA Aged Residential Care, Midwife, Mental Health Team, Te Hiringa Matua, Home Based Support Services, Research, Cleaning, Kitchen, Maintenance team.
This document captures some of the NPH response, through an organisational lens and through the reflections of staff, based on interviews from as many parts of NPH as time permitted. Some of the feedback is similar or repeated by those interviewed. It has been edited for clarity and length. No external interviews were undertaken.
This section summarises the lessons learnt, followed by the feedback, stories and reflections that inform these lessons.

Learning

• The value of early preparation and rapid adaptation: obtaining extra supplies, understanding that rural areas are hardest hit with lockdowns and have limited supply options. Fast learning, utilising international knowledge and national guidance, to rapidly develop local training. Our staff are capable, learnt fast and adapted quickly.
• The strength of a small, tightly connected organisation, that has close connections with whānau and the ability to be agile, resourceful, work flexibly with other organisations and think ‘outside the square’.
• When clear decisions are made and communicated at a central level, frontline organisations like NPH, are able to quickly translate those into deliverable services, modifying facilities, mobilising and redeploying resources, implementing new processes and constantly adapting them till they meet the needs of service and safety.
• Leadership. Good leadership in an emergency is informed, clear and decisive. It is “permission giving”, equips people and empowers them to make decisions at the point where they are needed. It is leadership that stays connected, appreciates the stresses and reassures staff in times of uncertainty.
• Communication is critical with whānau and communities; with TRONP, community groups and other health agencies for effective coordination, and between NPH management and staff. This requires additional resource. It was great to have skilled Comms assistance, to work collaboratively with TRONP Comms and be part of Te Rōpū Whakakaupapa Urutā.
• NPH is proactive - this means not waiting for government agencies to make decisions or provide solutions. Recognising the threat of COVID-19, NPH took critical decisions to ensure it could respond adequately - For example, ordering additional PPE early.
• COVID-19 affected staff and their whānau, creating new stresses and anxiety. Flexible arrangements for leave, ensuring staff knew they would be paid if they were unwell and needed to isolate, pacing the work, and efforts to recognise staff who were working beyond normal expectations were appreciated.

Acknowledgement to NPH staff for their contributions and to Dr Julia Carr, Acting Chair NPH Clinical Governance Group, for collation.
Telehealth consultations: Understand the limitations of remote consultations when dealing with a high needs population where multiple chronic conditions are common, set within an environment where housing and income is often inadequate and other safety issues are pressing. It requires skill, experience and additional time to see the unseen and hear the unstated, to make accurate diagnoses and treatment decisions. This is not a quick process.

Mental health was a big issue through the lockdown with extra stress on whānau – lack of resources, job losses, and increased isolation. Despite active outreach visits, telehealth clinics and phone contacts from NPH staff, many people became distressed or unwell. More resources are needed to support mental health, including interventions to prevent family violence and to help people struggling with addiction.

Community safety responses (‘road checkpoint’ stations) helped staff feel supported and safe, supporting compliance with the lockdown and reducing the risk from unnecessary visitors.

Infrastructure: The value of visible, functional infrastructure within rural and remote communities -providing practical help, service access, as well as “hope” to people in times of uncertainty.

Self-reliance and resilience are real strengths – in the clinical teams and outreach but also in the many practical responses - the vegetables grown, fruit collected and local produce shared - having a functioning kitchen and capacity at Te Puia, a maintenance crew, a water supply and people prepared to go the extra mile to meet demand in a crisis.

Additional funding for Māori Health services: The announcement by Associate Minister Peeni Henare was welcomed by Ngāti Porou Hauora. However, it’s been a long process, yet to be finalised -retrospective contracting is burdensome and slow. An improved process must be implemented prior to the arrival of the second wave, otherwise frontline service providers will be hesitant to carry the financial risks associated with increasing capacity and service scope. In addition, a more consistent basic agreement to centrally fund major services such as CBACs and swabbing, while allowing for local variation would be helpful. The point is we must plan it now while we have time.
Our story  
Preparation  

Preparation began in February, thinking about likely service changes, considering ideas circulating on a variety of information sharing sites and ordering in extra supplies. Upskilling teams began– a Coronavirus update session at Puhi Kaiti on 27 February, and training videos (COVID-19 and use of PPE) went out to staff by 2 March. Service and workforce changes had to be thought through, adapting any guidance for local context. NPH rapidly progressed this preparation, while nationally and at DHB level much was still operating as ‘business as usual’ in those early weeks.

NPH board is chaired by Teepa Wawatai, who maintained regular phone contact with the CE over this time.

Teepa Wawatai reflects:

*From the Board situation – I used lessons learnt through disaster planning and experience from good crisis management – essentially give power to the people who need it and let them just get on and do it...empowering our CE to make decisions and trusting her to make the right ones...*I kept in touch, not to micromanage as she’s a very capable CE...my main reason to talk with her was to keep that helicopter view and be looking out for any other resources that could be marshalled.*

*In the week leading up to lockdown and the next two weeks, I was in daily contact. After that I realized they had things under control, things were settled so then tried to interrupt her as little as possible as they were still really busy.*

*The context was an organisation that has worked under stress for almost a decade and has been under-resourced all that time...then something like this comes along and they perform so well. Every region is different and other organisations could close down some of their operations but NPH doesn’t have that leeway...everything is frontline -so what the organisation had to do was a lot harder comparatively. I honestly feel that if COVID-19 did come our way, we would have handled it well. Looking back, I think they’ve done incredibly well. I’m really proud of them.*

Chief Executive, Rose Kahaki, and the small executive team mobilised early.

Rose Kahaki reflects:

*In the beginning I was looking overseas and what was happening was huge, daunting really - not feeling any sense of panic but just thinking, how the heck are we going to manage? A number of thoughts came flooding in – our community with some of the worst health in New Zealand, already heavily compromised without the threat of this virus; many becoming unwell and dying; Gisborne Hospital potentially being overwhelmed early in the piece and unable or unwilling to accept our whānau; our history of being a rural outpost, of being relatively unimportant and being considered last or not at all. What and how do we sort this?*
The answer would be by becoming as independent as we could, to be in control of what we could and plan for the worst scenario - being pragmatic, solution focused and everyone working together. That was my thinking early on.

What happened after that were little examples of us actually not being that important – requesting PPE and getting very little, getting 5 swabs and thinking, really?? (Tairāwhiti probably only had 20 but still...), I thought we’ve got to get this sorted!

There was a whole raft of decisions. We had everyone around the table twice a day, including the weekends - mainly management, and doctors when they could join us, some of the nurses coming in. The first thing was for everyone to get on board. It didn't fall into place easily, with different people having different perspectives or adjusting at different times, but there was a core group of people who were getting organised straight away.

I thought, where are the skills and how do we use that to the best advantage within the management team? For example, our PHC Manager based in town [Gisborne], has a clinical background so she was best to go on the DHB COVID Response Taskforce, set up CBAC and manage primary care teams and clinics, her BAU. Our Business Manager and Practice Manager organised stocktake/supplies, logistics, costings and noted all expenditure - we kept a good chronology, coding etc. Mental Health services in the community were maintained to a high standard maintaining safety for whaiora and staff alike. There was so much to do in our little hospital - from setting up COVID-19 drive-through testing, separating maternity from aged residential, medical beds from outpatients, and setting up a stabilisation unit in the old A&E department. Every unit had its own clinical & support staff including the cleaners, laundry facility and showers for staff.

We got the mortuary chiller that had been sitting derelict and unused for more than 25yrs, gassed up in case it was needed. COVID forced us to communicate better so we worked with the Board and got external support to maintain the flow of information to our staff and the communities. We used information coming out from the centre, from the Ministry and government, WHO and made local content via Facebook, Radio and TV. We talked regularly with Radio Ngāti Porou and TRONPnui. Everyone did their bit.

Early on I could see that PPE was crucial. We had a small stock, but I could see that supplies were not easy to come by.

An early decision to privately order PPE was triggered by the thought of our staff going from their homes into the homes of some of our most vulnerable whānau.

At that early stage, a lot of whānau were returning from overseas and other parts of New Zealand, and I could see the risk. I also wanted our staff across the whole organisation to feel safe. These decisions are judgement calls that you have to make as CE and I had sleepless nights worrying about the cost, but in retrospect, it was definitely good to prioritise this protection for our staff and whānau. We will always be grateful to the whānau
at Te Waiū [Te Kura Kaupapa Māori o Te Waiū o Ngāti Porou in Ruatūria], who took the initiative to 3D print face shields for NPH. That was amazing.

We got good advice early on from the Ministry of Health and from employment law newsletters regarding staff leave as staff were concerned: if I go off, will I still get paid? Right from the beginning we made it clear that they would get paid – it was forced leave due to COVID. We didn’t want them to be at work if they were over 70 or had comorbidities or had children they were worried about. Several had to separate their kids from their grandparents to keep the grandparents safe, but that created stress and they needed the flexibility to work from home when they needed to. For those that were off but got paid, we could claim back 80% of their wages back and that was a great help.

Service changes
Rose Kahaki: The CBAC setup was supported by our doctor from the Gisborne Clinic. We organised accommodation on the Coast for him and backfilled his position in town. As a rural provider, we have difficulty in filling our doctor and other professional positions. However, we were rung and offered help by a doctor who’d worked with us previously. We accepted his offer without hesitation given the “planning for the worst scenario” thinking. The thought of how we were going to pay him did flicker through my mind but was quickly buried with thoughts of all the devastation in other countries playing on the news day after day.

The rostering changed. We had sufficient doctors for every clinic to have a GP every day. They were seeing people in cars, consulting over the phone and via private messenger on Facebook, all the while working out how it would be done safely. It was all rapidly sorted and worked like clockwork.

At the same time, the CBAC was being prepared. Once we decided that it needed to offer both swabbing and treatment, a team cleaned up a suitable part of the hospital building. They were amazing. We have tiny teams already and they struggle to get everything done they normally have to do. Just before COVID we had recruited an extra cleaning staff member. That was great as [the Team Leader] was able to lift her head up from trying to do everything, to organising it and had someone else to help with the lifting of heavy equipment etc. The hospital and that new area was glistening.

Across the hospital we had to think about how we kept people safe, avoiding cross contamination. That meant bringing on different people to concentrate on the hospital itself. There were lots of changes, and if we found that it didn't work, we changed it and then changed it again.

We had to get people out of the offices [for the CBAC]. They shifted to work from home or changed offices. The Whānau Ora team used the fire brigade as a depot and a place to work from. They needed a bigger space while others just needed a space for their PC. The local network kicked in with options.

We were regularly bringing people together, initially around the table in my office, then using Zoom as more people got involved and to maintain distance. Different people were able to join but everyone really stepped up in my view. They showed their own leadership as individuals and their ability to think and willingness to adapt. We also had more frequent meetings of Clinical Governance and our Infection Control group. This helped give
us a space to step back from the day to day busyness, review how things were going, be proactive and problem solve.

Lockdown of the hospital ward was discussed and decided by staff, residents and their whānau. The decision to stop visitors and stop respite admissions was made and communicated to the families and the communities.

For the ward staff it was difficult as they ended up quite cut off when everything went into lockdown. There was very little movement into the ward. We usually have managers in and out, going in for a chat or a cup of tea. We were all isolating the ward but if I did it again, I would organise a daily zoom meeting or something as I realise now that the isolation was difficult.

In the community, the [Home support coordinator] did an amazing job. For clients with whānau locally, we realised we might be better to step back and let whānau do the care to keep workers and vulnerable clients safe. Workers going in and out of a lot of homes was going to be a concern, so PPE training was organised and all our caregivers did an outstanding job. From 83 clients, we ended up providing caregivers for about 61, so we were able to maintain tighter bubbles. We had the same caregivers going into the same few homes, plus we had a second on call in case something happened- I thought that was really well done.

By mid-April there had been four cases of COVID-19 in Tairāwhiti. Testing was carried out across the district through primary care, CBACs and later by mobile testing teams. By May, Tairāwhiti had completed 2598 tests, with 866 completed by Ngāti Porou Hauora. By June, Tairāwhiti had New Zealand's highest testing rates for both Māori (40 per 1000) and its general population (42 per 1000).

This graph of test rates as at 15 June 2020, shows the high COVID-19 testing rate in Tairāwhiti, particularly for Māori.² An update on COVID-19 tests, from 22 January to 20 July 2020, again reported that Tairāwhiti had New Zealand’s highest testing rate for both Māori (113 per 1000) and for the general population (98 per 1000).³

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Primary Care

NPH has six health centres – five teams on the East Coast, covering general practice, district nursing, schools, tamariki ora, palliative care and some public health, and one in Kaiti, Gisborne. The Coast’s GP home base is Te Puia, where the rural hospital provides 24/7 emergency and after-hours care. GPs travel each day to the clinics, and this network serves around 4000 patients/whānau. The teams work hand in hand with Ngāti and Healthy, Whānau Ora, a physiotherapist, the NPH midwife, mental health team, home support workers etc. The northern-most communities are two hours’ drive from Te Puia and 3.5 hours from Gisborne. Medicines are couriered daily to depots (local shops/RSA). Lab samples go by courier to Gisborne during the week. Xray is available once weekly at Te Puia.

Puhi Kaiti is NPH’s health centre in Gisborne, serving around 4,500 patients, with GPs, practice nurses, receptionists and a kaiāwhina. This team links in with Gisborne-based services, and participates in an after-hours roster with other Gisborne GPs and the ED.

Like general practice and primary health care providers all over the country, NPH staff and services had to adapt quickly, moving to ‘red’ and ‘green’ areas in the clinic, introducing more phone triage, fewer ‘in person’ consultations, developing drive through flu vaccination, carpark triage etc.

PHC manager: Staff have been quick to adapt to change, instituting virtual consults and different ways of working. More GP time available on the Coast is helpful.

Receptionist: We had a closed door and the clinical team just went to the car. It worked out really well. We [NPH] were well and truly prepared so this relieved a lot of people’s minds. The [Te Puia] hospital’s not that far away for anyone who needed to be tested. The hospital had blocked off the end with our kaumātua and made everyone go to the other end of the hospital. That was really well done. If we did have an outbreak, we were pretty much prepared. PPE turned up in time and we still have some. Every day we had updates, not just by managers but on the news.
Reception: We ask who they want to see and whether they think they want a phone consult or to be seen. Then if they want to be seen, they are triaged by the nurse or doctor.

Practice Nurse: It's been a learning journey for everybody, changing things along the way. You shouldn't expect things to be perfect from the start - there was a lot to do ... we know now. Overall, the Hauora has done really well. That sense of humour has helped. And it's still ongoing – we have to keep very vigilant and proactive about keeping ourselves safe.

There was not enough PPE at the beginning. We took masks for granted, something we've learnt from. We had to improvise in those early days.

Practice Nurse: Communication was the key thing. Appreciation of everyone around here - our cleaners, our maintenance guys getting things set up – they all played a part.

Going into Level 4, people were coming in from overseas and it was an anxious time for our communities. We had a swabbing station already set up by the ambulance bay. Willem [Dr Jordaan] coming in to set up CBAC was good - it was well run, with a methodical approach to set up, good processes and the whole team involved - Bobbie [manager] and Willem [GP] as leaders, input from all the team. It was fantastic. Team members were confident in their roles, they knew what they were doing, and it worked like a well-oiled machine. Kim [nurse] was great with infection control, very thorough and it gave me confidence as a clinician.

Great that New Zealand has taken on board the seriousness of COVID-19 and to see numbers declining and patients recovering. We had 4 cases in Tairāwhiti, one on the Coast but nothing recently.

GP: I'm amazed at the NPH response. Less throughput in the clinics has meant more time for other aspects of health care and to manage acutely unwell patients who needed transfer. We've been lucky with the weather being warm and kids not at school – less of the usual winter challenges.

Home visits are still done (PPE used), allowing visual assessment of living conditions that is very useful. In person consultations have continued where indicated.

GP: It’s gone well. Telephone consultations went well and we’ve also seen a lot of people in cars. If we’ve needed to, we can see them face to face in the clinic. Telephone consultations are sometimes more demanding – you only get one person telling the history whereas in the usual clinics there’s often another whānau member. You can’t see them so don’t get that opportunity to notice how they look. People here tend to understate their illness, so you need to be careful. It’s been a very interesting thing, how quickly people have rallied around, to set up the CBAC for example. The unit was set up very well. Before that we did swabs at the hospital. Now the CBAC is closed, we’re doing swabs at the clinics.
We have sorted packs for patients with asthma or COPD with medications and instructions of what to do if they became sick over the lockdown period. Each doctor contacted the patients in their regular clinic to make sure they have adequate supplies and know what to do. We’re also working with the pharmacy on unclaimed medicines to see who is not picking up their medicines and making sure that’s followed up. The older people have been very good at staying home. There are no elderly people at the supermarket.

GP: We’re fine. We’ve still been busy, two transfers yesterday to hospital. We’ve been doing phone consults but I don’t really like them. People here don’t complain about symptoms and you really need to examine them or you miss things. In other places maybe 50:50% virtual is ok but not on the Coast. We don’t have ‘worried well’ patients where a short telephone consultation can be reassuring. Rapport is very, very important, body language etc especially when you’re discussing sensitive issues. It tells you so much.

It’s been perfect having extra doctors – working with different people and they bring new perspectives. They see things differently and from time to time that’s really good.

Mental health issues have increased with the isolation, and lockdown. We’re lucky we don’t have a lot of people working in hospitality or areas that were affected early. The forestry is restarting. People here are also used to living on small incomes.

GP: Really good leadership in the CBAC... the great thing was having dedicated staff, money and training, taking it seriously...good systems. The team became so tight and so good at what they were doing in terms of swabbing and assessment. They were an awesome team - I was especially impressed at how the non-medically trained people brought in at short notice became so good at what they were doing. There were some areas not well thought out initially, like covering the roster but there was trouble shooting to get a good working plan by the end. There was lots of awesome work by kaiāwhina, keeping in touch with elderly and other high need patients. Phone consults went well. Hopefully we’ll continue these as an option.

Kaiāwhina: Before the lockdown we did wellness checks, using a template of questions we have on MedTech. Can they keep warm? have they got enough clothes and food? have they had flu vax? etc. [RH Nurse] and I have a list of all our over 65s and our vulnerable ones. We did flu vaccinations in the homes, so they didn’t need to come out to the clinic.

We’re still going into homes – a lot of bloods are taken at home, and also during the lockdown we have still been doing home visits. If we don’t need to take blood or immunise, then we sit outside – sit in the car and they come out or we sit outside and keep our distance. We use PPE if we have to go in to do something like take blood.
With the lockdown very few people were coming to the clinic or even ringing up. They were paranoid about COVID. So that's when we were going and checking in on them. Our work is just ongoing.

Kaiāwhina: The people up here have been awesome – helping the community and each other, keeping their distance. They've been happy to come to the carpark for triage or have things sorted over the phone. We've all been at the clinic, either frontline or doing backroom work.

There's been a team of people delivering hygiene packs, food packs etc. They liaise with the clinic if they need to. Originally, we provided a list of over 65s and those with chronic disease through a process with a confidentiality agreement with the Rūnanga. But there's only so much information we can give as we don't want to compromise confidentiality. The elderly was well taken care of. There were a few that had no one to do their shopping so I did their shopping and dropped it off. But it was a collective thing, the whole community. Everyone jumped on board and no one was going against the grain.

I'm so grateful for the roadblocks. We knew that no one not from this area can get in and we felt safe.

Rural Health Nurse: Great way to work. 140 older and vulnerable patients were given flu vaccine, many at home. Also, childhood imm - everybody was home due to the lockdown. Very busy, but positive. We worked in with Education and delivered laptops, iPad, tablets to families. It was great to see the children’s excitement at receiving them.

Rural Health Nurse: The biggest thing for me was having the roadblocks. Before they started, I felt so vulnerable [as a nurse]. I was thinking, how on earth can we police the neighbourhood for people not sticking with the lockdown? There’s only me, the one cop and [kaiāwhina]. All of a sudden, all these people from the community popped up and took control…and I was so relieved.

Great to see the community step up and look after each other - roadblocks, food parcels, all these things – quite significant. We did well but we’re used to being isolated anyway – this just scaled down what we did. Instead of juggling everything in the clinic, it was juggling everything in the community. We were still going into homes, with the needed precautions…and doing most things apart from things like baby checks. We adapted well as a team. We're not reliant on anyone else anyway – you just get on with it.

Rural Health Nurse: I think it went pretty smoothly. We had a team hui and decided what was going to happen. It’s just been amazing and preparing was really good. We went to the CBAC, saw that and it all fell into place. We had a COVID-19 list – rang all our over 65s and they all appreciated that. We've [GP and RHN]
done two home visits today and have been seeing people when we need to.

There's been a lot of training and communication and that was really awesome. We’ve enjoyed the zoom hui with everyone – seeing how everyone is getting on in the other clinics - managers, doctors getting together. They started before the lockdown, 2-weekly then weekly with Phil [Quality Manager] and Rose [CE], Bobbie [PHC manager] and Cara [contracts manager]. All the clinics or team can join. I found these really awesome. Kept us up to date, any changes, things happening up at the hospital. There was some anxiety especially before the lockdown. These meetings were very reassuring for us. We had one yesterday on infection control [under level 2]. Next week we have another hui with a scenario of a COVID case here.

Puhi Kaiti Clinical Leader: I did a training session with staff on 27 Feb – details of the virus, managing patients with suspected COVID-19, managing whânau, protecting ourselves, communication, coping with stress, revising 5 moments of hand hygiene etc. The staff are awesome, still doing marvelously. The [initial] training paid off and we redid training for example, about use of masks which needs to be constantly reinforced. We have set up an area where we can see patient in full PPE.

Puhi Kaiti Manager: We cleared out offices in the back section of the building to create a separate area – a red area – where we can assess anyone with fever or respiratory symptoms, with full PPE. Staff were redeployed to undertake wellness checks with older patients and those with multiple co-morbidities – using a form developed on MedTech. Flu vax clinics have been held in the carpark. Nurses from the Public Health Unit helped, and they went well.

