Health In Harmony is uniquely