Whânau Ora/Ngâti & Healthy
The NPH Whânau Ora and Ngâti & Healthy teams moved out of their offices, initially relocating to the board room due to the establishment of the CBAC, later moving off site to the local fire station in Te Puia, to have more room for managing the supplies and many activities to support whânau. From here the team conducted wellness checks with whânau through home visits and by phone, covering the width and breadth of the East Coast. They joined with community led groups and Te Rūnanga o Ngâti Porou (TRONP) to distribute hygiene and food packs donated by various agencies: Whânau Ora Commissioning Agency, Civil Defence, Trust Tairâwhiti and the Ministry for Primary Industries and others. Staff also helped deliver medications to whânau who could not get to the depots.
The team continued to do their normal mahi and also worked on weekends to maintain contact and complete deliveries.

Stories from the team: Some were lonely and or wanted to talk with people other than who they were isolating with, lots of time was had just talking.
During COVID, TRONP provided pakeke with firewood.....whānau were very grateful. Now we continue to get calls for more wood, and people are disappointed it's not happening anymore.

One pakeke wanted us to get his lotto ticket so we set up a bit of process for this to happen. He promised that if he won, he would share it with us.

A young woman who lost her husband before the shutdown was overwhelmed when kai was dropped off to her. She was struggling and appreciated the visit.

Another person killed a cow knowing many forestry workers had lost their jobs and feeding their whānau was going to be a concern. They needed our help to distribute it out.

One pakeke had problems with his Sky and with no technician available, we tried our best to fix it but failed. We would have found a TV for him to use but he didn't have an aerial and got poor reception anyway. We made sure that his radio was all set up. It was hard work but wouldn't trade it for the world...
In June, NPH was pleased to work with the Ministry for Primary Industry (MPI) in distributing pork products to communities on the East Coast from Tolaga Bay to Pōtaka.

Funding received assisted in transport and distribution. NPH was fortunate to obtain the use of a ‘chiller’ truck from a local fisherman to ensure that the quality of this meat was maintained, and food standards were met throughout the delivery process.

HBSS - Home support
NPH provides home based support to around 70 whānau from Pōtaka to Whāngārā. NPH currently has a subcontracting agreement with HCNZ, however is working with HCNZ to develop an alliance to supersede this - better reflecting equitable partnership. NPH is fortunate to have a dedicated coordinator who is well linked into Coast whānau and to the primary care teams.

There has been an increase in referrals (30 new referrals) and this has been stressful for the coordinator, trying to contain certain staff to work with certain clients. Staff have been limited to a small number of clients and this continued throughout Level 2. Palliative care has also been very busy. PPE - NPH has been supplying 2 weeks of PPE at a time to caregivers and this is working well to ensure their safety and that of their clients and whānau.

COVID testing - CBATC
GPs and nurses at Te Puia Hospital were taking COVID-19 swabs from early March. On Saturday 14 March, through a national teleconference, there was the request for community-based assessment centres (CBACs) to be set up across the country. On Sunday 15th NPH received a phone call from the DHB saying they wanted a CBAC up and running by the following Friday. This later changed to wanting a plan for a CBAC that could be mobilised within 24 hours. However, due to limited capacity, NPH decided to go ahead and get it set up, ready to go.

Managers met on Sunday with clinicians to start planning. A caravan was one option considered, or a cabin outside the hospital, with the option of drive through, or having an area at the side of every clinic. Thinking about the capacity needed to both assess and treat patients with fever and/or respiratory symptoms, it made sense to set it up at the hospital.
PHC manager: The initial CBAC design and plan was done through joint decision making, with Dr Jordaan [GP] talking through the design and I was developing the plan on the whiteboard. We created an agile plan, a spreadsheet with everything needed, and staff started moving things out of offices, obtaining supplies, putting the plan into action while Dr Jordaan got stuck into the training.

GP (CBATC): The important thing was first to get the knowledge .... I did 5 WHO courses covering COVID-19 planning guidelines, treatment facility design, management of COVID-19 cases, infection control, methods of detection, treatment and control of COVID-19 etc... I also used academic reviews, a variety of webinars including MPS webinars (employment law and COVID-19, privacy, medico-legal aspects of Alert Level 4, self-care through COVID-19), IPC (infection control) with constant updates, as well as other topics such as COVID-19 and cardiovascular disease, recognising the sick child etc. I was linking in with CBACs all over the country. I was quite surprised to find that the Southland CBAC had developed similarly - not just a swabbing centre but also treating patients, potentially managing all level of patients unless they needed ventilation, where they would need to go to Gisborne. Ours was a Community Based Assessment and Treatment Centre (CBATC).

Training - I put together a course based on WHO resources and conducted 5 hours of training. We reviewed acute respiratory infections, COVID-19, hygiene and use of masks, infection control for COVID-19, risk factors, definitions, symptoms, standard precautions, specific COVID-19 precautions etc. Later on, we did further training – prevention and control of COVID-19 in health care settings (IPC COVID-19), the NZ Resuscitation Council updated resuscitation guidelines.

Design of the CBATC – As explained, we used relevant knowledge and resources to design the facility. [Two people] came up from the CBAC in town. Initially we set ours up as they suggested, half outside (initial assessment), half inside. Just as we finished setting this up, and it was looking gorgeous, we had warning of the remnants of Cyclone Harold likely to hit the Coast, so we pulled down all the outside set up, the gazebos etc, and extended the space to accommodate it all inside. We still swabbed outside - for ‘drive through’ assessments. The set up was fully self-contained. We had all our own protocols. There was a 4-bed ward, an area for donning and doffing PPE all set up. The patient had a cell phone to call nurses, to minimise the contact time. I checked the flow of air – nothing fancy available so I just dropped tissue paper to check the direction of air flow. We were able to treat patients safely. We had an iSTAT so we could do FBC, INR, Trap I, gases etc. With the patients assessed or admitted (we had one), we had the resource to manage them properly there – in a separate wing of the hospital, with a treatment room set up for full resuscitation if needed.
We had our own kitchen so we could get our own meals, no need for staff to cross over into other parts of the hospital, and our own laundry and staff shower. Everyone had a copy of the instructions for staff to keep them and their whānau safe. My daughter is a graphic artist, so she helped me produce this—everyone had a copy and it was up in the staff change area.

The COPD patient who was admitted was full of praise, and another patient who was fully assessed and treated left feeling reassured. It showed that things can be changed in the blink of an eye – if staff are on board and properly trained, and you just do it.
The CE was very supportive. I was so proud not just about the facility and staff, but the way patients were managed as they went through it. I was extremely proud of if they have the knowledge and knew what to do. It was so impressive. If someone says NPH can't achieve something, they are so wrong.

We had a good relationship with Ozzie [Dr Osman Mansoor, Medical Officer of Health]. Oz and I wrote something together for essential workers. We had an excellent working relationship. The case definition was constantly changing, and I adapted the information into a simple algorithm which Public Health used. We also had a good relationship with the CBAC in town. They were more than willing to help in any way.

When mobile swabbing was suggested, two staff from CBATC supported the mobile van that was set up in collaboration with Hauora Tairāwhiti. With level 3 changes, 2 staff from CBATC returned to their previous work as they were allowed to travel again. The reduction in staff affected CBATC function at the start of a new week. New staff were provided however they were not fully trained so CBATC was not performing to the same level it had been. Lessons learnt during this time is that better communication was needed by management especially when the change made impacted on the wider team. As a team we are engaging in training to support and cultivate positive teamwork.

By this time, CBACs around the country were being wound down. NPH started winding down the CBATC on 11 May due to reduced demand. However, the facility remained operational with one nurse rostered 24/7 so that all patients with respiratory symptoms were still seen in the CBAC unit based a Te Puia.

Scenario training was provided to all Coast clinic staff by trained CBAC staff, pink and red zones were established in all clinics except Tokomaru Bay as the clinic was too small. Patients would instead be sent to Te Puia. Following this additional training, clinicians in the clinics also assessed those with respiratory symptoms and undertook COVID-19 testing.

Mobile COVID testing
NPH was approached by the DHB to work with the Public Health Unit to provide mobile swabbing across the coast. On April 21, this commenced as part of a national move to broaden the coverage of COVID-19 testing. Three Public Health Nurses, a nurse from NPH CBAC, one “security” staff member
from NPH CBAC, and a rural health nurse from NPH primary care team in Te Araroa supported mobile swabbing in Hicks Bay as the first community. NPH staff were provided for the first day to support the PHN's to establish a safe process. The mobile clinic staff were quickly overwhelmed. The process to access patient information for the swab took time as the PHN's were using a DHB system. Swabs and PPE quickly ran out so it was planned that the team would return to Hicks Bay for those who had not been swabbed. The NPH manager was contacted to arrange pick up of more swabs.

Primary health care manager: It was quickly obvious that the numbers were only going to swell as we travelled across the Coast, as community leaders encouraged the community to be swabbed and there was a lot of promotion through social media, radio etc.

I encouraged the lab manager to increase supplies due to predictions that we would need many more swabs than what was supplied. Swab and PPE numbers were doubled, however again on the second day we ran out of swabs in Te Araroa.

A more efficient admin process to source patient information was rolled out. NPH staff stayed with the van as it was recognised very quickly that the 3 nurses alone would not be able to get through the numbers. I also supported the mobile van in an administrative capacity and acted as a direct contact to the DHB, community leaders and the local radio, Radio Ngāti Porou. Swabs were transferred each day to T-lab with additional swabs being picked up and transported back to the Coast. In all we had the mobile unit based at Pōtaka, Hicks Bay, Te Araroa, Tikitiki, Ruatōria, Tokomaru Bay and Uawa from April 21 to April 30. Over the days of testing in communities from Pōtaka in the north to Uawa in the south, we tested 657 people. All tested negative.

By early May 2020, Tairāwhiti had completed 2598 tests. Included in that number were 866 completed by NPH. At that time, NPH had carried out 33% of total COVID-19 testing for Tairāwhiti district, and Tairawhiti was noted to have the highest rate of swabbing for Māori
Te Puia Springs Hospital

NPH's small rural hospital at Te Puia provides 24/7 emergency and after-hours GP care, has a small general ward and six long term residents. The hospital also provides respite care, rehabilitation, palliative care and is used for subacute admissions. There is a small maternity unit, and ward staff normally provide back up for the midwives, when there is a person in labour and for postnatal care.

The very strengths of the facility normally, with staff working across the ward and maternity, with lots of whānau in and out, people using the hot pool, visiting inpatients etc was a real liability in the new environment. There was a rapid reorganisation to separate different areas and staff, to stop any threat of cross-contamination, and particularly to protect vulnerable residents and rehab patients.

Registered Nurse: In the ward we knew what was going on, but we were in our own bubble. We felt quite isolated though...there was information on emails that was clear and easy to work from. There were a few teething issues but looking after our pakeke, that was the focus.

I didn't feel it was hard and we all worked well together. We were pretty tight in the ward, safe in our bubble. We were all very strict even at home, didn't go outside our bubble, sticking to all the rules and diligent within the ward. I think we can give ourselves a gold star for keeping our pakeke safe. It was all about them.

Health Care Assistant: It's been really hard for the residents. We can't take them anywhere and they aren't used to that -not being able to go anywhere and not seeing their whānau. We've been watching movies, cutting hair and doing activities. For ANZAC Day we decorated the ward and [the doctor] took our veteran out to stand at the gate as everyone was doing around NZ. We had a celebration with lots of food for one of our resident's birthday.

It's different with all the doors closed and not being able to go for walks up the corridor. The patients are all putting on weight and so are we! We're happy with Jacinda doing it -closing everything down -it needed to happen, but it's been hard.

I hear PPE supplies were tricky but we're managing ok in our little hospital.
The maternity service delivery on the East Coast not only continued throughout the lockdown period, it became much busier. There were women already engaged with NPH but also pregnant māmā returning from overseas or other parts of New Zealand, plus those who would normally have gone to Gisborne who decided, with COVID-19 changes, that they wanted to stay on the Coast.

Midwife: It’s been an incredible past month with 9 births – the busiest we’ve been for some years. But that’s what I love about what I do – with all that’s going on, there’s that moment of joy when a baby’s born. Our mahi continues...with a few modifications...new and different ways of working with whānau.

There was ample information about care in the hospital but less about care in the community – what do I need to do to protect myself, my family, the pregnant māmā and her whānau?...I studied definitions of COVID-19, how to recognise and manage that with information from the Ministry of Health, WHO, and the DHB but I was also in email contact with Gisborne Hospital, used information from regional and national level, the College of Midwives etc to develop care protocols.

The national information recommended lessening face-to-face contact, using zoom etc for assessment. However, up here there’s either slow or no internet, often no cell-phone coverage, so we carried on with a lot of regular visits- depending on what the women needed. There were two women who were satisfied with phone contact until after lockdown. The rest needed to be seen. We needed to eliminate anxiety and avoid complications like pre-term labour.

Some were seen at the clinics – they are all set up with their own entry and exit, and for these women it was their only time out of lockdown, to attend appointments. For home visits, I stood at the gate and asked questions then used PPE to go and complete assessments. I was aware that the longer you stay, the more you put yourself at risk.

In the maternity unit at the hospital, there were all the actions to minimise foot traffic, meals delivered to outside the door and no cleaner, in an effort to stop staff moving from one area of the hospital to another where there were pakeke. It was too late to bring in anyone extra and orient them. However, the whānau were so awesome. They helped make the bed... and the men helped carrying out the linen...they would all help.
It's been a really busy time, with 6 women giving birth in 4 days and 2 acute assessments with emergency transfers.

Just before the lockdown, our regular locum midwife returned and decided to spend lockdown on the Coast. We’ve been working 4 days on and 4 days off. Our days are 12 hours plus and by day 4 you’ve really had it. It has been tough. The shortest resource is time.

It's not just the births but all the other care, plus emergencies. With the help of the GPs and the helicopter [St John] we got them safely to town in good time. One returned to the Coast afterwards though because of the strict lockdown conditions at Gisborne Hospital.

Even in the acute case, the woman was initially screened in the vehicle, completed the screening form and there was appropriate use of PPE and distancing. Her partner stayed in the car. That's all become systematic. All our equipment was cleaned, the infection control measures...I can't fault it.

What was it really like to have baby in a pandemic? Babies were discharged early, whānau couldn't travel as easily and some were much more isolated. That's where NPH staff come in – to support that family as well as using community initiatives to help get food to them etc. The other wonderful bonus for myself, and for the RHNs, was knowing that everyone was home during the lockdown.

I guess overall, we are used to being assertive and proactive – it's how we work to keep our heads above water, no matter what comes our way. Thinking outside the square -I suppose we're a little bit resilient up here.

Kitchen
The kitchen at Te Puia hospital provides meals, 7 days/week for residents and inpatients, and has a small cafeteria, where staff can get their own hot drinks. A small team provides safe, nutritious and appetising kai for the whānau living in residential care, and those admitted to the general ward or maternity.

Team Leader: I started stocking up in late February, moved food around so I had extra freezer space, bought in extra food including things we don't normally buy like tomato paste, mashed squash etc. We've had everything we need.

We are getting plenty of veges, as we still get those from Tokomaru Bay [4 Square]. There's not always the amount but they keep us going. Trucks from Gisborne are still stopping at the door, delivering milk, meat etc. We push the trolley out to them, they unload outside, using gloves, and we have no contact with them. We don't need to sign a paper anymore.
We have plenty of fruit. I have parsley in my garden and feijoa trees, so we’ve made feijoa crumble and feijoa and apple sponge. People also bring in fruit from the community.

We’ve changed the way we deliver meals – we push them to the double doors by the nurse’s station and outside maternity and the nurses take it from there.

There’s a smaller number of patients without the respite care and less admissions. I have downsized our orders so there’s no leftovers or waste.

...We are still really busy because we still want our food to look nice, and we go by time. We cook on time, dish up on time, so food is not sitting in the warmer.

We are doing lots of extra cleaning of all surfaces, door handles etc with Viraclean. We have a shower for staff to use before they go home and that’s also cleaned.

Everything is running well in the kitchen, same in the staff cafeteria with extra cleaning and wiping. It’s become normal now, we’re into that routine. We’re still doing all our regular checks and have an audit to prepare for in July.

We have to be very cautious. I haven’t been out to Gisborne myself. I stocked up before the lockdown.

As well as the preparedness outlined above, the māra kai at the hospital was planted with winter vegetables, with self-sufficiency in mind - pumpkin, sweetcorn and other vegetables. This was tended by many including the Mental Health Team Whānau Ora worker, who also ensured the vegetables grown were prepared for use by the hospital and whānau who needed kai.

Cleaning
An early meeting of the team instituted changes based on the Ministry of Health guidelines, but considering the context at Te Puia, and ensured adequate supplies were brought in. The hospital cleaning team clean many areas: mental health, maternity, offices, hospital, outpatients, primary care clinic and some staff accommodation.
Careful consideration was given in planning to ensure that cross infection risk was minimised. This meant cleaning routines were totally changed, and additional staff were brought on to ensure increased frequency of cleaning, particularly of high touch areas.

Separate trolleys were set up for different workspaces and to prevent cross-infection by moving trolleys between areas. There was one cleaner dedicated for aged care, and a separate cleaner for the CBACT once it was set up.

Similar changes were instituted through all clinics early in March, to ‘declutter’ all areas, ensure more frequent cleaning and to align with Ministry of Health guidelines. Cars were all stocked with hand sanitiser and cleaning materials.

Maintenance team
NPH has its own small team of tradesmen, on site at Te Puia. This team manages the water supply for the hospital and Te Puia community, along with building maintenance, energy, oxygen and other supplies, linen to and from the laundry in Gisborne and services to the outlying clinics.

Team Leader: We were involved in setting up the CBAC ....and we've had no real problems. There were a few problems getting some stuff from hardware in town
-more of a process and slower but it all arrived the next week

We had lines of cars with people getting swabs – luckily the weather was good. We put some metal and cement to fill the potholes as temporary patches in the car park.
We were quite fortunate that we had brought in filters and drums of chemicals for the water plant – we’d got everything in, so we had that sorted.
We got the mortuary sorted, got someone in to get the chiller up and running in case that was needed.

It's gone pretty well. We've made a few changes. We can't go into the general ward and no staff can go through the CBAC area unless authorized but the process has all been clear. Luckily, we've had no major breakage during that time.

NPH Mental Health Services
Mental Health Manager: I'm impressed with the team effort. The team worked together to do whatever was necessary to make it work. Everyone stepped up and everyone became a leader. People wanted to be connected, to know what's going on and to be part of it. Virtual consultations functioned very well, and particularly with the THM team who are very tech savvy. They did wānanga with whānau groups, and some beautiful things in their own [virtual] space.

Te Oranga Hinengaro - East Coast Mental Health Service - provides specialist mental health services and support, across the lifespan. Services the area from Anaura Bay to Pōtaka -110 current caseload.

Mental Health Manager: The team planned their approach before Level 3 and decided that most of the staff would work from home, but we maintained a base at Te Puia. There would always be two first response staff in the office.

Priority was given to certain patients to come in – people getting their OST [opioid substitution therapy], some who needed to come in to maintain their recovery and those on depo injections that required monitoring after the medication. Some patients needed to come in to have a shower, charge their phone etc if they were living without running water and electricity. However, their visit was reduced to less than an hour and with social distancing.

Those having Olanzapine usually need 2-hour post-injection monitoring, but after contacting the College of Psychiatry and local psychiatrist, there was approval to reduce that to one hour.

For others on IMI medication, it was done as a drive through procedure, or we would go to their homes or where necessary provide transport, using PPE etc.

The staff working from home provided regular telephone follow-up. The MHT Whānau Ora worker replanted the māra kai and was also linking in to take care of the social needs of whānau, accessing food parcels etc. We had a weekly zoom MDT meeting – a quick run through all the clients and contacts made through level 3 and level 4. We put information on the NPH Facebook page during the lockdown, with contact numbers for any whānau feeling stressed or needing help.
During this time, we also worked on a quality improvement project, auditing the physical health care of all our clients. We have completed this and have plans in place to address any gaps. We’ll make this happen over three months then reaudit.

Half-way through level 4 we implemented a zoom psychiatry clinic (with the psychiatrist who normally visits the Coast every 2-4 weeks), as there were people who needed to be seen. This was very efficient, with the notes written up straight away and scanned into the patients’ notes in MedTech within 24 hours.

Overall, on the Coast, weeks 1 and 2 [of the lockdown] were very quiet but by week 3, the wheels began to fall off. Several people were struggling with isolation, there were episodes of family violence, suicide attempts, AoD crises. By the end of level 4 we were seeing more people face to face and had 7 new referrals. There’s a different pattern on the Coast to the whānau in Gisborne. Referrals on the Coast tend to come through GPs, Police, schools and whānau – but with schools, clinic etc having less contact, the referral pathway for some wasn’t there. People have waited until there’s a crisis, things have built up, and presented as family violence or an overdose.

People on the Coast are generally more reluctant to accept help – even during wānanga before the lockdown, if they are given a box of food, they might just take a few things that they need rather than the whole box. They need to be encouraged to take more and then they’ll say something like, I’ll take this and give it to aunty.

Te Hiringa Matua- a kaupapa Māori pregnancy and parenting support service for whānau with addiction issues- 91 clients and their whānau, based in Gisborne.

Mental Health Manager: With the lockdown coming, staff set up 3 private messenger groups – one for Coast whānau, one for Gisborne whānau and one for staff only (Mataora). Initially these were set up to communicate with whānau about changes, whether a wānanga was happening or not but it became more useful - in each one information was tailored for particular purposes. There was a lot of kōrero on these pages.

We maintained two staff at the [Gisborne] base but the doors were closed to the public. They maintained some work out in the community - their partnership with Gizzy Kai Rescue, doing kai drop offs etc. Other staff worked from home, but the team remained very connected. Team check-in via messenger occurred three times daily – morning karakia and pānui, lunchtime check-in and at the end of the day for karakia and
clocking out for the day. [Team Leader] had a whiteboard with what every staff member was doing and felt confident about how the staff were staying connected.

Staff kept connection with whānau by phone etc but also by making their own video clips using an app they shared. Virtual wānanga - things like making kai at home, cooking kai for the season - fruit is plentiful so using stewed fruit, making réwana bread and sharing this with the group. Another staff member recorded pūrākau, there were videos around the māra kai particularly his kūmara garden, karakia and waiata, also raranga wānanga.

Referrals continued into THM. There's a high level of self-referral anyway, through the kūmara vine – people who've been to the service and recommend it to other whānau and others they know. Also, through Kai Rescue connections and then also formal Police referrals etc.

Research
NPH has its own research centre – Te Rangawairua o Paratene - The Vision of Paratene’ (Doctor Paratene Ngata) - and is currently engaged with multiple research partners. These include Genomics Aotearoa, the University of Otago and the University of Auckland, conducting research projects in fields such genomics, genetics, metabolic disease and precision medicine.

Research manager: Face to face research activities in the community have stopped until such time as usual primary care recommences. Apart from one evaluation project and one project where interruption to treatment would not be feasible, we decided not to pursue phone interviews and other data collection as face to face is required. Likewise, some research participants in the community proactively started to suggest it wouldn't be wise to proceed with saliva / blood sample collection activities around the time of this decision, not long before the country moved into lockdown.

I'm getting to some tasks that I haven't been able to get to, while other research activities are quieter. However for the Research Coordinator, some research assistants and the evaluator, research tasks increased as they worked with partners to readjust project plans/methods, renegotiate research contracts, and to maintain communications with patients and colleagues participating in a clinical trial - in addition to other business as usual not requiring kanohi ki te kanohi interactions.

Communications
Early on, NPH recognised that Comms would be critical. Additional and skilled Comms advice and support (provided remotely) was very helpful. It ensured simple, consistent messaging and a coordinated approach with TRONP and Hauora Tairāwhiti. Staff appreciated regular zoom meetings and email updates, so that they could have direct contact with management and share ideas with each
other. More regular contact with the ‘locked down’ ward to reduce the sense of isolation is a learning. Similarly, with rapid and ever-changing demands on teams, care to negotiate changes and discuss implications for each affected team is important.

NPH participated in the national network, Te Rōpū Whakakaupapa Urutā. This not only helped NPH keep up to date, but also to anticipate and influence policy decisions affecting whānau.

Communications Advisor: Ngāti Porou Hauora... does not have a dedicated Communications Officer. ...on top of their day-jobs, NPH administrative and clinical staff support communication activities such as managing and providing content for social media channels, updating their website and coordinating interviews with Radio Ngāti Porou...

My mahi for Ngāti Porou Hauora began at 1pm on Monday 23 March, at exactly the same time the Prime Minister made her level 3 and 4 announcement to the nation......I was known to the organisation and would be able to quickly fit in, as I understood the context and environment I would be working within...

At the beginning of my time with NPH, I observed the organisation was working in a very high pressured situation, dealing with many unknown variables, responding to Iwi concerns, and constantly adapting their way of working - day to day, hour to hour. However, by the end of my three weeks with the organisation, I noticed their systems and processes to respond to a global pandemic on the East Coast were now firmly set in place.4

Mental Health Manager: The pressure of needing to let communities know what’s happening has meant that Comms to communities have been well above the norm. Bunnings has recognised NPH with a $5000 donation for NPH effort in ensuring the community was kept well informed.

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Recovery

Rose Kahaki (CE): Being independent in our COVID-19 preparation comes with some concern when it comes to the DHB paying retrospectively. As stated earlier we planned and set up “for the worst scenario”. We are a small rural Māori Provider, NGO and PHO, running close to the wire and on the smell of an oily rag. Ordering additional medical supplies, PPE/equipment etc, contracting additional Drs/other staff as an example, placed uncertainty and strain on a team where the dollar is tight and being frugal is crucial to our on-going survival.

Now we’re looking at ensuring enough funding to cover all the additional costs incurred. Funding from the Ministry of Health (additional money for primary health care, disability) has been appreciated. Some funding has come in to help cover our losses and costs in primary care, and MPDS have made the service specs much broader so that’s really helpful. The funding for Māori from Minister Henare is still to arrive and we have collated all CBAC spend for reimbursement from the DHB.

Thankfully, funding for 10 weeks CBAC operations was supported by the DHB, however further discussions need to occur as post CBAC shut down has seen the swabbing and assessment function extend across all primary care clinics and the hospital. This, and all the additional work of the mobile clinics, has impacted on staff - doing more without added funding to the organisation.

Reflection

Rose Kahaki: The learning through all this was how the staff really went ‘above and beyond’…they did so much over and above what was expected. We had nurses stretched across swabbing, community, and clinics…managers staying late and cleaning out and stacking storerooms. Many needed to stay home but many came to work and kept working long hours. There were people out in the communities working 7 days/week. People covered each other and picked up lots of extra duties.

During this time, our normal management responsibilities, contract management etc continued. During these few weeks we also completed two audits, for example, and there’s still all the expectations of service delivery, reporting, audits coming up in other areas.

Overall, I am impressed with how well the NPH team came together and how we worked together with others like TRONPnui to get prepared and in supporting health, safety and welfare of staff, their whānau and our patients.
We’re a small organisation, with a small number of people, but when everyone comes together for the right reasons, around safety and access to services for our whānau, we clicked really well. You can do that in a smaller place – to come together like a jigsaw, in a way that’s much harder in bigger places like hospitals.

It showed me how important everyone is. From staff picking fruit and planting vegetables, preserving food in case we needed it, to maintaining the water supply
- if things got really bad, we could have shared this across the Coast. It’s not just the clinical aspects but thinking about basics like kai, shelter, how people can stay connected when everyone had to stay home
- if everything got cut off, what have you got? It’s very different thinking in an area like ours. At the same time thinking of what would happen clinically if the pandemic really hit. I’m relieved and pleased that the COVID-19 virus did not truly test our readiness and expose our vulnerabilities, not only for us as a provider but as a nation.
Introduction
There is no doubt we, as Māori (indigenous to Aotearoa New Zealand), are living through extraordinary times. As the 2020 calendar year started, many of us foresaw a year of promise, one in which opportunity abounded and in which the potential for transformation - of systems, of structures and of institutions - was poised at our fingertips. By March of 2020, with COVID-19 officially declared a pandemic and the announcement of a country-wide lockdown, it seemed as though that potential and those opportunities were under threat. However, as Iwi (tribe), as hapū (sub-tribe), as whānau (family), and as Māori communities we have performed in an extraordinary manner during these extraordinary times. And from our own observations in our corner of Aotearoa we have seen Iwi and Iwi leaders rise to the challenge of these times and harness new opportunities to ensure their people remain safe and well in the face of this global threat.

The scale of the COVID-19 pandemic, the speed with which it reached the shores of Aotearoa and the impact it had in our communities compels us, as researchers, to document the story: to reflect on what occurred for Iwi/Māori; to record the processes that were put in place to manage COVID-19 in our rohe (region), the outcomes that arose and how Māori benefitted; and also to consider what we have learnt which may assist us into the future. This, then is the premise of this paper, written by two Māori health researchers who, by virtue of the place and the space in which we work have been able to document our local Iwi response, and the part we played in those efforts.

The paper addresses the response of a small, pre-settlement Iwi, Ngāti Hauiti (a tribe in the central Rangitīkei), to COVID-19. However, in telling the story of Ngāti Hauiti during those first months of COVID-19 and the Iwi’s response to the pandemic, we cannot ignore Hauiti’s role in two other wider iwi collectives: that of Mōkai Pātea Nui Tonu (comprising the four Rangitīkei iwi of Ngāti Hauiti, Ngāti Tamakōpiri, Ngāti Whitikaupeka and Ngai te Ohuake), and the collective of Iwi that comprise the southern Taranaki, Whanganui, Waimarino, Rangitīkei rohe, a grouping known as Te Ranga Tupua. Furthermore, we must also consider Hauiti’s response as a member of the National Iwi Chairs Forum.

The paper then has three aims:
1. To describe how Ngāti Hauiti responded during the COVID-19 pandemic and the thinking that lay behind the decisions Hauiti and other Iwi made, as part of the wider collective during the pandemic;
2. To reveal the leadership that was shown by Iwi/Māori during the pandemic in our rohe, and layers of that leadership; and
3. To demonstrate the value that research, and researchers bring to Iwi development objectives.
Background
Ngāti Hauiti is a pre-settlement Iwi located just north of the Bulls community in the central Rangitīkei. The primary area of Ngāti Hauiti influence can broadly be described as extending from the confluence of the Moawhango (the name of a river in the northern Rangitīkei area) and Rangitīkei Rivers in the north to the Waitapu Stream in the south, and from the Turakina River in the west to the summit of the Ruahine Range in the east (Te Rūnanga o Ngāti Hauiti, 2020).

As is the case with many other Iwi around the country, Hauiti was decimated by the impacts of colonisation and in the last forty years has embarked on a programme of tribal revitalisation and development (Boulton, 2020). Today, Ngāti Hauiti have a well-established governance system, headed by a tribal Rūnanga (Council). The Rūnanga comprises two, hapū-mandated representatives from each of the eight hapū that make up the Iwi, for a potential total of 16 members. The Rūnanga elect a Convenor from within their membership, who has a role in ensuring the strategic direction of the Rūnanga is understood by the membership so that these objectives can be realised. The kaupapa matua (main objective) of the Rūnanga is to develop and protect all those things that relate to Ngāti Hauiti whānui (Te Rūnanga o Ngāti Hauiti, 2020), and achieves this through the provision of leadership, governance, guidance and direction; such leadership is critical at this time of global and national uncertainty and crisis.

An independent, yet relatively small Iwi in a sparsely populated area of the country, Ngāti Hauiti is an integral member of a wider Iwi confederation, Mōkai Pātea Nui Tonu. Mōkai Pātea, as it is more commonly known, comprises four Iwi in total: Ngāti Hauiti, Ngāti Whitikaupeka, Ngai te Ohuake and Ngāti Tamakōpiri. Together these four Iwi claim mana whenua (literally territorial rights or jurisdiction over land or territory) status across a large portion of wider Rangitīkei region and are connected through common whakapapa (genealogical lines). The confederation is as much a political alliance as it is a whānau alliance, and acts collectively on a number of fronts including but not limited to: redress of historical breaches of Te Tiriti o Waitangi (The Treaty of Waitangi) through the Waitangi claims process; environmental action with Iwi who claim catchment rights to the Rangitīkei river; and participation in joint governance activity e.g. representing Iwi views on a range of health and social service governance Boards.

Ngāti Hauiti and their confederation partners are also part of a much wider Iwi network which operates in the south west and central regions of the North Island of New Zealand, namely Te Ranga Tupua. The forum was established in 2014 with the aim of bringing together the leaders from its various member tribes to develop collective strategy; to advocate; to share networks and resources; and to work
proactively to reconstruct the Iwi and hapū environment so that whānau can thrive. Members include the tribal leaders of Ngā Wairiki - Ngāti Apa; Ngāti Hauiti; Ngāti Whitaikaupeka; Ngai te Ohuake; Ngāti Tamakōpiri; Whanganui; Ngāti Rangi; and Ngā Rauru Kiitahi and as such cover a geographical area spanning South Taranaki, Whanganui, Taumarunui, the Waimarino and the Rangitīkei.

Group Hauiti represents a collection of entities owned and mandated by the tribe. These entities are responsible for, and carry out a range functions on behalf of, the Iwi membership including environmental services, social services, economic and cultural development and research. The authors of this paper, Dr Amohia Boulton (Ngāti Ranginui, Ngāi Te Rangi, Ngāti Pukenga) and Dr Heather Gifford (Te Āti Haunui-a-Pāpārangi, Ngāti Hauiti) are the current Director, and former Director and founder respectively of Whakauae Research Services Ltd, one of the entities within Group Hauiti (www.whakauae.co.nz). In addition to our “day jobs” as researchers and academics, we each of us like many Māori, wear a number of other Iwi, Iwi development, and community leadership “hats”. Heather for example is the current Convenor of Te Rūnanga o Ngāti Hauiti (TRoNH); the Hauiti representative on the Whanganui District Health Board (WDHB) mana whenua group, Hauora-a-Iwi (an advisory group to the District Health Board comprising members of local Iwi); and a member of the Combined Statutory Advisory Committee for WDHB. Amohia is a technical advisor, mandated by Hauiti, to advise on COVID-19 with Te Ranga Tupua and also holds a technical advisor role with National Iwi Chairs Forum.

In October 2004, Te Maru o Ruahine Trust (TMoRT), the contracting and service arm of Ngāti Hauiti, produced Te Whakauae ā Tamatea: A Ngāti Hauiti Strategy for Research Development. This strategic document outlined four kokonga (cornerstones) for the social and institutional development of the Ngāti Hauiti people and a long term focus of building and strengthening Ngāti Hauiti-based research. Key amongst these kokonga was that of research, described as being essential to informing all Ngāti Hauiti development. The establishment of Whakauae Research in 2005; a research unit capable of responding to the research needs of Iwi and other key partners, was viewed at that time as a critical step in achieving Iwi’s strategic vision specifically with regard to social development and wellbeing (Whakauae Research Ltd, 2015).

Today Whakauae Research Services Ltd, a company under the umbrella of Group Hauiti, conducts a range of Māori public health research, health promotion evaluation and capacity building, health services and health policy research. As an organisation we are focused on the transformational opportunities provided by research in particular, the opportunities to influence system change to ensure flourishing whānau. As researchers we are also aware that we bring a range of skills into the Iwi and community development space. We have discussed these skills and qualities in greater details elsewhere but in essence, we know that the skills Iwi leaders most value include the ability to
think critically and strategically; to analyse and make sense of vast quantities of data quickly; and to
digest complex information and present it to Iwi in a way that allows Iwi to make informed and robust
decisions (Gifford & Boulton, 2013). These then were the skills we offered which the leadership of Ngāti
Hauiti and others were able to harness, as they gathered to meet and respond to the challenges posed
by the Covid19 pandemic.

Before turning to look at the way in which Ngāti Hauiti and its allies across the two local collectives
responded to the COVID-19 pandemic, it is perhaps useful at this point to provide a brief summary
of the trajectory of COVID-19 into NZ and into our communities. Whereas international news outlets
and social media began to raise awareness about a new strain of the coronavirus towards the end
of 2019, it wasn’t until the 11th March 2020 that the World Health Organisation announced a global
pandemic (World Health Organisation, 2020). Shortly after this announcement, on the 21st March
2020, Jacinda Ardern, the Prime Minister of New Zealand addressed the nation outlining plans for
managing COVID-19 in Aotearoa (Radio New Zealand, 2020). At that time, the concept of a four-tier
alert system was introduced, and people were made aware of the current level of risk New Zealand
and the restrictions that must be followed to manage this risk outlined. On the 25th March 2020, a
state of National Emergency was announced, and a nationwide lockdown was imposed (Unite Against
COVID-19, 2020). These restrictions were slowly lifted from the 27th April 2020 when the nation moved
to Level 3, with further easing of restrictions on the 13th May 2020. Level 1 in the four-tier system was
reached on the 8th June 2020, at which time the Ministry of Health reported there were “no active cases
of COVID-19 in New Zealand” (Ministry of Health, 2020). Therefore, the timeframe for this paper is a
period of just three months from early March 2020 to early June 2020.

The Hauiti Response to COVID-19
Iwi have experienced epidemics throughout colonised history. The 1918 flu pandemic, for example,
decimated Iwi communities resulting in unmarked graves in our cemeteries as very visible and poignant
reminders of that time. However, while we have suffered devastating loses, we have also learnt from
these loses. Facing the threat of COVID-19, Iwi around the country rose to the challenge early, decisively
and of their own initiative. In addition to responding in their own right, Iwi were actively and at times
proactively, leading decision-making with a range of other agencies including public health teams
from District Health Boards (DHBs), local government, and central government agencies. The following
account documents how we in our multiple roles of researcher, technicians/advisors, and in Heather’s
case, Iwi leader, assisted and supported Ngāti Hauiti in responding to COVID-19. We also discuss the
wider responses of the collective of Mōkai Pātea Nui Tonu and Te Ranga Tupua and our roles in those
decision-making fora.
In early March (before announcements had been made regarding Alert Levels) Whakauae started discussing what we, as an Iwi-owned research organisation could do to support Ngāti Hauiti in its response to COVID-19. At that time the most critical need was dedicated time, skills and knowledge to support the work of the Iwi and undertake a range of delegated tasks. Our support for the Iwi came in two forms: firstly, direct human resource; in other words, people who could undertake a variety of roles and tasks and acquit these in a timely and efficient manner; and secondly and relatedly, the provision of leadership, advice, guidance and direction.

The Hauiti COVID-19 Leads Team

In order to give effect to the first of these needs, Whakauae released Heather from her day to day work as senior health researcher to concentrate on acting in a full time capacity as the Convenor of the Rūnanga, working solely with her Iwi on managing their COVID-19 response. In addition, a member of the Whakauae’s administration team was also allocated time to assist Heather; significantly increasing the Iwi’s ability to identify needs and respond effectively. Once dedicated human resource has been secured, the Iwi’s first task was to establish a subcommittee of the Rūnanga; a group comprising the leaders of the Iwi’s various entities as well as community-based and whānau leaders who acted as the conduit through which Iwi information regarding COVID-19 would flow. Heather was appointed as Chair for this group. This subcommittee, which came to be known as the Hauiti COVID-19 Leads Team, was integral to executing Hauiti’s response to COVID-19 within its rohe. In the first instance the main concern for this group was to assess the potential risk of COVID-19 to Hauiti whānau should community transmission take hold, and armed with this knowledge, ensure community transmission did not occur. In this respect the Iwi were focused on their role as kaitiaki. The Iwi were clear in their duty of care to Hauiti whānau, and of the need to protect and care for those residing within the rohe. However, the concept of kaitiakitanga (guardianship) also extended to the need to protect and care for Māori of other tribes who lived in the rohe of Ngāti Hauiti and to work closely with surrounding Iwi devoted to undertaking the same role for their people. Advocating for and on behalf of Ngāti Hauti uri in a range of local government, health service, community and Iwi fora was also part of the leadership’s kaitiakitanga responsibilities.

The Hauiti COVID-19 Leads also thought carefully about how rangatiratanga (autonomy) was exercised during this time; where the leadership’s energies were best spent and how to ensure the best people represented Hauiti on the myriad of ad-hoc committees that seemed to be emerging on an almost weekly basis. Members of the Hauiti COVID-19 Leads team spent hours every day reading and making sense of the huge amounts of information pouring in from a range of sources; sifting what was important, translating it into serviceable formats for different communities; and distributing the information out to those communities on a range of platforms. As restrictions were put in place, the
Hauiti COVID-19 Leads team also had to grapple with notions of tikanga (customs), with the application of Hauititanga and with the maintenance of Hauiti’s cultural integrity through the pandemic, while at the same time adapting tikanga as necessary to respond to the risks posed by COVID-19 and the directives being issued central Government. Finally, the Hauiti COVID-19 Leads had to think about how to best protect existing structures, services and staff while also recognising the need to think about longer term planning for recovery and the intergenerational wellbeing for the people of Hauiti.

The Hauiti COVID-19 Leads group initially met from mid-March via zoom every two days; a regime that was maintained for the first four weeks following the announcement of Lockdown Level 4. After the initial four-week period, the group then moved to meeting twice weekly until the end of May. Workloads for many Iwi leaders doubled during this lockdown period and those leaders reported long workdays with meetings going well into the evening, seven days a week. Carrying out this activity via the internet was an additional strain for many; in particular those who had poor internet connection and little in the way of technological expertise or equipment. Whakauae staff were able to assist in many instances, talking people through loading zoom onto their computers or phones, providing Rūnanga members with “crash courses” in the use of zoom; and effectively acting as a helpdesk for queries regarding the technology.

In this initial four-week period Ngāti Hauiti developed and implemented a COVID-19 Communication plan; rewrote the Annual Management Plan updating it with reference to COVID-19 concerns; realigned Iwi priorities for the next twelve months; provided data about our people to other networks to facilitate needs assessments and the delivery of support services; designed local tikanga responses around management of marae (meeting house) and tangihanga (funeral); read and responded to external communication from a range of sources on a daily basis; and worked with the rohe’s two wider Iwi collectives to represent Hauiti interests. It should also be noted that, as with Iwi around the country, the additional and often urgent work that arose as a consequence of COVID-19 was completed at the same time as the Iwi conducted its general day-to-day business and executed it existing strategic priorities. Thus, the work involved in preparation for Treaty of Waitangi claims hearings, the Iwi’s environmental protection efforts and the management of economic prosperity initiatives such as the Iwi’s farming venture, all continued alongside specific COVID-19 related activities during this time.

Much of the COVID-19 related work described above was done in close collaboration with the confederation of Rangitīkei iwi, Mōkai Pātea Nui Tonu. Services to support whānau during the pandemic, in particular, were provided across the confederation and “superhighway” of daily information, updates and decisions were communicated backwards and forwards between the confederation and the Hauiti COVID-19 Leads group. Each hapū member of the Leads group was then
expected to pass information along to the various whānau represented under that hapū, creating an even greater network of informed uri (descendant). Getting accurate, timely and useful information out to whānau members during the Lockdown phases, where face to face contacts became extremely limited, was of critical importance to the Iwi. Hauiti prioritised working collectively in its day to day business as well, progressing the confederation’s joint Waitangi Claim and its work in environmental management through the use of the Zoom meeting platform. It can be argued that the existence of these well-embedded collective activities at the confederation level made it possible for the confederation as a whole to act with a degree of synergy when engaging with the wider network of Te Ranga Tupua.

Te Ranga Tupua
The Te Ranga Tupua (TRT) collective, like other Iwi collectives around the country, lost little time in establishing its secretarial and administrative core once notification of a pandemic had been received. Te Ranga Tupua’s recent experience in responding to the 2015 flood event meant that this collective had a wealth of civil defence, emergency and disaster relief experience it could draw upon as the COVID-19 pandemic played out in Aotearoa. One of TRTs first COVID-19-related meetings was called on the 17th March 2020, just three days after the Prime Minister announced alert levels for the country. The following day, the National Iwi Chairs forum released a press statement concerning the likely devastating impacts for Māori if Covid19 was not able to be bought under control, highlighting the need for greater Māori involvement in national COVID-19 decision-making (Te Manu Korihi, 2020).

Te Ranga Tupua Iwi Chairs, in responding to the perils posed by COVID-19, acted quickly setting up a “Hub” comprising the leadership of the various Iwi health and social services, as well as individual Iwi members with particular skills in areas as diverse as disaster relief; civil defence; data management and analysis; media and communications; information technology; project management; and management and administration. The Hub acted as the central coordination point for the various activities necessary to respond to the pandemic. Underneath the Hub, and charged with implementing the decisions made by it, sat a number of ad-hoc Technical Advisory Groups. These Technical Advisory Groups operationalised the region-wide Iwi response for the wider rohe. Technical Advisory Groups, or TAGs, reported back both to the Hub and to the Te Ranga Tupua Iwi Chairs group so that Iwi Chairs were not only kept informed but were able to continue to make effective decisions on behalf of their people in a rapidly changing environment. At its peak, there were some forty individual members involved in the TRT Hub and, as with the Hauiti COVID-19 Leads group, the Hub initially met daily, easing to every second day as lockdown continued, and then weekly towards the end of Lockdown and the easing of restrictions. Funding the work that was completed under the auspices of the Hub and by the various technician’s groups was made possible through koha offered by member Iwi, by individuals offering their time voluntarily, and by workplaces, many of which were Iwi-owned, allocating staff to specific tasks that were required in order to implement the TRT Response Plan.
It is at this level of advisory and technical support that Amohia was positioned to support Iwi efforts. As a Technician for Pou Tangata, one of four pou kaupapa (priorities) for the National Iwi Chairs Forum, she received information directly from the Forum regarding national-level Iwi initiatives, responses and directives. At the same time, as a health researcher she was also receiving up-to-date health information and advice from a range of health organisations and Māori networks, e.g. Te Roopu Whakakaupapa Urutā. As a result of these dual roles, Amohia was able to act as a conduit for information, sharing the information she was receiving in her different roles, with other groups and organisations, such as Iwi, who may not have been privy to that information, and certainly not in a timely manner. Amohia was able to provide critical resources to the Hauiti COVID-19 Leads group to support effective decision regarding COVID-19. Towards the end of the three-month lockdown period, as the nation was coming out of Alert Level 3, Amohia was appointed by Hauiti to participate in a TRT initiative preparing for a “recovery” and growth phase, post-COVID-19. This recovery work concentrated on capturing the learnings from Te Ranga Tupua’s collective activity under COVID-19 and thinking about ways TRT could continue to act collectively, benefitting from shared services, joint procurement, or even Iwi-based commissioning of health, social and other services. The work regarding a “growth” strategy was only just being collated at the beginning of July and is not covered in this paper however, the idea of that work does characterise the proactive leadership taken by TRT and the vision Iwi Chairs held for their people throughout the pandemic.

A number of specific initiatives were co-ordinated from the Hub during the three months between March and June 2020. These included an 0800 phone number for whānau support; the setting up of COVID-19 testing stations at several of the Iwi providers; the provision of emergency housing for whānau returning from overseas as well as local whānau in need; the co-ordination of responses across a range of services; a dedicated communication team responsible for translating national communication into culturally relevant formatting; the active promotion of a range of health promotion messages such as whānau checks, flu immunisations and hand hygiene; phoning and providing support to kaumātua and kuia (defined as being those people over the age of 60); and the provision of food packs and other necessities such as firewood. In addition to these immediate services to whānau, the TRT Hub and Iwi leaders initiated road closures to prevent access by the general public to vulnerable communities within the TRT boundaries and developed a series of videos through which they were able to share key health and safety messages directly to whānau.

In addition to attending Hub meetings, Te Ranga Tupua Iwi Chairs also met separately to drive their own leadership priorities; worked with the National Iwi Chairs Forum on national-level initiatives; and at the local level were members on the range of interdepartmental government fora that sprung up in an effort to respond to community needs during the pandemic. The Emergency Operations Centre (EOC), led by both Whanganui District Health Board and Te Ranga Tupua, was one such entity, responsible for managing the region-wide response to COVID-19.
The EOC team was operational seven days a week throughout alert levels 3 and 4 and during the transition to level 2 (Whanganui Chronicle, 2020). In addition to this regional focus, TRT were advocating at a central government level regarding the legislation and policies that were being implemented under the country’s state of National Emergency. The sheer scale of the work that was being generated in our communities as a consequence of preparing for and responding to COVID-19, in addition to managing Iwi business as usual, cannot be underestimated. Nor can huge strain our Iwi leaders must have shouldered during this critical time.

Iwi Leadership

In many ways our Indigenous response mirrored what was happening in other organisations and communities of interest involved in the COVID-19 response. Coordination activity, communicating decisions, managing service responses, allocating resource to areas of greatest need were all activities that communities and organisations across the country undertook on a daily basis during the pandemic. However, the difference for many Māori who were swept up in the need to provide support was that for us was, this was not our “day job”. Our response as Iwi, as Māori, as community arose due to the complete absence of timely central government support. Our response required a huge level of voluntary commitment to whānau, hapū, Iwi and was facilitated by our understanding of kaitiakitanga, of manaakitanga (hospitality), of rangatiratanga, and the protection of tikanga and whakapapa. Our response occurred because of a shared vision that drove us forward collectively; a longer-term commitment to intergenerational flourishing.

A further point of difference was the holistic nature of our responses. For us as Māori, COVID-19 wasn’t just a pandemic or a health issue that Iwi were dealing with in the short term. At all times Iwi leaders and decision makers were thinking about wider determinants of wellbeing that would likely impact our whānau during this time. Iwi were among the first to alert the Government to the likely impact of COVID-19 on family violence during lockdown, prompting the Crown to address this with additional funding and support. Iwi understood how the concept of nuclear “bubbles” would negatively impact the wellbeing of the extended whānau and particularly, kaumātua (elderly male) and kuia (elderly female). And it is Iwi who have seen first-hand, the economic ramifications of four weeks of lockdown on whānau Māori. As has been argued elsewhere, while the impact of COVID-19 will be global, it is whānau, hapū and Māori and the Māori economy that will carry a disproportionate burden of the pandemic in Aotearoa; as a consequence of our labour force characteristics; the myriad inequalities of both opportunity and outcome that already exist; and the collective structure of the Māori asset base (Boulton and Te Kawa, 2020).

Iwi’s ability to identify a potential issue for their community and to respond decisively and effectively with direct advice or action was another key difference in the Indigenous response. One of the best
examples we saw of Iwi's ability to take direct action to protect its people was in the establishment of road closures in areas which provided access into vulnerable communities, such as in Kaiwhaiki Pā (an area made up of 40 homes, a marae and an early childhood education centre) and the River Road in Whanganui (Johnsen, 2020). While for the most part mainstream media and commentary focused on the fact that Māori did not have the “right” to close a state highway, very little commentary was forthcoming about the Crown's inability to give effect to its “responsibility” to protect its citizens, i.e. tangata whenua (indigenous people). Iwi leader and Te Ranga Tupua spokesman, Gerrard Albert, in speaking of the Iwi's support for road closures highlighted the importance of local level responses observing “alert status doesn't make our people less vulnerable to the ravages of COVID-19, especially our kaumātua” (Johnsen, 2020).

Indigenous leadership during COVID-19 was evident at all layers (community, whānau, hapū, Iwi, local government, central government) and at all times throughout the three-month period discussed in this paper. That leadership came in many forms and styles but was often as much about keeping the Crown to account, as it was to ensuring services reached those most in need. For example, as early as March 18th a spokesperson for the National Iwi Chairs Forum was admonishing the Government for its “deafening silence” and “lack of engagement and support” for Māori communities (Mike Smith, 2020). Shortly after this announcement the National Iwi Chairs Forum launched a National Māori Pandemic Response Group to address the shortfall in government planning (McClachlan, 2020). National Iwi Chairs also provided explicit advice in very short timeframes on a range of legislative and policy issues, such as that offered on the Covid19 Public Health Response Bill. National Iwi Chairs Forum were also responsible for the development and dissemination of frameworks such as the “Te Tiriti Partner-Whānau centric Pandemic Model”; which sought to articulate Iwi goals around protecting and supporting people and assets and based on the key principles of whanaungatanga (unity), manaakitanga and Kaitiakitanga (National Iwi Chairs Forum, 2020).

Concurrently, many of our Māori academics and public health colleagues contributed Indigenous knowledge and expertise in a number of forms; from national television media interviews, to the production of papers and press releases, and even data modelling to highlight the scale of Māori mortality rates should community transmission occur. Te Rōpū Whakakaupapa Urutā provide expert public health advice for whānau, Māori health providers, community groups and Iwi, was established by a group of Māori health professionals in the absence of relevant and timely public health advice from a Māori world perspective.

The local and regional leadership responses we have outlined in this paper were by no means isolated examples of Iwi leadership. The Te Ranga Tupua collective were just one of many Iwi and Iwi collectives who took the initiative by instigating road closures, adapting tikanga and supporting or initiating
health initiatives that targeted Māori communities at a local level. Hauiti kept in contact with its rural communities of Rata, Ohingaiti and Utiku, by ensuring the voices of those rural communities were represented on the Hauiti COVID-19 Leads team. Leadership from the flax roots through to regional and national leadership was evident during these three months, as our Iwi leaders walked alongside their people to tautoko (support) and provide manaakitanga during the worst phases of the pandemic.

While there are many stories of Iwi and Māori leadership during the lockdown period, some of which are now being told by Iwi around the country, we as Māori are clear that the leadership demonstrated during lockdown is equally if not more important in this post-lockdown period. The importance of a Māori voice, and leadership must not be forgotten in the rush to focus on recovery. In a series of interviews with Māori on 11 May 2020, Carmen Parahi explored the many lessons we have learned from COVID-19 from the perspective of these five leaders: Merepeka Raukawa Tait, Traci Houpapa, Lisa Tumahai, Dr Rhys Jones and youth leader Ezekiel Raui. Significant themes from her interviews included the call to have Māori in the driving seat; that Māori are more than ready to be at the decision-making table with Government and industry; and that Māori leadership should no longer sit on the shoulders of just one person, but rather that a new type of shared leadership is required, where many people can help carry the load. A further theme spoke to the desire to not slip back to business as usual but rather learn from the opportunities provided by COVID-19 and use these for “resetting the system” (Parahi, 2020).

What value research or researchers?
As the authors of this paper, as Māori who played an active role in Iwi responses to COVID-19 in our rohe, and as researchers, trained to observe, analyse and synthesise “data”, this paper provides a useful opportunity to reflect on our own contribution during COVID-19 and what that meant for us.

We must start by acknowledging that in working for an Iwi-owned entity, we had the privilege of a workplace which provided sufficient flexibility to allow us to assist the Iwi in its efforts to respond to the pandemic. Without Whakauae’s support we would not have been able to contribute in the way we did during the lockdown period. Having the resources and time to read, digest material, think about what our combined responses might be, to undertake further writing and to enact any decisions was critical to the Iwi leadership. Whakauae’s support extended to assistance setting up systems to respond to COVID-19 (such as the Hauiti COVID-19 Lead group), communication, and supply networks.

Often times we take for granted the skills and experience we have in being able to sift through written and oral material; review evidence; critique knowledge for its relevance to Māori; analyse information and communicate it in a form which is easily digested by our incredibly busy and over-burdened
Iwi leadership. These skills have been built up over many years in our respective academic, and professional, careers and stand us in good stead when working mainstream agencies and officials. It is also heartening to know, that Iwi value our skills and expertise and the potential they offer. However, the acquired western, academic knowledge that we possess is at all times balanced with the mātauranga (based knowledge) that we have access to, by being closely aligned with Iwi. The mātauranga Māori held by collectives such as Mōkai Pātea Nui Tonu, or Te Ranga Tupua TRT has been built up over hundreds of years and thus we feel very honoured to contribute in some small way to the growth of that body of knowledge.

In our roles as researchers and Iwi technicians we act as conduits for knowledge translation; both receiving skills and knowledge from others and giving of our own skills and knowledge to support a particular kaupapa (event). Our roles during COVID-19 illustrated this to great effect as we were receiving information on a daily basis from a wide range of sources, sieving through it for its utility, translating it where necessary into more appropriate language and then sharing the information back out again. Given that we were involved in various layers of Iwi-decision making, our task was to filter the relevant information to whatever group needed it. Often this transaction resulted in more work for us we sought to break down long, complex and often technical documents into something more user-friendly. At other times we were asked to provide new thinking to support the vision of Iwi leaders. In one such example, our Te Ranga Tupua leadership wanted a set of outcomes to measure the shared service opportunities that might be enacted in the recovery period. Rather than use existing outcome frameworks they wanted a completely new TRT framework guided by the values of the Iwi collective. This work was delegated to a Technical Advisory Group whose role it was to then devise the framework from the ground up. Our knowledge of outcome and measurement frameworks, honed after many years of working in the evaluation and Whānau Ora (whānau well-being) space, proved invaluable at this time.

COVID-19 called for extraordinary responses. The speed with which COVID-19 became a pandemic, the many elements that were unknown, and the potentially devastating impact the virus would have on Māori communities were community transmission to occur, resulted in an “all hands on deck” approach from our Iwi leaders. This rallying cry was heard by our Iwi-owned organisation and we found our particular skills to be thankfully, a useful addition to the toolkit Iwi had at their disposal. Our ability to ensure accurate information was available, that someone had read and was able to discuss that information with the leadership and then follow-up any further actions that may have arisen from that information was a crucial cog in the wheel of the Hauiti’s COVID-19 response.
Conclusion

There are a number of critical learnings from this pandemic and our responses as Iwi and Iwi collectives to it. Hauiti, and the wider Te Ranga Tupua collective, are mobilising in a way they have not done previously. This includes actively engaging in documenting and understanding the lessons from lockdown; identifying ways of working collectively and making the most of collective purchasing power; and redesigning service provision and decision-making models that will realise whānau flourishing. Te Ranga Tupua have undertaken a survey of the myriad Iwi-owned entities and organisations that comprise the Iwi collective, identifying which entities have what skills and capabilities; where additional capacity lies in the collective and who has the ability to share particular skills, knowledge, expertise, systems and processes for the benefit of all, thus strengthening the capacity of the whole. Trust and a solid commitment of both resources and time will need to be a key feature of this collective way of working.

The broader cross-sector collective capacity that was realised during the COVID-19 emergency period and the ability of all parts of our regional systems to work in an integrated manner for the wellbeing of the community, must be harnessed in an ongoing manner. The fact that the drivers for this integrated response are not as compelling as a pandemic, is no reason to slip back to siloed responses.

And finally, we acknowledge that Iwi based researchers and academics, with the specific skills and training they bring, will have a part to play in this system redesign. We recognise that having the flexibility and resources to work alongside Iwi; the capacity to add value to the kōrero of our leaders; and the ability to follow up with concrete outcomes that will drive Iwi development, and in turn whānau development, is a very privileged place to be. While it has been an exhausting three months for many, we have been so proud of to see the collective and united responses of Iwi Māori here, and across Aotearoa more widely as they that have kept our whānau safe during this extraordinary time.

_E kore te tōtara e tū noa i te pārae engari me tū i roto i te wao-nui-a-Tane_  
*The tōtara tree does not stand alone in the field, but stands within the great forest of Tāne* (Mead & Grove, 2001)
Aotearoa  New Zealand
Hapū  sub-tribe
Hauora-a-Iwi  an advisory group to the District Health Board comprising members of local Iwi
Kaupapa matua  primary objective
Iwi  tribe
Kaitiakitanga  guardianship, stewardship, trusteeship
Kaiwhaiki Pā  an area made up of 40 homes, a marae and an early childhood education centre
Kaumatua  elderly man
Kaupapa matua  main objective
Kokonga  cornerstones
Kōrero  words, discussions
Kuia  elderly woman
Manaakitanga  hospitality, support, generosity
Mana whenua  literally territorial rights or jurisdiction over land or territory
Marae  meeting house
Māori  indigenous to Aotearoa
Mātauranga  based knowledge
Mōkai Pātea Nui Tonu  a collective of four Iwi from the central North Island of New Zealand, namely Ngāti Hauiti, Ngāti Tamākōpiri, Ngāti Whitiakapeka and Ngai te Ohuake
Moawhango  the name of a river in the northern Rangitākei area
Ngai te Ohuake  a tribe in the central Rangitākei
Ngāti Hauiti  a tribe in the central Rangitākei
Ngāti Tamākōpiri  a tribe in the central Rangitākei
Ngāti Whitiakapeka  a tribe in the central Rangitākei
Pou kaupapa  priorities
Rangatiratanga  authority, autonomy
Rangitākei  a region in the central North Island of New Zealand
Rohe  region, area
Rūnanga  tribal council, also the name of a river
Tangata Whenua  people of the land
Tangihanga  Funeral
Taranaki  a region in the west of the North Island of New Zealand
<table>
<thead>
<tr>
<th>Term</th>
<th>Meaning</th>
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<tbody>
<tr>
<td>Tautoko</td>
<td>support</td>
</tr>
<tr>
<td>Te Ranga Tupua</td>
<td>the name of a collective of tribes from the south west and central North Island of New Zealand</td>
</tr>
<tr>
<td>Tikanga</td>
<td>customs, conventions, practices</td>
</tr>
<tr>
<td>Te Tiriti o Waitangi</td>
<td>The Treaty of Waitangi</td>
</tr>
<tr>
<td>Waimarino</td>
<td>a region in the central North Island of New Zealand</td>
</tr>
<tr>
<td>Whakapapa</td>
<td>genealogy</td>
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<tr>
<td>Whānau</td>
<td>family</td>
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<tr>
<td>Whānau Ora</td>
<td>whānau wellbeing</td>
</tr>
<tr>
<td>Whanaungatanga</td>
<td>relationship, kinship</td>
</tr>
<tr>
<td>Whanganui</td>
<td>a region in the south west of the North Island of New Zealand; the name of a river; the name of the main town in that region; and sometimes used to refer to the Indigenous people hailing from that region</td>
</tr>
<tr>
<td>Uri</td>
<td>descendant</td>
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References


Between the 23rd to 25th March 2020, New Zealand shifted from Alert Level 3 to Level 4. Ngāti Rārua, Ngāti Koata, Ngāti Toa, Rangitāne, Ngāti Apa, Ngāti Kuia, Te Ātiawa and Ngāti Tama were quick to respond. They recognised the need for a coordinated approach ensuring that the risks of COVID-19 transmission were minimised, and support mechanisms were available to support Māori communities and whānau (family) through the Lockdown period. This chapter acknowledges the leadership of the eight mana whenua (people who have traditional and historical rights over land) of Te Tauihu o Te Waka a Māui.

Within the first week of lockdown, a Te Tauihu COVID-19 Response Plan to support whānau during the pandemic was adopted by Iwi Chairs. This plan set out the framework, structure and key priority areas to take the collective response through to the 30th June 2020. The plan was considered a ‘living’ document, acknowledging that while we might ‘assume’ the impact COVID-19 might have on Māori whānau, lockdown to this extent has never occurred in New Zealand history. Forecasting need and how collectively we’d respond to that need, could not be 100% guaranteed. We therefore needed the ability to re-pivot resources and priorities as necessary.

Mana whenua iwi (tribe) expected that the establishment of Kōkiri-ā-Iwi (a collective iwi response plan) would ensure the co-ordination, leadership, advocacy and connection across response systems. This predominantly centred on Nelson Marlborough District Health Board who were responsible for leading COVID-19 health response, supported by Civil Defence Emergency Management teams in Marlborough, and Nelson/Tasman.
Kōkiri-ā-Iwi structure had an overarching lead responsible for connecting and reporting to Te Tauihu Iwi Chairs forum, both health and Civil Defence representation and responses; as well as the mahi (work) conducted by four rōpū (groups), Kotahitanga-ā-Iwi (co-ordination), Ārahi Tikanga (tikanga and Marae), Whāiti Whakapāpā (communications), and Manaaki-ā-Iwi (whānau wellbeing).

Membership across the several rōpū included four iwi General Managers, mātāwaka (Māori from outside of the region), Civil Defence representatives, Māori employed by government agencies, Marae (whakapapa space) and Māori NGOs. The enabling baseline was that it was ‘all hands to the pump – take your agency hat off at the door’. In short, bring your skills, knowledge and resources to the table to support whānau need, because whānau come first. During the first five weeks the work was intensive, meeting daily with many action items tasked. This eventually reduced to once a week prior to the state of emergency being lifted.

Te Puni Kōkiri, Ministry of Māori Development made the first investment to get Te Tauihu response off the ground. This was quickly followed by the eight iwi putting in a joint application for Ministry of Social Development Community Awareness and Preparedness Fund, and Te Arawhiti. Te Pūtahitanga o Te Waipounamu was also proactive in this space, funding a Te Tauihu Iwi Navigator as part of Kōkiri-ā-Iwi response. These financial contributions were pivotal to ensure that infrastructure and operational costs were met across the eight week response, as well as providing packages of care to whānau. What was important to all of us were the values that were to underpin our response. He Waka Eke Noa – we’re all in this together, bound us together. Our values reminded and grounded us that everything we do to support whānau, hapū and Iwi (including mātāwaka).
• Whakapapa (genealogy) reinforced the connections between all of us, and to our tūpuna, atua and tūrangawaewae. Whakapapa shaped our endeavours as we strived to better understand and contribute to recovery, binding us to one another across the generations and allowing us to make connections and links to people, and land in the recovery space.

• Manaakitanga (hospitality) provided us with endless opportunities to engage with people, individually and collectively. We needed to ensure that all of our activities were conducted in a way that was mana (prestige) enhancing for all of those involved and reflected values such as generosity, fairness, respect and consideration. A favourable view formed by others suggested the presence of manaakitanga.

• Wairuatanga (spirituality) acknowledged the existence and importance of the spiritual dimension in our lives and in recovery. Wairuatanga recognised the interdependence between present, past and future generations in the discovery, reclamation, rejuvenation in the recovery space.

• Ūkaipōtanga (place of belonging) reinforced the marae as our principal home, as a place of comfort, nourishment and inspiration. Marae are of primary importance for whānau, hapū and iwi. We ensured that we fully engaged with marae in the recovery space, recognising that they had closed and were faced with their own challenges.

• Kotahitanga (unity) valued the ethic of working together, with energy and enthusiasm. All towards the achievement of common goals in recovery for whānau, hapū, iwi communities and their organisations; while also sharing experiences, understandings, philosophies and interests.

• Rangatiratanga (chiefly authority) required us to behave in a way that attracted favourable comment from others, to the extent that we might be considered to have attributes commonly associated with a rangatira (chief). We nurtured and promoted these characteristics in the recovery space and applied them to whānau, hapū and iwi. We were confident and competent in the way that we did our work for the people and we exercised control and discipline to ensure the integrity of our pursuits in the recovery space.

• Whanaungatanga (sense of family connection) reminded us that our work in the recovery space was typically the result of collaborative effort. The full potential of our work was realised through working together as a whānau. This encouraged us to celebrate common interests, applaud our diversity and reinforce our connections with whānau, hapū and iwi in the recovery space.
• Kaitiakitanga (guardianship) required Pou (pillar) representatives to nurture and protect its people and its place; to preserve and enrich those things that have been inherited from generations past. It demanded that we employ resources wisely, ensuring that their utilisation contributed to our viability and reputation. Kaitiakitanga also recognised the role of stewardship to the land and the people and the importance of maintaining balance.

• Te reo (the language) is a taonga (treasure) which we have inherited from our tūpuna (ancestors). Not only is it an invaluable source of enlightenment and innovation but it is intimately connected with mātauranga (knowledge), carrying valuable clues about the way our tūpuna understood and experienced the world. Te reo Māori allowed expression of Te Ao Māori (Māori world view) in all aspects of recovery.

What now follows is a brief description of rōpū, and what they achieved in the space of eight weeks.

Kotahitanga-ā-Iwi (co-ordination), overarching goals were to advocate for and ensure that the voice of whānau (and their needs) were heard and acted upon by key agencies and organisations. They were to minimize duplication and act as ‘connectors’ across the COVID-19 system; working in partnership with treaty partners (and others) using iwi strengths and networks to assist through the crisis.

Two iwi mandated representatives sat at Nelson Marlborough District Health Board (NMDHB) Emergency Co-ordination Centre (ECC). NMDHB mission was to protect the health of the Nelson Marlborough population, in order to limit the impact of COVID-19 without increasing health inequities. The two representatives continued to advocate for ethnicity data collection at all Community Based Assessment Centre’s and ensure that there were Māori representatives on the Primary Care Emergency Operation Centre, and the Vulnerable and Technical Advisory Group. The data gained through that process identified that Māori were not presenting to the Community Based Assessment Centre’s to the extent we would expect. From that, and in association with Marae, Iwi, Te Piki Oranga (NMDHB funded Māori health provider), and both Primary Health Organization’s, several successful outreach clinics were held. Many of these clinics also included flu vaccinations, kai (food) packages, and referral information to other support services.

The relationship with NMDHB was reciprocal with the invitation for the Director of Māori Health and Vulnerable populations to Manaaki-ā-Iwi. Synergistic support was provided in terms of access to Personal Protective Equipment (PPE), the development of outreach clinics, the pro-active contact of kaumātua (elderly) over the age of 60, and the support to Marae and outreach clinics.

The rōpū also promoted Te Pūtahitanga o Te Waipounamu (South Island Māori Commissioning Agency) #Manaaki20 programme across the rohe (region), subsequently advocating for Te Tauihu specific data for the services and supports provided through #Manaaki20, that assisted inform local planning.
Both Iwi Liaison representatives and support roles that sat with Civil Defence Emergency Management participated on this rōpū. While there was a preference for consistency in approach, the Marlborough Civil Defence Emergency Management, and Nelson/Tasman Emergency Management have their own unique operational nuances. Iwi Liaison representatives were able to provide regular updates to the rōpū, action priorities, challenges, shared learnings and request assistance of the Kotahitanga-ā-Iwi when needed.

Ārahi Tikanga (tikanga and Marae), overarching goals were to ensure that the mana of ngā iwi was upheld; and adapt current tikanga (processes) guidelines to support whānau through COVID-19 with an initial focus on tangihanga (funeral).

The mahi under this rōpū was led by kaumātua and tikanga specialists across Te Tauihu. The rōpū immediately decided to hold weekly karakia (ritual chants), acknowledging that spiritually and culturally, karakia was needed to support whānau, hapū and iwi through these troubled times. ‘Zui’ were planned every Monday night at 7.00 p.m, with capacity to host 100 online participants (note that one call could involve several whānau members in the home) at any one time. All iwi, waka (canoe) and mātāwaka (took turns at hosting karakia, and zui attendance ranged from 20 to 100 participants.

Prior to lockdown, one of our respected kaumātua was in the hospice, he and his whānau being supported by this rōpū in the lead up to his passing. After his passing for over ten days, this rōpū held daily virtual services, and strongly advocated the lifting of travel restrictions so he could be taken home. There were other whānau over lockdown who would also lose loved ones, and they too were provided with the offer of Zui (Zoom hui).

Under Level 4 tangihanga guidelines it was clear that whānau wishes could not be accommodated, so the rōpū met to strengthen the guidelines from a Te Tauihu perspective and these were approved on the 1st April 2020. Kaiwhakarite (organiser) roles were also established, their purpose to provide cultural support and advocacy around tangihanga to whānau during the lockdown period. As the country transitioned through Alert levels, the rōpū monitored the changes that the Ministry of Health implemented and as a result, their own Te Tauihu Tangihanga guidelines were changed to align with national guidance. In terms of this there was close liaison with Funeral Directors and Police across Te Tauihu, this assisted the tikanga rōpū, whakarite rōpū and the whānau pani (bereaved families).

Te Tauihu implemented a rāhui (traditional prohibition) to recognise the imposed changes to tikanga and kawa (customs related to formal activities). This rāhui remained in place until Level 1, where closing karakia was conducted.

And even though it was not in their mandate to do so, this rōpū also facilitated an Anzac Day virtual remembrance ceremony (by Zui and at Whakatū Marae) with 100 participants and is now working on supporting Marae development.
**Whāiti Whakapāpā (communications),** goals were to act as an information “filter” for whānau; ensure that whānau receive localised information and reassurance and support as well as national messages; provide consistent, succinct and timely comm’s for iwi of Te Tauihu to share with their whānau through their own mediums; and act as an information “filter” for whānau.

As a new communications team there was no time for division, wearing of hats, egos or politics. Their focus was on working with other groups and organisations to help all whānau especially those who were most vulnerable.

They tried to avoid cluttered communication and had a deliberate and targeted use of social media platforms, video, radio and other forms that allowed engagement and communication effectively both internally and externally.

This rōpū utilised the existing expertise within several of the iwi offices in terms of their Communication Managers skillsets. Right from the start it was important to Kōkiri-ā-Iwi, that iwi and Māori leaders across Te Tauihu featured in the social media and radio interviews. In that way, the key messages would better resonate with our local communities.

In several instances, there was close alignment and collaboration with NMDHB communications team, so messaging was consistent. On several occasions the Whāiti Whakapāpā rōpū shared their videos with NMDHB to use on their own social media page. These You Tube videos were sent out to iwi and Māori contacts so that they could be put on their own Facebook pages and distributed to as many pages as possible.

Important messages were provided out to the community by local leaders and celebrities. The messages included explaining Te Tauihu Tangihanga Guidelines and how whānau could be supported; Community Based Assessment Testing what this involves and site locations; Virtual Karakia, Civil Defence Emergency Needs outlining what was happening on the ground; Mental Wellbeing and how to look after your hinengaro (mind); Whānau Wellbeing (the need to look after one another through stressful times); the importance of flu vaccinations and how to access these; Te Pūtahitanga Facebook Live – what is happening in Te Tauihu, Marae and Police mahi during COVID-19, and much much more.

**Manaaki ā-Iwi (whānau wellbeing)** goals were to ensure that whānau were able to live well, during and after the COVID-19 pandemic (kai, finance, shelter and services); to help keep whānau connected through proactive contacts; through advocacy help guide the timely provision of resources to whānau; promote and encourage whānau and iwi resilience and initiative provide whānau, hapū and iwi with an avenue to escalate issues of concern to a group that will work to resolve those at a local level.
This was the largest rōpū of Kōkiri-ā-Iwi simply because there were many stakeholders who were involved supporting whānau front line. Stakeholders needed to be connected to ensure the widest reach possible.

One of the first tasks of this rōpū was to immediately understand ‘who’ was doing ‘what’ across the rohe. Through a brief survey, it became clear in the first week that iwi and Māori organisations were pro-active, contacting their members to assess need and provide support or advocacy where required.

Over time, Te Kura Ora fund was established by Kurahaupo waka, Rangitāne, Ngāti Apa, Ngāti Kuia (tribes from the top of the South Island). The purpose of this fund is to financially assist whānau impacted by COVID-19. Kaupapa Atawhai was established by Ngāti Koata Trust, Te Rūnanga o Ngāti Rārua, Ngāti Tama ki Te Waipounamu Trust, Ngāti Rārua, Ātiawa Iwi Trust and Wakatū Incorporation to provide some immediate assistance to their most vulnerable whānau impacted by COVID-19.

Te Piki Oranga, the sole Nelson Marlborough District Health Board health provider response was immediate, identifying immediate barriers, for example there were some patients with chronic conditions not having access to cellphones in order to enable contact with their wider whānau and services. In terms of this, they immediately purchased cellphones and distributed accordingly. When the Māori Welfare Recovery Groups were established there was an agreement that for any whānau who needed support with medication, and registered with Te Piki Oranga, then they would be contacted immediately to support the whānau with this. Te Piki Oranga was active throughout, providing kaimahi (workers) for the collective iwi response in terms of administrative support as well as senior management participation on Manaaki-ā-Iwi rōpū and other technical groups.

Te Pūtahitanga o Te Waipounamu launched Manaaki#20 survey and invested in additional Navigators to spread the reach of support for whānau. They too participated in Manaaki-ā-Iwi rōpū and had close liaison with Te Tauihu Iwi General Managers Network. Such was the level of support provided, they also invested in a Te Tauihu Iwi Navigator.

These are just a few examples of how rapid the response was, and the immediate investment in both human and financial resources to support whānau.

Secondly, the rōpū identified that developing an Issues Register in terms of the problems whānau were experiencing, was pivotal. This register identified the issues, and then collectively worked together to resolve it. If the issue required escalation to the Iwi Chairs to advocate for change, then that was also an option.
From the Issues Register, two major pieces of planning work occurred. The first being the Psychosocial Action Framework and Plan; and the second being the Whānau Harm Response plan. As Level 2 was reached, the Psychosocial Action Framework and Plan was picked up by Te Piki Oranga even though there was no funding attached. Attempts were made to find resourcing to implement the plan.

The Whānau Harm Response plan remained in draft, as the sector then decided to repivot and take a wider multiagency response to meeting whānau needs.

When considering what the COVID-19 Māori welfare response might look like within Civil Defence, a Māori Welfare Recovery Team was immediately established in Marlborough. This was a partnership model with Marlborough Civil Defence Emergency Management that had a parallel Kaupapa Māori response for whānau. The benefits of this, is that support was able to be provided for both emergency (paid for by Civil Defence), and non-emergency needs (resourced through koha (donation). For example, winter was fast approaching and with donations from Māori Reserve Trustees for fallen trees and local pākehā (European) farmers, over 70 trailer loads of firewood were delivered to whānau. Such was the success of the model, Marlborough became one of three pilot areas for NZ Food Network in the South Island.

There were some barriers to establishing a similar model through Nelson Tasman Civil Defence, but eventually in late April their Māori Welfare Recovery Team were also able to organize and deliver support packages to whānau.
Summary

There was an inherent ‘knowing’ that to serve the needs of Māori whānau, we needed to drive this ourselves. There wasn’t confidence in mainstream services to provide for whānau.

What worked well, was iwi leadership both at governance and operational levels. The co-operative and collaborative approach, including mātāwaka, Māori Health, local and central government agencies and other organisations, made a big difference to the reach of supporting Māori whānau across Te Tauihu. Resources and information were shared, whānau voices were captured and a ground up approach taken to plan for health and welfare responses. Relationships were strengthened, and there was an appreciation of what can be achieved in a short period of time by a collective co-ordinated response.

There were however some challenges along the way. The workload was high to the point that Kokiri-ā-Iwi developed a policy to prevent burn out. There was a high level of confusion between Manaaki-ā-Iwi and Manaaki20, which created delays for some whānau to receive support.

There were also misunderstandings about the role and responsibilities of Civil Defence Emergency Management around the four R’s, Readiness, Reduction, Response and Recovery, and how this manifests itself into practice. Both Civil Defence Emergency Management operations work quite differently given they reflect their own distinct communities.

There were at least two occasions where Māori presented to Community Based Assessment Centre’s and were not treated well. In terms of this, no matter how much good work was done across the system to improve access for Māori, when these instances were reported, significant damage control was needed to ensure whānau confidence in approaching and accessing Centre’s.

There is still a need to advocate for the importance of ethnicity data collection and ensuring that equity and what is best for whānau is at the heart of every conversation. It also felt that the transition bridge between Civil Defence and Caring for Communities was an evolving platform which needed a level of flexibility from NEMA that reflected the reality of district and regional delivery.

At the end of Level 2, Kokiri-ā-Iwi had provided a proposal to Te Tauihu Iwi Chairs for what the COVID-19 Recovery Phase 2 should include. The Iwi Chairs once again have demonstrated their leadership by identifying three main areas to be addressed for Phase 2, and that is ‘kai’ (no whānau go hungry), employment, and housing.

It is with this in mind, that as part of the recovery process, a concerted collaborate effort continues to better support whānau survive the impacts of COVID-19.
Marlborough is bounded in the east by the beautiful Te Koko a Kupe (Cloudy Bay), the majestic Marlborough Sounds to the north, and the Wairau plains to the west. There are over 43,000 people living in Marlborough and 11.7% of this amazing community are Māori.

Our Iwi and Māori community have had an evolving relationship with Marlborough Civil Defence Emergency Management (MCDEM) team, and this continues to strengthen over the years.

With the Canterbury Earthquakes in February 2011, there was a collective Te Tauihu Māori response lead by the Nelson Marlborough District Health Board. This process ensured that whānau who left Christchurch were accommodated on Marae where necessary, linked into existing health and social services, and Marae were provided with the supports they needed. There were many lessons learned from this event, and invitations were provided by MCDEM to participate at their planning meetings.

The Kaikoura/Seddon/Ward earthquakes in 2016, the next major event for this rohe, resulted in the establishment of the M.E.A.N team (Māori Emergency Action Network), working alongside MCDEM, providing the necessary supports to agencies and organisations responding to this event. There was a close relationship developed with MCDEM, recognising the added value such a team can provide.

COVID-19 was absolutely new, a biological threat, not our usual emergency civil defence scenario. Originating in Wuhan, China in December 2019 this virus became and was rated a worldwide pandemic on the 11th March 2020. The New Zealand response was swift, taking all necessary precautions to limit the spread and impact of the virus. We reached Alert Level 4 on the 25th March 2020 and a state of emergency was declared. As of that date we were in lockdown which essentially meant that people were instructed to stay at home other than for essential personal movement, travel was severely restricted, businesses were closed except for essential services, schools and educational facilities were closed, and public gatherings and venues were also closed.

Nelson Marlborough District Health Board took the lead in terms of the COVID-19 response and MCDEM role was to support the health sector to manage the pandemic within the community. In terms of MCDEM welfare response they were responsible for planning and coordinating household goods and services and accommodation.
This is our story........the story of our Marlborough Māori Welfare Recovery Group Manaaki-ā-Iwi, working in partnership with the Marlborough Civil De-fence Emergency Management team. He Waka Eke Noa, we’re all in this together!

Figure 3: Opening Karakia

Understanding that COVID-19 was a significant future threat, and with the support of Te Puni Kōkiri two Emergency Operations Centre Introduction Train-ing workshops were held on the 6th and 10th March 2020. The first targeted iwi and Māori organisations. Participation included Iwi, Marae, Māori health and Te Waipounamu Whānau Ora Commissioning Agency representatives. The second workshop was for Māori wardens and all training was held at the Marlborough EOC Centre.

When lockdown occurred, our first task was to meet at the EOC and conduct karakia. We did this on the 26th March and offered the following Ngāti Toa karakia, explaining what this meant within a COVID-19 context. MCDEM were appreciative of this, rewrote the karakia and meaning into an A3 page and kept the karakia in the control room for the entire lockdown period.

Figure 4: Iwi Liaison Desk at Civil Defence

We took the time then to discuss with the MCDEM Welfare Recovery Manager how we could assist their community response. Understanding that the period of lockdown was unknown at that time, and that many of our whānau would be impacted through loss of their jobs, we wanted to make access to emergency supports as simple and as easy as possible.

We advised of Te Tauihu Iwi COVID-19 response plan, which was then in the process of development, and immediately kicked our local response into action. Our aim at that point was to take a partnership approach. For all Māori whānau that called for emergency support they would be redirected to our team, the Marlborough Welfare Recovery Team (MWRT) Manaaki-ā-Iwi. Our intent was to take all calls, ‘triage’ - kōrero with our whānau to identify their emergency needs, and facilitate a support package.
We had no platform, no policy, no venue, no funding, no staffing to enable this. We had to work fast.
We did. Our first delivery to whānau was on the 27th March 2020.

The first port of call was to approach two individuals that could take on the roles of Kairuruku (Team Leaders). These two staunch young leaders also had young families, so the first question was, do they understand the role and are they willing to pick up the mantle. Initially, one Kairuruku was virtual aligning to his employer health and safety policy, but still organising logistics from home. The other Kairuruku was supported by his employer to undertake the role and use their premises as an operations centre until we could find something more suitable, bearing in mind the health and safety obligations had to be met.

The second approach was to those organisations who attended EOC training to see whether they would like to volunteer. Our policy was that if you were over 55 years of age, we didn't want to put their wellbeing at risk, so we were ageist in our approach. Once the kūmara vine heard about our team, there was no shortage of volunteers coming forward and throughout the alert levels we had 28 volunteers supporting the response. Rosters were developed, and Civil Defence jackets provided so that this enabled a level of comfort for our volunteers, as well as the whānau we were delivering support packages to.

We also had to develop volunteer policies, health and safety policies, secure PPE (personal protective equipment) from the health sector. Our triage forms we purposely kept to a minimum a simple A4. Our role was to determine if the whānau met the criteria of emergency management but even if they didn't, we were able to provide a support package out of other koha resources we received.

Our underlying aim for whānau was that there was ease of access only one phone call is needed, either through Marlborough Civil Defence Emergency phone number or direct to our team. We undertook to meet those needs within 24 hours, seven days a week, and we could provide other resources as part of those support packages.
The first week in April we presented to MCDEM our operational guidelines, so we were all on the same wavelength. These guidelines included eligibility criteria alignment, referral processes, support mechanisms to be provided, and reporting. We continued to meet on a regular basis to update each other, problem solve, front foot issues as they arose.

Such was the confidence in our team, the Incident Controller provided authority to purchase food items direct from New World. This authority was renewed on a fortnightly basis but enabled our volunteer team to purchase groceries as soon as the triage process was completed. In terms of this, the reason why our volunteer team personally did the shopping was that New World were inundated with online grocery orders from the general public. To ensure a quick turnaround within 24 hours, our volunteers were tasked with this. The triage was simple, but also included a personal discussion around their kai, heating, clothing, bedding and other household needs.

The following day a pānui (newsletter) went out to the Iwi and Māori community, identifying the process and pathways. The iwi, Māori community and wider community support for the state of emergency was an indication of what can be achieved when everyone pitches in to support the kaupapa (cause). Kono (a subsidiary of Wakatu Inc) provided pallets of fresh fruit, apples, kiwifruit and pears; J.T Contracting donated trailers and vans; Community Corrections provided vans for the distribution of support packages; Te Papa Atawhai transported the pallets of fruit from Motueka to Blenheim; Ngāti Rārua Section F Trustees provided access to wood for families; Mātāwaka provided their facility as an operational venue in the first instance until a larger venue could be found; Marlborough Youth Trust donated MySpace as a venue; New World provided paper carry bags for kai packages; Waikawa Marae through their networks supplied salmon; Te Anamata Trust provided firewood; Marine and Outdoors provided forklifts; Te Hauora o Ngāti Rārua Ltd provided hygiene packages; Te Pūtahitanga o Te Waipounamu provided funding for the purchase of bulk kai; Nelson Marlborough DHB provided a distribution facility; Te Rūnanga o Rangitane o Wairau provided access to a chiller; Marlborough District Council provided facility funding; the list goes on and on.

So, what did we do?
The support packages mainly consisted of kai (whether meeting Civil Defence eligibility criteria, or from the resources held by our team); the provision of firewood; clothing and household goods; and finally connection to other services needed by whānau.

The New World ordering system was solely for Civil Defence Emergency needs, yet whānau who didn't meet that criteria were still supported through donations of bread, a range of fresh fruit, milk, fish, and even treats such as Easter eggs.
Securing funding over this period required an umbrella organisation for funding purposes, and we were thankful for the support of Harkaway Taonga Trust and Ngāti Toa Rangatira ki Wairau.

Such was the success of this team, the Marlborough Māori Welfare Recovery Team applied to be a pilot for the NZ Food Network, and were successful, being one of three chosen in the South Island with a specific kaupapa Māori focus. This platform is still being built as we speak but enabled a vision of considering longer term support mechanisms given the predicted impact of COVID-19 on Māori whānau. As we had always taken a Te Tauihu wide approach, any resources we received would also be shared with our whānau in Whakatū and Motueka. During this period, we felt it was essential to capture good data, both quantitative and qualitative that evidenced the need.

The following data represents the first month of operations. We have not completed the analytics to the 22nd May 2020. The main reasons whānau were seeking support centred on medical issues, that is they were unable to get to the supermarket due to their medical condition and had no local support to assist with that. Secondly the loss of income impacting on their ability to purchase the goods they needed, and finally we had a number of kaumātua who were isolated from whānau. What we did find, is that in that first month most of the whānau presenting were known to us as kaimahi working with iwi and/or whānau ora/social service providers, however the second month a new cohort of whānau were presenting, those that had lost their jobs, utilised all of their annual leave and savings, and were whakamā (embarrassed) about seeking assistance. Our triage team had to flip whānau thinking around seeking support. We heard many stories of whānau having to make choices such as paying rent or putting food on the table; whānau who had extra members in the home due to COVID-19 and were not coping financially; whānau who had no transport, no local supports or lived rurally and were whakamā about coming forward for assistance; adult whānau members were going without kai for their tamariki (children); in essence the range of stories evidenced the need to have a Kaupapa Māori approach to make it easier in terms of access.
The support packages for this period ranged from zero to 14, the following month (28th April to 22nd May) the highest number of support packages provided was 19 in a day. The packages listed below does not include the firewood deliveries, which over 72 whānau were supported with firewood during alert levels. We were fortunate over this period that Te Anamata Trust provided firewood, followed by access to Ngāti Rārua Reserve Trustees whenua and a local pākehā farmers land. Marlborough Civil Defence also enabled their volunteers to come out fire wooding to support the kaupapa.

Ethnicity and tribal data were also collected. In terms of this many members recorded multiple affiliations. Many both mana whenua and mātāwaka accessed support, and a small percentage of pākehā.
As Level 2 was looming, our team also felt that it was important to have a transition plan with Marlborough Civil Defence and we initiated this noting that Caring for Communities model was still a work in progress.

We had enough resources from Kōkiri-ā-Iwi and other koha to tautoko (support) the transition by supporting whānau access packages of care, until they could be supported by existing social service agencies.

We finished our COVID-19 response with Marlborough Civil Defence, by coming together and ending with karakia and kai. We were able to acknowledge and celebrate our partnership, but more importantly the outcomes for the whānau were had the privilege to support.

Also, around this same time and as part of Te Tauihu Iwi Covid-19 Recovery Plan Phase 2, the eight Iwi Chairs identified that they had three priority areas for recovery, kai, jobs and housing. It was at this point that the Marlborough Māori Welfare Recovery Team decided to establish Te Pātaka Incorporated. More about this initiative appears a bit later.

Throughout the COVID-19 response period, there were multiple celebrations and challenges. Its worthy to discuss these in terms of some of the lessons learned. The key celebration was that we were able to support Māori whānau, and not just those with emergency needs.

“Thank you so much for our food parcel which was gratefully received last week. Our family in the bubble were amazed to get such a wide range of groceries and meat. You are all doing an awesome job. Thank you and to all the others. We all feel blessed and happy with the second delivery of fruit and easter eggs”
“Good afternoon, thank you so much. You have no idea how grateful I am for your help. I have been so worried how we were going to make it till next pay day and what you dropped off is seriously above and beyond what I ever expected. Thank you once again”

“Bless you and your team. THANK YOU SO MUCH!”

The stories that whānau shared with our triage team was one of the key reasons why this kaupapa will continue into the future.

“Another whānau had to choose to pay rent or buy firewood, as they live in a very cold house with old windows. They are now a week behind rent. (She also said this is the first time they have ever had to use charity!) As she has always worked. These comments are becoming more and more common”

“XXXX children in the home. Dad does all the shopping and is on an invalid benefit and a chronic asthmatic”

“Have a two-year-old son, and due to have another baby soon. No vehicle. Dad is an asthmatic and looking for work”

“Mould in home, terminal cancer, under care of hospice, isolated”

“Vulnerable kaumātua, no-one in his bubble who is not vulnerable. Isolated”

“Needing extra food to feed whānau. Not working due to COVID lockdown”

“Son in home with mental health condition, as well as grandson.”

“XXXX daughter has been getting her groceries for her and her family but has just been sent to XXXXX hospital. Son is unable to shop, and the grandson is too young”

“This whānau didn’t know about the Welfare Recovery Team, they had a choice to pay either for firewood or rent. They chose not to pay the rent. When they finally did get to us, we supported them with kai so that they could redirect their next pay towards the rent”

The Kotahitanga included the willingness for iwi and wider Māori community to all come together to support whānau through the lockdown period. The resources flowed in. Agencies that you may haven’t had contact with for some time, relationships were renewed or strengthened further.
Alongside Manaaki-ā-Iwi we were able to support Community Based Assessment Centres, either being there in person to talk about the welfare response, but also to provide support packages on site. This is a lesson learned for health funders, when the Marae, hapū or Iwi lead the initiative you get immediate results.

“A bit of confusion as many of the whānau turned up for COVID testing.....& when asked if they had any possible symptoms said ‘no’ so things didn’t go any further for them, if they’d already had flu jabs. But no one was upset - they loved seeing the set out, the incredible kaimahi & were utterly blown away by the whānau packs they were given. For some of our kaumātua it was their first trip out of the house & you’d have thought they were at a wedding .... the smiles, kisses getting blown through closed windows - they just loved seeing all the others!!”

We also found that through a range of communication mediums there were a number who weren’t aware of our response. We then developed a Marlborough Māori Welfare Recovery pānui that kept whānau up to date with events, key messages and celebrations.

“Mōrena xxxxx. Thanks for all the information. It’s the best communication we have ever had locally for a long time. Ngā mihi”

“Thank you so much for all the updates and information that you have consistently circulated. This has been greatly appreciated ka nui te mihi ki a koe!”

“Ngā mihi nui, XXX - really valuable information”

We had a bit of fun along the way, the team making a Tik Tok, and or members participating in Kōkiri-ā-iwi communications that were released on You Tube as well as local iwi and Māori communication channels.

“This is brilliant! Thank you it made me smile and was so much fun to watch. Please say a big thank you to your team, it is truly lovely to see some light-hearted moments like this” [TIKTOK]”

The backbone of our response relied on volunteers. And while you wouldn't normally identify them all in a publication such as this, our volunteers are an essential part of our story. Ngā mihi ki a koutou; Maringi

The support of Kōkiri-ā-Iwi and Manaaki-ā-Iwi throughout the response, provided the much needed mandate and at times financial resources to fill essential gaps.

The challenges were few and far between. Unfortunately, there was some intentional undermining of the welfare response based on miscommunications. While this was sorted, it did cause some significant relationship issues. Ensuring health and safety in the workplace within a biological threat did cause early concerns but with advice and support received from Nelson Marlborough District Health Board, volunteers were kept safe.

Figure 9 Waikawa Marae CBAC

From all that mahi, the question is what was the next step in the journey? Te Pātaka Incorporated was registered in June 2020. The kaupapa of Te Pātaka is ‘ka ora ai te iwi’, to support Māori whānau who are experiencing hardship with providing packages of care, and or referring them to other services that could meet their wider wellbeing needs. One of the eight Iwi Chairs priorities in terms of the next phase of COVID-19 recovery was kai, that no whānau go hungry. In a short period of time, Te Pātaka has engaged a Kairuruku (Co-ordinator), piecemealed together three venues (a temporary warehouse, chiller facility and distribution centre), negotiated funding to keep operations going for the next quarter, and now supporting the establishment of Pātaka at Whakatū Marae and Te Āwhina Marae.

In closing, all we can say is that it has been such a privilege to work in this space, supporting whānau. The voices of whānau say it all:

“Thank you so much whānau for all of your amazing mahi! Mā te atua koutou e manaaki hei tiaki xxx”

“Ngā mihi i runga i ngā manaakitanga - he taonga tuku iho mai i ngā tōpuna”
### Kupu taka – Glossary

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<td>Ngāti Toa</td>
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<td>Rāhui</td>
<td>traditional prohibition</td>
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<tr>
<td>Rangatira</td>
<td>chief</td>
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</table>
Rangatiratanga: chiefly authority
Rangitāne: top of the South Island tribe
Rohe: region
Rōpū: group
Tamariki: children
Tangihanga: funeral
Taonga: treasure
Tautoko: support
Tikanga: processes
Tūpuna: ancestors
Te Ao Māori: māori world view
Te Ātiawa: top of the South Island tribe
Te reo: the language
Waka: canoe
Wairuatanga: spirituality
Whāiti Whakapāpā: a priority in the collective iwi response plan
Whakamā: embarrassment
Whakapapa: genealogy
Whānau: Family
Whanaungatanga: sense of family connection
Whānau pani: bereaved family
One of many magical moments of manaaki occurred when a young man asked why Te Pūtahitanga o Te Waipounamu had gifted him a hygiene pack. The man was 23 years old, with a toddler and another on the way. He had just lost his job as a salesman; but he initially declined the pack, suggesting there were more deserving whānau (family) than his.

When his partner opened the pack and saw there was shampoo in it, she started to cry. This woman with the beautiful hair had not shampooed her hair for three weeks as they were prioritising food for their pēpē (baby) as well as kai (food) for the neighbour’s children.

Later, we heard that the young man had gifted a couple of chickens to his neighbour, to say thank you for nominating him for the hygiene pack. This exchange then led to a kōrero (discussion) and eventually the young man was offered a job with the construction company his neighbour works for.

The sparkle of manaaki (care) emerged in many moments during lockdown. Manaaki20 was our response to COVID-19. In the early hours of formulating our pandemic approach we knew we had to frame our response in a way which actively mobilised whānau as our greatest resource.
We were concerned that the official COVID-19 response was antithetical to ways that whānau would intuitively rely on in a time of crisis. Social distancing was being touted as the single most effective tool to reduce the spread of the virus alongside isolation, quarantine, no hugging or kissing and staying two metres apart.

Typically, our whānau rise up in an emergency; gathering at marae (as an indigenous hub of wellbeing), wrapping loving arms across those who need it most. With every marae closed; with the population restricted to household bubbles, we knew we had to find a way to connect through alternative means. We were already observing the signs of crisis as whānau flocked to supermarkets in a shopping frenzy; hand-sanitiser, toilet-paper, flour and sugar suddenly rationed on a quota basis. Facebook was flush with posts depicting empty shelves; long queues; a picture of pandemic panic.

The stakes were high. The 1918/19 pandemic had a severe impact on Māori, with a death rate of 4.2%; five to seven times higher than non-Māori. Māori and Pasifika had higher rates of morbidity for the influenza A (H1N1), the 2009 pandemic than other ethnic groups. As a consequence of the impact past pandemics have had on Māori, we approached COVID-19 with caution. Additionally, Māori were disproportionately represented in groups classified as vulnerable to COVID-19 particularly respiratory conditions, such as Chronic Obstructive Pulmonary Disease, heart conditions, high blood pressure, kidney problems and diabetes.

It was Zion Tauamiti –founder of the Healing Song Trust https://www.facebook.com/healingmusictrust/ – that challenged us – how were we going to engage with the people so that our messages were accessible, inclusive, and would inspire action? And so #Manaaki20 was born. Manaaki (is the gift of generosity that springs to the surface every time a crisis occurs). It was the perfect prescription to counter a pandemic of this nature – to focus not on what was beyond our control, but instead on what we could do together.

Manaaki

to look after, care for, show kindness.

#MANAAKI20
On 22 March 2020, Minister for Whānau Ora, Hon Peeni Henare, announced $15m would be allocated towards Whānau Ora to reach into Māori communities. “We must engage with our people, in their neighbourhoods, communities and homes”.

Twenty-four hours later, our central hub in Ōtautahi (Christchurch), Te Whenua Taurikura, came together to scope out our initial response. We call ourselves Te Whenua Taurikura, because all the seven Māori enterprises that coinhabit the space at 10 Show Place are united in a common pursuit of working to meet the aspirations of whānau.

Our co-location and collective spirit of purpose enabled us to quickly sketch out a collaborative approach. Graphic designers and digital storytellers, Maui Studios, would establish a website and start searching for fresh content to shape # Manaaki20. Multimedia designers, Ariki Creative, would oversee the ‘Uplift/Manaaki’ strategy, pulling together a team of champions and influencers to set our engagement approach alight. Māori Futures Collective, Tokona Te Raki, would assist with ideas around addressing the jobs shortage. Ihi Evaluation would become integral to assisting with our data story and participating in the Iwi-Crown portal, Manaaki, managed by the COVID-19 Operational Command Centre.

As we positioned our whiteboards around our boardroom and started compiling frantic lists of those agencies who had requested personal protective equipment (PPE); key contacts; and the elements of the funding announced by Ministers, it was obvious that we had impossible constraints in time and resources. To quell our rising sense of dread, we focused on immediate supplies. Suzi went on a mission for butcher paper, markers, home printers, cartridge ribbon and reams of paper. Huata rushed out and purchased 600 tablets that we would later distribute to whānau in need. Jaye had the contacts to buy disposable gloves in bulk. Serena, in Invercargill, was sending through urgent requests for recipe books and packets of seeds. There was the fridge to clean out; we had to advise the landlord of our movements. We reached out to our entities, identifying which entities sort our endorsement to be an essential service as part of the application process? Already some entities were signing off with ‘closed for business’ automatic replies. Some of our own team were anxious about loved ones: their elders, whānau members who were ill, or isolated, or overseas. We were being asked by funders, what was our pandemic plan? Others were asking what detail did we have of how South Island providers were responding? Across our hub, workstations were being hastily cleared as staff prepared to work remotely. In the vortex of our worried whirlpool, Hori Mataki turned to me and said, ‘what about Mokowhiti’?

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Serena Lyders (Navigator Coordinator) with Mata Cherrington (Awarua Whānau Services) in their mission to distribute packets of seeds and recipe books.

Mokowhiti, http://www.mokowhiti.co.nz/ a whānau owned and operated business, were old friends to Whānau Ora, having event-managed our annual symposium to a standard that was inclusive of all, and left no stone unturned. They knew us; they had intimate relationships with iwi stakeholders, Navigator agencies, whānau entities.
Mokowhiti became our engine room; Cazna overseeing processes and constructing flowcharts; Vicki liaising with a network of supermarkets and firewood suppliers; Lee coordinating distribution and delivery of 25,000 hygiene packs. Mokowhiti orchestrated the midday briefing consisting of up to 30 kaimahi reporting back on daily progress; and initiated specific workstream catchups by zoom. They kept me calm.

Mokowhiti brought into our circle Naia Ltd; their founder, Charisma Rangipunga, would be a vital part of our 9am debriefs, sharing intel from other iwi-led responses and updates on COVID-19 impacts. Through Naia, we appointed Sharon Karipa to manage our call-centre; and Rocky Roberts who ran our daily Manaaki Live via Streamyard. Later we brought into our reach Phil Tumataroa to assist with our media messaging; Faumuina Tafuna’i to support us in our content; to step up our storytelling.

We were grateful to Waikato-Tainui iwi (tribe) for sharing their pandemic plan to enlighten our Te Waipounamu response. We became focused on the ‘IPU’ approach: to Inform; Prepare; Uplift/Manaaki.

The INFORM approach was to raise awareness of the risk of COVID-19 by sharing quality information with our whānau, understanding where the people were, and identifying needs and levels of vulnerability.

The PREPARE phase was to ensure whānau had ready, timely, and safe access to supports. We wanted to broker support and leverage relationships. We were also intentional in integrating the data we collected to fill any information gaps.

The UPLIFT approach was to help empower and inspire whānau by sharing stories of what we are doing to keep each other healthy, well and connected.
The IPU Framework was an important methodology by which manaakitanga (hospitality) was able to be expressed. There was a seamless overlap with our Whānau Ora approach, and the Whānau Ora outcomes framework.

We implemented the IPU framework, informed by a Harvard Business Review analysis of ‘Lessons from Italy’s response to Coronavirus’ which suggested five salient learnings to how to adapt to the challenge that confronted the globe in this pandemic.

1. Recognise your cognitive biases: take time to discover, absorb and organise new knowledge in real time.

2. Avoid partial solutions: apply a multitude of strategies; offer pandemic solutions for a population rather than individual patient centred care.

3. Learning is critical: adopt a mindset which facilitates learning from past and current experiences.

4. Collecting and disseminating data is important: Data precision is vital to understand what’s working where, and to inform allocation of resources.

5. A war-like mobilisation and rapid decision-making is required. Human and economic resources need to be deployed in an efficient and meticulous coordination of efforts.

We were mindful of the complex, overlapping layers of systemic disadvantage that whānau Māori already experience. Indifference, indecision, and inaction could be fatal. The #Manaaki20 experience needed to be receptive to the changing landscape, adaptive to the context of the COVID-20 curve; as well as prioritise whānau-led solutions. Our first moves would be crucial.

**Data is King**

Overnight we had to develop robust data collection and information distribution channels which would enable us access to the needs of whānau. We had to quickly craft internal protocols on data storage, use, availability, integrity as well as launch an operational call centre.

While we were establishing our emergency infrastructure, we surveyed our Whānau Ora Navigators to ascertain what they were doing in pandemic preparation. There were over thirty agencies who host our sixty Whānau Ora Navigators.

A principal lever in our Manaaki20 approach was to appoint 25 new Navigators; to ensure that we had tangible support for whānau wherever they were. Through these new roles we were able to address gaps in coverage: Navigators for Picton; for working with the shearing community in Tokomairiro (Milton); for working with gang members; for those Papatipu Rūnanga (sub-tribe collectives) who requested them; for the collaboration of the eight iwi in the top of South who had forged a strong collective

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2Gary Pisano, Raffaela Sadun and Michelle Zanini
network, Manaaki-a-iwi. Each of the Navigators and their respective agencies were instrumental to understanding the level of need.

There are also over 280 whānau entities across Te Waipounamu leading out the Waves³ in our investment strategy. Together, our entities and whānau leaders had the opportunity to influence close to 20,000 individuals. Within hours of the Government’s announcements, all our entities had been contacted, inviting them to submit proposals to repurpose the quarter’s funding, for the greater good of a COVID-19 response.

Immediate replies from agencies on 20 March, demonstrated our agencies were agile, resilient and ready, rapidly refocusing their operational plans to the new purpose:

“We are in the process of having a fully mobile team which requires a significant investment into hardware and software so that they can work from home with reliable equipment and have access to our in-house databases and resources. We are currently calling all our whānau to understand the best way we can communicate with them.”

“All kaimahi (workers) are being asked to contact their whānau/clients via phone / text / door knocking if need be. We are looking to create care packs.”

From our Whānau Ora entities, we knew that messaging would be critical to get through to those whānau that are ‘hardly reached’ by mainstream agencies. We had to break through the barriers of fear and anxiety.

“We are mindful that whānau will not access the services that have been set up by the mainstream organisations including testing stations. They will become even more isolated and fearful.”

#Manaaki20 was shaped by psychosocial evidence that told us one of the greatest impediments would be the fear of the coronavirus; the sense of helplessness as events unrolled, and the unusual circumstances of being detained within their own homes. Pre-existing tensions within relationships, or underlying mental health issues, would be exacerbated; anxieties triggered by confinement:

“Unable to purchase emergency supplies which is causing a huge amount of stress and panic. Empty pantries, fridges, freezers. Insufficient personal care and hygiene resources. Kaumātua (elders) are scared to leave their homes and pick up medications. Disproportionate fear around the virus, spread of the virus, based on badly executed media.”

We created a hotline: 0508 4 Manaaki and started training a dedicated team to run the call-centre. We needed volunteers that could de-escalate situations when callers were in a state of frenzy; to be sensitive, compassionate, but also pragmatic. All whānau were required to complete a survey. A phone script was devised for volunteers to follow:

³We invest in ‘waves’ of funding (rather than rounds); recognising that life is dynamic and always evolving
“It is important for you to know that when giving your information to us, you authorise the release of, and use of, your personal information, and by our kaimahi (workers), agents, contractors and to those we partner with for all the purposes of supporting you during the COVID-19 event. We’ll use the information you tell us to inform our Manaaki 20 planning, our communications and our reporting.”

The call centre became a first port of call so we prepared information to ensure volunteers could respond to questions about shared parenting orders, the wage subsidy, eligibility to flu vaccinations, or even simple tips about washing hands (sing 'Tutira Mai Nga Iwi') or where their closest pharmacist was.

By 24 March, a purpose-built website, www.manaaki20.org was launched. We wanted to know what the level of need was in order to respond appropriately. We promoted a survey monkey link extensively to encourage uptake. We established a meticulous routine to create a daily snapshot, perfectly executed by Ivy, Sue and Sam (see appendix). At 4pm each day, our data team would export the new survey data, and update the dashboard. The team would identify high alert cases for immediate attention; placed at the top of the day's data for priority action by triage. By 6pm the administration team would PDF individual survey responses ready for action by the triage team the next day.

Within days, results were flowing in. By 26th March we had received 294 responses to our survey representing over 1000 whānau members. By the end of the lockdown period, on 28th April, we had reached 18,202 new whānau members, 4202 whānau.

Q17 What are your main concerns for you and your whānau at this time?

Those first responses indicated that whānau on the breadline were already desperate for food, rent, power, and internet to stay connected. Households were forced to make decisions on whether to eat or stay warm. The impact of reduced incomes and job loss was being seen in challenges around rent, power bills, and firewood:
“We run out of wood on cold nights, we run out of hygiene products, tampons, pads etc.”

“My main concerns are not having enough food for my children as I hadn’t planned them being home 24/7 and seem to be eating me out of the little that I do have. I am also very worried about receiving a huge power bill due to us all being at home.”

“We are already over-crowded, but my main concern is food for my family while in isolation. With so many of us home....”

Information from our data, would eventually be available for the Crown-iwi portal, Manaaki which combined community and government information to produce insights to respond to the needs of vulnerable communities. Each of the nine iwi who hold mana whenua (historic and territorial rights over land) within Te Waipounamu received their own nuanced profile: Ngāi Tahu; Rangitane ki Wairau; Ngāti Tama ki te Waipounamu; Ngāti Toa Rangatira; Ngāti Kuia; Ngāti Apa ki te Rā Tō; Ngāti Rarua; Te Ātiawa ki te Waka a Māui; Ngāti Koata.

On a daily basis, the data became an invaluable source of knowledge, enabling us to prepare for life after lockdown. Over eighty days our data snapshots were distributed to iwi leaders and managers, Board members, and a range of government agencies (Te Puni Kōkiri, Ministry of Health, Department of Prime Minister and Cabinet, Department of Internal Affairs, Oranga Tamariki and the Ministry of Social Development). They were a vital benchmark for understanding the dire needs of whānau and the pressure points in intensity and frequency over the lockdown period.

Preparation and Prioritisation

“Not having enough food. And supermarkets are so expensive at this time also to have enough firewood. I am concerned we do not have enough food and essential items such as soaps, body wash, wipes, nappies and formula.”

“We barely have enough food to survive, our cupboards are near empty, while we struggle to pay rent and power plus food for all of us. we do not have credit on our phones to call and keep in touch with our whānau.”

“I have tried WINZ online for food advance, but it says I need to call them and I don’t have a phone to do this... I have tried a couple of times to use the phone box down the road, but to have all my kids wait in the van whilst waiting on hold for an hour....can’t do that.”

Consistently over the six weeks of our survey, a shortage of food was revealed as a major concern for whānau. Seventy percent of whānau members (12,803 people) would not have enough kai to last four weeks. It was not so much the capacity to provide that was the concern; it was the ramped up prices and reduced income as a result of lost jobs or diminished wages.

“Nappies and food due to raised prices and being a sole parent standing in line for over 2 hours with two children under 4 years is sort of a joke.”
Initially our focus, through Manaaki Support, was to provide supermarket vouchers for groceries, which whānau could pick up at local stores across the South Island. In the 21 May report, for example, we had distributed 1739 food distributions totalling $329,294. The majority of the spend was in supermarket vouchers but also included food contributions negotiated with community providers, with the Student Army, and even with ‘My food box’. In that same report, we detailed 396 food contributions delivered by our Whānau Ora Navigators.

We were also aware that many of our Whānau Ora entities were delivering food packs; iwi organisations were particularly motivated to support kaumātua with kai care packs.

For the longer term, we wanted to create sustainability for households, which is where the relationship with the New Zealand Food Network was pivotal to our planning. We were introduced to Gavin Findlay of KiwiHarvest through the Next Foundation (Jan Hania) and Tindall Foundation (John McCarthy). Over subsequent weeks, Cazna Luke Mokowhiti and I, along with Rukumoana Schaafhausen of Waikato-Tainui, debated the type of transport providers required, the location of chillers and frozen storage facilities; the range of producers and manufacturers that would donate goods; the establishment of hubs across our communities. Our initial pilot sites were Ngā Hau e Whā, (Christchurch); Koha Kai (Invercargill); and Ngāti Toa Rangatira ki Wairau, (Blenheim). Later we brought on Te Kaika (Dunedin) Whakatū Marae (Nelson) and Arowhenua Whānau Services (Temuka) to serve as distributors.
The conversations were rich with expectation, as we salivated over the prospect of fish heads, pork bones, Weetbix or honey. Cazna was determined that South Island families would also receive a proportion of the national Easter egg surplus. The zoom overload is all worth it now when we hear whānau enthusing about all the pork they have received. The food repurposing exercise was an achievement we are very proud to have played a part in.

Another project was associated with health needs. Our survey told us that 61% of whānau surveyed (2544 whānau) were on medication; 26% had been unwell recently and 18% would not have enough medication to last a month. A range of health conditions were detailed in the narrative: migraine, diverticulosis, cellulitis, diabetes, kidney, asthma, appendicitis, pre-eclampsia, high blood pressure, bowel issues, heart, sinus infection, flu, sore throat, and depression.

We negotiated with PHARMAC https://www.pharmac.govt.nz/ to enable greater access to medicines through subsidised prescriptions. Some beautiful acts of kindness emerged. One Navigator travelled miles inland to pick up a prescription for a young mother. When she reached the pharmacist, he told her he would make the trip back to deliver the medication, to save another trip for the Navigator. Our staff would drive many miles to pick up medicine and food supplies; to deliver groceries, distribute tablets or phone devices.
Everyone who had filled out a survey received a Manaaki hygiene pack. We arranged distribution of 2000 packs each to Nelson, Blenheim and Invercargill; 2500 to Dunedin; 1000 to Hokitika; 500 to Timaru; and 10,000 to Christchurch. Packs were delivered to the homeless; to kōhanga reo (early childhood Māori Immersion) and kura (primary schools); to kapa haka (Maori cultural performing) groups; to sports clubs; to gang families; to families with a loved one in prison. Ngāi Tahu loaned their own truck to deliver 200 packs for each of the papatipu rūnanga. Whenua Distribution, a local asphalt company, re-purposed their shed that normally houses road building machinery to instead pack soaps and shampoos. This young Māori couple, grateful for our business, drew on the support of their church to assemble over 10,000 boxes. Again, acts of wonder in a time of adversity.
Another key priority for Manaaki20 was to ensure accessible electricity for all whānau particularly household heating and winter warmth. Manaaki Support provided 1371 contributions of power support, totalling $453,646. Agreements were negotiated with sixteen different energy providers, mink blankets delivered; thermal underwear dispatched.

“Really trying to stretch the household budget to keep whānau warm and fed. We have a fireplace but not enough money to buy firewood and it’s getting colder every day, hailing today.

I met with Miranda Struthers of the Electricity Retailers’ Association, and the Community Energy Network. Our intellectual superpower, Sacha McMeeking, wrote a paper on accessible electricity which was submitted to the Department of Prime Minister and Cabinet and other departments. Amongst other recommendations, we urged that EECA increase investments in solar installation, insulation, ventilation, and heat pumps:

“Our whare (house) is freezing we only have two small bar heaters and have to run it all day. worried bout the power bill costs. We have a log burner but no wood”.

Housing and rental accommodation was another challenge. Often, we found whānau facing overlapping difficulties. A distinctive feature of our lockdown relationships was enhanced dialogue with key agencies such as Work and Income, Ministry of Social Development, Ministry of Health and the Department of Prime Minister and Cabinet. A quick email to Wellington was able to achieve greater traction than anything we had experienced in pre-lockdown times.

“Finding a suitable place to live as staying in a tent”

“Keeping in contact with WINZ and mental health coordinators for my 20 yr old daughter who is on medication. Keeping warm and fed. Trying to find a thermometer. To buy clothes for my growing fast 7-week-old baby.

Mental health frequently arose as a significant source of tension.

“(My main concern is) feeling isolated, being in the physical presence of your whānau and friends is truly missed. Becoming unmotivated, anxiety creeping in due to isolation, lack of routine”.

There are two people in my bubble. Myself and my daughter. She is 9. I noticed her becoming sad yesterday. This is a type of sadness I've never seen in her before. She gets very lonely, is scared and traumatised from not only this pandemic but the mosque shootings and the earthquakes have all made an impact. It's tough.

I have an anxiety disorder which makes dealing with the lockdown extremely difficult. No ability to socialise in person has been difficult and I have had a lot of bad days so far.

Everyday situations intensified under lockdown:

Childbirth, I’m due to have my son in a week, and it is stressful.

Death of my Grandfather this week. unable to mourn with whānau that are not in our bubble. unable to attend tangi (funeral).

Every member of our household suffers from a mental illness of types. But we are trying to keep each other motivated and find things to do to keep us feeling in a bit more of a positive state. one of my social anxiety triggers is supermarkets and being around a lot of people I don’t know.

To respond to the high numbers of survey participants who said they were lonely, felt isolated, or lacked daily contact with others (23% of all participants), we distributed 600 devices. These tablets were targeted for 80 of the participants who were classified as high alert; and for entities who worked with young parents; kaumātua; those impacted by family violence; or with young people.
The influence of #Manaaki20
The third simultaneous strand of our response was ‘uplift/manaaki’. We took on the role of storyteller, creating an online platform to share tales of whānau resilience and innovation, portraying extraordinary examples of triumph over fear via facebook, instagram, and youtube. It was important to draw out the good work and goodwill given so generously, as well as using social media to engage, inform and educate whānau about matters related to COVID-19.

We selected twelve community contributors to create content and two influencers: Anton Matthews (FUSH); Corey Hale (Hale Compound Conditioning); Janice Lee (Koha Kai, Invercargill); Letesha Hallett (Yoga Warriors); Maranga Mai Te Waipounamu (Murihiku); Hawaiki Kura (Blenheim); Zion Tauamiti and the Sila Boyz; Cate Grace; Christina Pagan (Alexandra); Brendon McIntosh (Kia Kaha Chemist);
Jaye Pupepuke (Bros for Change); Tangaroa Walker (Farm4Life); and Che Wilson (Te Paepae Waho). Vania Pirini enlisted our Navigator Tinana to provide positive exemplars of sport, fitness and nutrition.

Profile tiles to inspire attitudes of hope were created; videos uploaded; digital stories shared. You could upload your own ‘Manaaki’ facebook profile. You could workout at bootcamp or yoga class; you could learn a mōteatea (traditional lament); our Sila Boyz were invited on to TV3’s the Project; to tell the news Sila Boyz style.
Live WORKOUT
“Remember – spend time with family, work isn’t everything”
- Pagan Karauria

“You can’t pour from an empty cup”
- Letesha Hallett

“Mātauranga Māori is a way to bring out your best self”
- Kiley Nepia
The campaign was dynamic and organic; the COVID-19 rap from sisters Hurihia and Ngā Tomairangi Tawaroa going viral; tiktok from Kaikoura or an online game, ‘where in Kaikoura am I?’. The champions received over 400,000 unique views; Face Book reached over 70,000.

We asked, what’s helping your whānau to get through this?

*Prayer, lots and lots of prayer.*

*Us adults will only eat small portions so that our kids are feeling full or content, we are walking almost every day to catch some fresh air and clear our minds.*

*Positive thinking :) rationing our food, using less power, writing a shopping list*
How are you keeping connected?

www.manaaki20.org

Uplifting the whānau morale?

Jade Temepara: Going for a hikoi each day and foraging Kai with My babies

Lu Lu: Painting rocks in between of cleaning

manaaki20.org
Learnings from #Manaaki20

A month after lockdown, we commissioned a first review of the leadership role that Te Pūtahitanga o Te Waipounamu took to support whānau through the COVID-19 national lockdown:

“Te Pūtahitanga and its delivery partners, in their unwavering dedication to whānau wellbeing demonstrated a level of agility and purpose that naturally captured whānau who may have otherwise continued to fall through the cracks of a slow and fragmented national support system”.

The review of the emergency response highlighted key factors that enabled a timely and appropriate response to whānau during the lockdown,

- Extraordinary leadership and action
- Comprehension of and familiarity with the various combinations and complexities of whānau context
- Knowledge around how to communicate and work with whānau and community
- Promotion of local responses to local challenges, and a network of local businesses to deliver the response
- The standardization of communication protocols
- The development of explicit processes for the timely coordination of resource and capability deployment
- Generous resourcing combined with minimal top-down bureaucracy
- Purposefully agile organizational mindset
- The repurpose of existing BAU functions.

An essential element to our strategy was the deployment of Mokowhiti from the health sector; and the capacity of our own team to completely pivot into emergency response while still maintaining our core business.

Not everything worked according to plan. Despite daily petitions to local district health boards (DHBs) and the Ministry of Health, we never received the Personal Protective Equipment (PPE) our Navigators required. We developed an excellent relationship with Nelson-Marlborough DHB, attending regular briefings, and through that relationship all the marae and Whānau Ora entities in the region received the PPE they needed. It was not the case, however, for other DHBs in Te Waipounamu. Thankfully, local Christchurch business, Enztec, felt sorry for us after reading of our plight in a Stuff article, and donated 1500 pairs of gloves and facemasks.
Some information was also difficult to access. It took over ten days before we could access ethnicity data pertaining to the COVID-19 cases. Our negotiations for hygiene packs were based on the understanding that hand sanitiser would be included; a global shortage worked against us. And of course, we all fell victim to the challenges of a life of zoom: participants forgetting to unmute; screens becoming frozen; and the occasional under-dressed family member moonlighting in the background.
Our initial response to businesses and enterprises was also limited to information exchange. Subsequent to lockdown we have been able to launch a Manaaki20 top-up fund to supplement the support available to enterprises, but our original implementation was more clearly aligned to whānau.

**Restore, Refocus and Reimagine**

As we emerged out of lockdown we applied our experience in creating a strategy to Restore, Refocus and Reimagine.

The Restore initiatives respond to the direct impacts of COVID-19 on whānau. The Refocus initiatives ensure we deliver our core business in the most impactful way as we transition to a post-COVID-19 order. The Reimagine initiatives are to ensure we support whānau to move to a sustainable, equitable post-COVID-19 world.
The strategy builds on our strength in supporting whanau innovation and capitalizes on the power of partnerships which proved fundamental to progress during lockdown.

A particular highlight of the lockdown experience was the tight-knitted collaboration modelled by the iwi leadership, who have reached out and across to focus on whānau. The Manaaki Live show on face book, hosted by the irrepressible Rocky, was a firm favourite amongst whānau who loved seeing their local champions being celebrated. And the many sacrifices of volunteers who joined our call-centre, delivered hygiene packs, or shared stories on face book, made Manaaki20 especially memorable.

Finally, it seems fitting to leave the last word to whānau. To the question, what have you learnt during lockdown, one reply summed it up:

“This pandemic has made us all realize we need to see our whānau all more it’s all about family. Don’t need a lot not much in life just my whānau. Nothing will ever be the same again after this.
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<th>Term</th>
<th>Translation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Iwi</td>
<td>tribe</td>
</tr>
<tr>
<td>Kaimahi</td>
<td>staff, workers</td>
</tr>
<tr>
<td>Kai</td>
<td>food</td>
</tr>
<tr>
<td>Kapa Haka</td>
<td>Māori cultural performance</td>
</tr>
<tr>
<td>Kaumātua</td>
<td>elders</td>
</tr>
<tr>
<td>Kōhanga reo</td>
<td>Early Childhood Māori Emersion</td>
</tr>
<tr>
<td>Kōrero</td>
<td>discussion</td>
</tr>
<tr>
<td>Kura</td>
<td>Primary School</td>
</tr>
<tr>
<td>Manaaki</td>
<td>is a gift of generosity that springs to the surface every time a crisis occurs</td>
</tr>
<tr>
<td>Manaakitanga</td>
<td>hospitality, to care for</td>
</tr>
<tr>
<td>Mana whenua</td>
<td>tribes with historic and territorial rights over land</td>
</tr>
<tr>
<td>Marae</td>
<td>An indigenous hub of well-being</td>
</tr>
<tr>
<td>Mōteatea</td>
<td>traditional lament</td>
</tr>
<tr>
<td>Ngāi Tahu</td>
<td>Kaikoura southwards</td>
</tr>
<tr>
<td>Ngāti Apa ki te Rā Tō</td>
<td>top of the South Island tribe</td>
</tr>
<tr>
<td>Ngāti Koata</td>
<td>top of the South Island tribe</td>
</tr>
<tr>
<td>Ngāti Kuia</td>
<td>top of the South Island tribe</td>
</tr>
<tr>
<td>Ngāti Rārua</td>
<td>top of the South Island tribe</td>
</tr>
<tr>
<td>Ngāti Tama ki te Waipounamu</td>
<td>top of the South Island tribe</td>
</tr>
<tr>
<td>Ngāti Toa Rangatira</td>
<td>top of the South Island tribe</td>
</tr>
<tr>
<td>Ōtautahi</td>
<td>Christchurch</td>
</tr>
<tr>
<td>Papatipu rūnanga</td>
<td>sub-tribe collectives</td>
</tr>
<tr>
<td>Pēpē</td>
<td>baby</td>
</tr>
<tr>
<td>Rangitāne ki Wairau</td>
<td>top of the South Island tribe</td>
</tr>
<tr>
<td>Tangi</td>
<td>funeral</td>
</tr>
<tr>
<td>Te Ātiawa ki te Waka a Māui</td>
<td>top of the South Island tribe</td>
</tr>
<tr>
<td>Tokomairiro</td>
<td>Milton</td>
</tr>
<tr>
<td>Whānau</td>
<td>family</td>
</tr>
<tr>
<td>Whare</td>
<td>house</td>
</tr>
</tbody>
</table>
When Tuhawaiki made his historic speech to the Pākehā (European) purchasers of Māori (indigenous people) lands, he sadly gazed upon their burial grounds and upon the quickly dwindling people of the tribe. Recognising that the decline was mainly due to the white man's diseases and “firewater,” he said: “We were once a numerous people. Our parents, uncles, aunts, brothers, sisters, children, lie around us. We are but a poor remnant ... We are dotted in families, few and far between, where formerly we lived as tribes ... We had a worse enemy than Te Rauparaha (an indigenous chief), and that was the visit of the Pākehā with his drink and disease. You think us very corrupted, but the very scum of Port Jackson shipped as whalers or landed as sealers on this coast. They brought us new plagues, unknown to our fathers, till our people melted away.” (Pybus & Meares, 1954).

We begin this kōrero (article) with the above quote from Tuhawaiki, a Kai Tahu (a tribe of the South Island) Rakatira (chief). The numbers of Kai Tahu who died at Ōtākou (Otago) were numerous according to one source (Ellison 2020) measles epidemic hit Ōtākou in 1835, devastating the inhabitants. This outbreak of measles swept through the Māori population of the lower South Island. (McNab 1909). The exact death rate is unknown, however, in 1844 Tuhawaiki explained to George Clark that Ōtākou had been one the largest Māori settlements until measles had arrived one winter and whole families had sickened and died from it. (Richards 1995). The whalers also claimed that formerly Māori were quite numerous but there was significant mortality during a measles epidemic.

By 1850 the entire Māori population had declined to less than 200 from 1000-2000 in the wider Dunedin area in early 19th Century. This epidemic has had a lasting impact upon Kai Tahu, the power and resistance to colonisation were eroded, and the land loss was significant. The two rūnaka (an official group created by iwi to discuss issues of importance) featured in this chapter, Te Rūnaka o Ōtākou and Kāti Huirapa ki Puketeraki and their response to the COVID-19 global pandemic cannot be seen in isolation from past pandemics, and their devastating impacts.

In this chapter we will outline the response that both of the above Rūnaka had to the COVID-19 pandemic. This will look at stories underpinned by manaaki (care), mana Motuhake (sovereignty) and a strong desire to ensure our communities and our vulnerable in those communities did not face the devastation that their tūpuna (ancestors) did, as conveyed by William Palmer in 1891 after a visit to Ōtākou, “the Māori so bad with the fell disease that, for want of attendance, they have crawled to the stream for water, and died on the spot, the white man afterwards burying him in the sand”. The two kaika (homeland) who are profiled in this chapter have a history of community response to disaster, showing manaaki to their members and the wider communities of which they are a part. Manaaki was at the core of their respective and collective responses to COVID-19. We will begin our story with Ōtākou.
Ōtākou is the name of the channel that runs from Harwood point the mouth of the harbour. Today the kaika is referred to as Ōtākou. Famous for their large delicious tuaki (cockle), Ōtākou was also a place where Te Tiriti o Waitangi (The Treaty of Waitangi) was signed in 1840.

Michelle Taiaroa the manager at Ōtākou said when asked what drove her response and actions for the small community “when I think about the flu and the measles and what can happen in a small community, we had no other choice” (Taiaroa kōrero-a-waha (oral literature), 2020). They knew as they hosted the Treaty of Waitangi festival that the virus was serious, and as they waited for a subsequent three-day hui to finish, they made preparation to shut the Marae (cultural space based on genealogy) and plan their approach.

Communication was a priority, with daily changes and a plethora of different information about the virus which included a lot of unknown information aside from nobody has immunity and it had a high mortality rate especially in the older population. Ōtākou was quick to create a private Facebook page, start a phone tree and lock the community in. Discussions were had with the local police around roadblocks, however once the cruise ships were banned, and the Albatross colony shut, there was no need to stop people coming in. The number of kaumātua (elders) and vulnerable people outnumbered the young and healthy at Ōtākou and for that reason the lock in was key to protecting the health of the community.

Taiaroa was grateful that within their community were her staff, whānau (family) or navigators and employees from the ministry of Development, together they were able to sort food, payments, assistance for people who lost jobs, distribute hygiene packs, and provide water as the city council cut off the water supply affecting 1000 people in the community. 1000 litre water tanks were bought in and manned. Taiaroa said “there weren't many whānau who didn't have support, some whānau members would bring supplies from town and we would meet them halfway so that we kept the lock in, and to also save them time and money, we were pleased that there was no one in our community that didn't have support”.

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As the information on best practice for managing Covid-19 evolved Ōtākou ensured that they translated the information and that it was understood, this is essential to the response so that whānau would comply with the restrictions placed upon them, whānau were told “there is one road in, and if we keep you in by keeping you off that road, we keep you well”. Ōtākou has always been good at supporting each other, it is a close community and they feel that they are even more connected now. Everyday people were able to go for walks without the hustle and bustle of tourist buses and campervans, and for the staff at the rūnaka they had daily contact with the community. Nobody needed to be fed, and so the marae cooks were able to distribute treats and fresh pork.

We asked Michelle, “how does recovery look for Ōtākou?”, and while she could breathe a sigh of relief that the government efforts and their local response meant there was no tragedy due to COVID-19 this time for Ōtākou, she was by no means relaxing. “We need to keep a vigilant watch, keep communicating, and I still worry about more COVID-19 coming into our community”. The next steps are to continue to keep a close watch on the virus, reflect on the response and be ready to respond again, support whānau to find new jobs and put some projects on hold. “We want to be quiet and conservative with our resources when we are still at risk”. The government responses and announcements such as apprenticeships and green jobs are some areas that can provide much needed work for our locals and it helps us too, we need a full-time rabbit warden” (Taiaroa 2020).
Karitāne is a small seaside settlement north of Dunedin, New Zealand. From Huriawa Pā (village), you can look directly to Pukekura Pā at Ōtākou. Along with Ōtākou, Puketeraki were part of the overall Otago response to COVID-19. Manager Suzanne Ellison said, “we focused on what we could do, and who we could get to”. Like Ōtākou, Puketeraki waited for a 5-day hui (meeting) to come to an end so that they could shut and clean the Marae. As the numbers of COVID-19 were rapidly increasing, the decision was made to end the hui after three days so that participants could travel across the country to get home. At this point in time the announcement was made that the country would move from Alert level 2 to alert level 3 for 48 hours and then there would be a nationwide lock down. Alert level 4

The Rūnaka focus was on contactless support, via Facebook, telephone trees and weekly e-pānui (online newsletter). One of the key kaupapa (priority) of the contactless support was continued connection for members in the village and for those outside the immediate area, this proved to be a challenge given the travel restrictions, however, technology and the network of members meant that all members were contacted and offered support. Whānau were distributed hygiene packs, meals were cooked and distributed twice a week for kaumātua, along with gift packs and regular mail drops. The office staff worked tirelessly to update contact information of whānau members so that we could establish contact, and we worked hard on ensuring that all the information was easily understood. A pūtea tuakao (necessities needed) that was easy to access was established. “We have two large māra (garden) and local whānau were able to access fresh vegetables, and we also delivered the vegetables to the whānau” (Ellison 2020).

We spoke to Aroha Ellison, the marae cook and all round awesome person. As she delivered her meals, she also made sure to check in on all the kaumātua she was cooking for. Twice a week she would leave the food at their doors, knock on the door and then stand well back. She would try to take a few minutes twice a week to talk to them face to face (at a safe distance of course). For some, Aroha was the only person they saw, and she noted that sometimes she would feel bad, as she needed to get the food to everyone so it was warm and ready to eat and sometimes they would look sad when she left.
She made sure that in addition to nutritious and substantial meals twice a week, that whānau also received some treats. Fridays meals included pudding. And the treats included tītī (native bird), tuna (eel) and pāua (abalone) to name a few. Aroha also delivered the hygiene packs around the village and caught up with many people during those visits also. One of the authors of this chapter (Camp) could attest to the fact that seeing Aroha every so often was in fact a joy, as although her whānau had four generations in their whare (home), seeing someone in person who wasn't in the bubble was a nice change.

We asked Suzanne what now for Kāti Huirapa?
“We are here in July, the country is re-opened, we have put some extra layers of cleaning the marae in place, along with hygiene stations and we are getting ready to re-open. We continued to deliver food to our kaumātua with the final delivery this week, and our keen gardeners are replanting and replenishing our māra” (Ellison, 2020)

Both Rūnaka are focused on strategies to continue to keep our communities safe and are keeping a close watch on the pandemic.

The authors of this chapter also worked behind the scenes to ensure the Southern District health board had a Māori response to COVID-19. As active members in our hapū (sub-tribe), and senior Māori staff in the District Health board, we knew the history and impact upon our comminates of previous pandemics, including the 2019 measles outbreak. We knew that getting our kaumātua and their bubbles access to the influenza vaccination was an imperative, the limited access for Māori to the MMR vaccination in 2019 highlighted that the privileged and those with access were able to secure the MMR and Māori and vulnerable populations were missing out. The threat of COVID-19 was so severe for Māori that we as a rōpū (group) felt that one practical step we could take was to take the vaccines to our whānau via our marae. In addition, we were able to undertake Covid 19 testing for our communities as well. The severe impact of the 1918/19 pandemic on Māori and the increased susceptibility of Māori to the 2009 H1N1 Influenza A pandemic (H1N1 pandemic) provide rationale strengthening the Māori-specific response to COVID-19. It is evident from previous pandemic responses that the business-as-usual model previously used preferentially benefited non-Māori and failed to protect whānau, hapū, iwi (tribe) and Māori communities from the worst outcomes. Consideration to the specific needs of Māori, particularly equity and active protection, should be integral to the Southern DHB's response to COVID-19. The Māori population of the Southern district sits at 36,740 with 6,860 of this population assessed as those living in the highest deprivation.
Indigenous health inequities in New Zealand
Indigenous ethnic inequities in infectious diseases are marked. Māori experience higher rates of infectious diseases than other New Zealanders. One example that highlights the ethnic difference within close contact infectious diseases was the higher rates of hospitalisations reported for Māori and Pacific peoples, compared with other New Zealanders, during the H1N1 pandemic. (Māori RR=3.0, 95% CI: 2.9–3.2, Pacific peoples RR=6.7, 95% CI: 6.2–7.1). Historically, individuals at risk of close contact infectious diseases are generally children, pregnant women, older people, individuals with underlying chronic medical conditions and individuals with immunosuppressed disorders. For COVID-19, older people and individuals with underlying conditions are at increased risk of severe infection. Māori generally have higher rates of chronic conditions and co-morbidities and following international trends are likely to have an increased risk of infection should a community outbreak occur (SDHB, 2020)

Socioeconomic and co-morbidity factors increase risk for Māori
Health differences between ethnic groups are complex. The overarching drivers such as the historical and contemporary manifestations of colonisation, racism and discrimination are reflected in more proximal contributing factors including socioeconomic factors and deprivation, access to and outcomes of healthcare services, and the constellation of risk factors for co-morbidities and adverse health outcomes. An increase in the incidence of close-contact infection is also associated with crowded living conditions and lower socioeconomic status. The incidence of close-contact infectious diseases is higher among individuals who live in the most deprived areas. Māori and Pacific peoples are more likely than other New Zealanders to live in higher deprivation areas and are also more likely to be living in ‘over-crowded’ households or in higher-density housing conditions. The psychosocial impacts for Māori arising from public health measures such as self-isolation, physical distancing, and general societal anxiety are likely to exacerbate existing mental health conditions and place increased pressure on the wider whānau units (SDHB 2020)

Equity for Māori is a critical feature central to the district’s pandemic response. Measures were taken in a way that actively protects the health and wellbeing of Iwi, hapū, whānau and Māori communities. Critically, this means that equity was at the centre of each level of the alert system.

WellSouth Primary Health Network (WellSouth) and the Southern District Health Board (SDHB) worked in partnership with iwi, hapū, whānau and Māori communities to ensure that COVID-19 swabbing and Influenza vaccinations were accessible and available to these communities. This included establishing Marae based pop up testing and influenza vaccination clinics. These were operated in partnership with the WellSouth Community Based Assessment Centres with support from Māori Providers,
SDHB Outreach Immunisation teams and public health staff amongst others. Marae based COVID-19 swabbing and Influenza vaccination clinics were held at:
Huirapa Marae in Karitane – 47 vaccinated including 29 Māori – 34 received flu vaccine for the first time. COVID-19 swabs.

Te Rau Aroha in Bluff - 26 vaccinated including 14 Māori – 16 received flu vaccine for the first time. COVID-19 swabs??

Murihiku Marae in Invercargill - 84 vaccinated including 41 Māori – 65 received flu vaccine for the first time. COVID-19 swabs.

Ōtākou Marae in Dunedin - 38 vaccinated including 13 Māori – 23 received flu vaccine for the first time. COVID-19 swabs.

When we were asked to contribute this chapter, we all had different experiences and roles within our communities, both paid and voluntary. All of us knew the potential devastation that COVID19 could and still can do to our community. As Taiaroa said “our elderly is especially vulnerable, and we aren’t taking any risks”. This too was the thinking from li Governance Committee and Senior Māori staff at the Southern District Health Board. It was evident that the health system would be overwhelmed and that there was not going to be enough resource to dedicate to a Māori COVID-19 response, and that increased the potential for a devastating impact for Māori in our rohe (region). While this is not a long chapter, and it is not inclusive of all responses in our community, it is a snapshot how quickly and efficiently we were able to respond to an international pandemic and work towards ensuring our most vulnerable are safe, well and cared for.

Nei rā ō mātou mihi aroha ki ō mātou whanauka nō tēnei rohe, mō ō koutou mahi aroha, mahi hauora, mahi nunui i tēnei wā āwangawanga. (We would like to acknowledge our relations from this region for your hard work and contribution to the well-being of our people during this unprecedented time of adversity.)
Kupataka – Glossary

E-pānui  online newsletter
Hapū  Sub-tribe
Hui  meeting, gathering
Iwi  tribe
Kaika  homeland
Kai Tahu  a tribe in the South Island
Kaumātua  elderly
Kaupapa  priority
Kōrero  Article
Kōrero-ā-waha  oral literature
Manaaki  care
Mana Motuhake  sovereignty
Māori  Indigenous people
Māra  garden
Marae  cultural space based on genealogy
Ōtākou  Otago
Pā  village
Pākehā  European
Pāua  Abalone
Pūtea tuakao  necessities
Rakatira  Chief
Rohe  region
Rōpū  group
Rūnaka  an official group created by iwi to discuss issues of importance
Te Rauparaha  an indigenous chief
Te Tiriti o Waitangi  The Treaty of Waitangi
Titī  Mutton bird
Tuaki  cockle
Tuna  eel
Tūpuna  ancestors
Whānau  family
Whare  home
References:


SDHB (2020) Māori Covid 19 Response Plan
Rāhui Papa
(Waikato, Ngāti Koroki-Kahukura, Ngāti Mahuta)

Rahui has held positions on tribal governance since before the historic Waikato Tainui Settlement in 1995, leading to becoming the Chair of Te Arataura (The Executive Committee of Waikato-Tainui). He is currently the Lead Negotiator for the Outstanding Waikato-Tainui Claims. Rahui is a member of various Community and Government Boards and Advisories. He sits alongside Dame Naida Glavish as co-chairs of Te Pou Tangata (Social Issues) of the National Iwi Chairs Forum. “The holistic health and wellbeing of our people is paramount”.

Dr Amohia Boulton
(Ngāti Ranginui, Ngāi te Rangi, Ngāti Pukenga, Ngāti Mutunga and Te Āti Awa ki te Waka a Māui)

Dr Amohia Boulton is the Director of Whakauae Research Services, an Iwi-owned and man-dated health research centre in Whanganui, New Zealand. She is also an Adjunct Research Fellow at the Health Services Research Centre, Victoria University of Wellington and an Adjunct Professor in the Faculty of Health and Environmental Sciences at Auckland University of Technology (AUT).

Amohia holds a number of governance positions including membership of the Healthier Lives, He Oranga Hauora National Science Challenge Governance Group Kāhui Māori and she is the Lead Whānau Ora Technical Advisor to the National Iwi Chairs Forum.

As a health services researcher, Amohia’s research interests focus primarily on the relation-ship between, and contribution of, government policy, contracting mechanisms, and ac-countability frameworks to improving health outcomes for Māori (indigenous people). Her most recent publications have explored issues as diverse as research ethics, Māori approaches to whānau ora (wellbeing) Rongoā Māori, and colonisation, care, and justice.
Dr Kahu McClintock is an example of Māori leadership that provides direction and also a source of strength and inspiration. With almost 45 years of experience working with Māori whānau (indigenous families), communities, and Iwi (tribe), Kahu shows what can be achieved through a commitment to helping others, hard work, and courage.

Kahu’s approach to leadership is the result of multiple strands of knowledge woven together; cultural, clinical, and academic. One of her strongest influences is her whānau (family). She was born the sixth of eight children raised in the small provincial town of Piopio in the King Country, by a strong Ngāti Porou mother and humble Waikato-Maniapoto, Ngāti Mutunga father. Kahu was nurtured in a working class Māori whānau that valued education and connections to each other.

At 17, Kahu entered a career in mental health as a trainee mental health nurse at Porirua Psychiatric Hospital in Wellington. Guided by a passion for Māori culture and supporting Māori communities, Kahu would go on to become qualified as a mental health nurse, a primary school teacher, and advisor in special education, and working in kaupapa Māori Child and Adolescent Mental Health Services (CAMHS).

While working full time in CAMHS and raising two children by herself, Kahu completed a Masters of Philosophy in Māori studies. After her Masters, she began her career in health research. While working as a researcher, Kahu went on to complete a Doctorate and Post Doctorate in Psychiatry, with a special focus on culturally appropriate CAMHS for Māori. All of these experiences and skills serve Kahu well in her current work in Māori health research. As Research Manager of Te Kīwai Rangahau, Te Rau Ora’s research and evaluation unit, Kahu leads and collaborates on multiple projects that work toward improving the wellbeing of Māori.

She is also the managing editor of the Journal of Indigenous Wellbeing Te Mauri-Pimatisiwin. Recently she finished a nine-year run of representing her marae on Te Whakakitenga o Waikato (Waikato-Tainui tribal council). Kahu sits on the Waikato District Health Board Iwi Māori Council, and is a Ministerial appointment of the National Ethics Advisory Committee. While carrying out roles of leadership at multiple levels of society, Kahu is always clear that leadership is about a responsibility to make life better for the whānau she serves.
My passion to work in the sector was inspired during my teen years when my mum was doing her placement as a student nurse at Kingseat hospital. Knowing that my Nanny and her older sister had spent a lot of time in these institutes and that much of the ‘care’ they received had not been positive planted a seed to want to challenge and change practices that had a negative impact.

It was my own experiences of accessing services across two decades that eventually bought me to work in the sector eleven years ago. During this time, I have worked in various lived experience and non-lived experience roles across Non Government Organisations and District Health Board spaces. In 2014, I established my own consultancy business and used my adult education, business and project management skills to develop training programmes and deliver projects that ensured the voice of lived experience was paramount.

In 2016 I was blessed to be part of the founding rōpū (group) of Te Kete Pounamu as one of two representatives for the Tāmaki Makaurau rohe (Auckland region). In 2018 I took on a dual role and came to work for Te Rau Ora where my role as the Pouwhakahaere, Te Kete Pounamu is to work alongside of with the National rōpū to develop and deliver the lived experience programmes and initiatives that are informed by our whānau (family) at local, regional and national levels.

An initial Māori (indigenous people) mental health nursing career enabled Maria the opportunity to work in Te Tai Tokerau (Northland), specifically in Te Hiku o Te Ika - significant in shaping her commitment to increasing the capacity and capability of Māori to address the inequalities Māori experience.

With a 20 year history in Māori health and mental health, added to by doctorate research alongside Māori with lived, whānau (family) and practitioner experience of mental illness and mental health services. Maria is currently the CEO for Te Rau Ora a national Māori organisation focused on Strengthening Māori Health and Wellbeing.
Terina Moke
(Te Rarawa Waikato) CEO Raukura Hauora O Tainui

Terina Moke is chief executive of Raukura Hauora o Tainui, Māori health and wellbeing provider. Raukura Hauora o Tainui operates medical clinics in Hamilton (Dinsdale, Enderley and Hamilton East), Huntly and Ngaruawahia and provides community health services in Auckland.

Terina comes from a whānau of hauora professionals and she began working in Hauora Māori nearly 20 years ago. Her last CEO role was in a non-Māori organisation where Terina was the acting chief executive of the Royal NZ College of General Practitioners and led the rebuilding and refocusing of the organisation. Prior to that she was the CE of Te Ohu Rata o Aotearoa (Te ORA) – Māori Medical Practitioners Association.

Terina has worked for a range of organisations such as Te Puni Kokiri (Poneke), Whakatohea Iwi Social & Health Services (Opotiki), the Alcohol Advisory Council of New Zealand (Poneke). She has spent the past six months as an independent contractor working on the establishment of the Independent Children's Monitoring Unit and The Royal Commission of Inquiry into historical abuse in state care and faith-based institutions.

Frances King
(Ngāti Porou) Manager for Ngāti Porou Charitable Trust

Frances King has a background primarily in mental health nursing, leadership and management in Tairāwhiti (East Coast), but also in Primary Care. She currently works as a Manager for Ngāti Porou Hauora Charitable Trust on the East Coast managing Te Puia Hospital, Maternity, Allied Health, Home Based Community Services, Mental Health, Te Hiringa Matua and Research.

Frances was raised in a small and isolated farming community, gaining skills and experiences that have molded her for her nursing career. She had been a founding member of the Ngāti Porou Hauora Mental Health service in the earlier 1990’s and moved to work in Gisborne. She also led the development of the CAMHS service in Tairāwhiti for many years. She has an interest in suicide prevention/postvention and has also worked in national Suicide Prevention/Postvention with Clinical Advisory Services Aotearoa (CASA) as an advisor for Suicide Bereavement Support Services, QPR trainer,
& Postvention Support Service. Further to this she has worked for the Rural Health Alliance Aotearoa New Zealand (RHAANZ) as the Tairāwhiti Rural Facilitator in the Government’s emergency response to upskill rural health professionals and social services groups, in suicide prevention strategies and to strengthen rural sector linkages. More recently she has been involved with the governance of Mates of Tairāwhiti, suicide prevention training within the workplace and supporting the Nati4Life Lean On Me concerts. In her spare time, she likes to spend time with her whānau (family) outdoors, gardening, duck shooting, hunting and fishing.

Dr Heather Gifford
(Rangitikei, Whanganui, Ngāti Hauiti)

He uri au nō ngā awa e rere nei, ko Rangitīkei, ko Whanganui. Nō reira, e tau taku manu ki te pae maunga e tū mai rā, ko Ruahine, kia poia rā e ngā haumiri o tōku tūpuna, o Hauiti. Whakatau atu ki te whakaruruuhau o Rātā, e tau, e tau rā.

I began my professional career as a nurse working in the field of child and family health. I have since taught at a tertiary level in health services, worked as a manager with a Māori Development Organisation and in primary health care.

In 1996, I returned to tertiary study completing a Post Graduate Diploma in Public Health at Otago University. I completed a master’s in public health from the same university soon after. I then completed both a PhD and Postdoctoral Fellowship with Te Pūmanawa Hauora, the Research Centre for Māori Health and Development, Massey University. I am fortunate to have received a number of awards to support my study: a Post-Doctoral Scholarship Health Research Council NZ; a Health Research Council Postgraduate Scholarship; and a Health Funding Authority John McLeod Scholarship.

In 2005, in collaboration with Ngāti Hauiti, I established Whakauae Research for Māori Health and Development, an iwi-based (tribal-based) research centre. From 2005 - 2016 I held the role of Research Centre Director guiding the team and the organisation to a point of stability and strength. In 2016 I stepped into a senior advisory role allowing time for more research and for whānau (family) interests to be prioritised while at the same time ensuring sustainable leadership of the centre with the appointment of Dr Amohia Boulton as Research Centre Director.

My research interests to date have concentrated on health service delivery and intervention, and the development of whānau, hapū (sub-tribe) and iwi-based models to address Māori (indigenous people) health issues, in particular tobacco control research with a focus on prevention and policy work.
Amoroa (Molly) Luke, Justice of the Peace. Molly has had over 50 years working directly with whānau (family) and undertaking leadership and influence roles that support whānau wellbeing. She is currently the co-Chair of Te Pūtahitanga o Te Waipounamu and is a Cultural Advisor to Marlborough Hospice and Te Hauora o Ngāti Rārua. Molly has worked in a range of settings both paid and voluntary, as a Social Worker with Child Youth and Family, and as the General Manager of Te Hauora o Ngāti Rārua. She led Ngāti Rārua through the Waitangi Tribunal Claims process, has been a Trustee on Ngāti Rārua reserve lands for over 20 years. She has been on a number of governance boards across Te Tauihu.

Dr Lorraine Eade
(Ngāti Rārua, Ngāti Toa, Rangitāne, Ngāti Tama, Ngāti Koata, Te Ātiawa and Ngāi Tahu).

Born and raised in the Wairau, Lorraine has been heavily involved in supporting her iwi (tribe) and Māori development over the last 30 years. Lorraine currently works as a Senior Advisor for Te Puni Kōkiri, and sits on the Marlborough Civil Defence CEG (Co-ordination Executive Group). Her volunteer roles include Pou ā-Rongo for Massey University Te Rau Puāwai programme, Chair of Te Pātaka o Wairau Inc (Māori Night Market), Chair of Te Pātaka Incorporated, Secretary of Ngāti Rārua o Te Wairau Society, Marriage Celebrant, and member of ITKD Standards and Discipline Committee. Since becoming a “Narnie”, life is bliss with her two awesome, beautiful, talented, intelligent and amazing mokopuna, Rae and Abel.
Helen Leahy

is the Pouārahi / Chief Executive of Te Pūtahitanga o Te Waipounamu; the Whānau Ora Commissioning Agency for the South Island.

From 1999-2015 Helen was Chief of Staff of the Māori Party, and Senior Ministerial Advisor for Dame Hon Tariana Turia. She was National Secretary for the Māori Party from its establishment in 2004 to 2014; and the author of ‘Crossing the Floor: the story of Tariana Turia’ (2015). Helen was a member of the Expert Advisory Panel for the modernisation of Child, Youth and Family in 2015, and the Māori Design Team for Oranga Tamariki (Ministry for Children). She is also a member of the South Island Hauora Alliance and the National Disability Supports System Transformation working group. In 2017 Helen was awarded the Dame Tariana Turia award by Te Rau Matatini, for her contribution to Whānau Ora and whānau-centred practice. Helen is of Irish, French, German and Scottish descent.

Justine Camp

(Kai Tahu, Kāti Mamoe, Waitaha)

Justine Camp is a research fellow in Te Koronga a Māori and Indigenous science research theme at the University of Otago. She completed her PhD in early 2020 which focused on the creation and testing of a whānau health compass. She has been an associate investor in project looking at Māori perspective on Neurological treatments, and work on projects centred on Māori and Big data. She is a Member of the university of Otago Treaty of Waitangi Committee, the Ngāi Tahu Māori health Research Centre advisory board, and very recently joined the kāhui for The Healthier Lives National Science Challenge. Her current research projects include the creating of a Māori centred sleep settling programme, and some healthy weight related projects and data projects.
Victoria Bryant
(Kāi Tahu, affiliated to Kāti Huirapa Rūnaka ki Puketeraki, Te Rūnaka o Ōtākou)

Charge Nurse Manager, Te Punaka Oraka: Public Health Nursing – Population Health Services, Southern DHB. Te Punaka Oraka: Public Health Nursing :-E tipu e rea kia tū kakatira ai i roto i tōhou ake ao, provides child and youth health services across the Southern District with a community and rural focus. This is a universal service with a focus on health literacy, health access, and equity for Māori, tamariki, Rangatahi and Pacifica children and families.

In addition, Victoria Bryant is the Iwi Governance representative for Kāti Huirapa Rūnaka ki Puketeraki. The ‘He Waka Eke Noa, immunisation outreach to Marae’ – program was initiative championed at Iwi Governance meeting and was effective during Covid-19 lockdown at outreaching influenza vaccinations to whānau on Marae as a joined up approach inclusive of Te Punaka Oraka, Well South Primary Care and kaupapa health providers.

Peter Ellison
(Kai Tahu)

Associate Māori Strategy & Improvement Officer – Primary and Community, leads WellSouth’s commitment to reducing health disparities for Māori. He is part of the new Southern DHB Māori Health System. Peter joined WellSouth in 2014. He previously held Māori Health leadership roles at BPACNZ and Otago District Health Board. Peter holds a Bachelor of Commerce Degree from the University of Otago. He is affiliated to Te Rūnanga o Ōtākou and Kāti Huirapa ki Puketeraki – where he is a member of the executive committee.
Gilbert Taurua
(Ngāpuhi, Ngāti Kawa/Te Atihauangi Pāpārangi, Ngāti Pāmoana)

Gilbert joined Southern DHB in November 2018. He came to the newly created role from New Zealand Drug Foundation where he was the principal adviser, Tautāwhihia Kaua e whiu. Gilbert was the director of Māori health for the Wanganui District Health board and the Health Promotion Agency.

Appendices

https://youtu.be/pPLRP-3dAh4
https://youtu.be/Ek24psjLPks
https://youtu.be/EooaQtsVsc

https://youtu.be/BVf_QXQpeWk
https://youtu.be/k9VxImeREZU
https://youtu.be/Iwpo_yDVv6w
I pēhea tātou i whakaurungitia ai te rāhui

Māori Self Governing Hauora Organisations

Raukura Hauora O Tainui

Ngāti Porou Hauora

E tū ana tātou i roto i te wao-nui-o-tane

Te Tauihu o Te Waka a Māui - He Waka Eke Noa

#Manaaki20: A Te Waipounamu

He mahi kai takata, he mahi kai hoaka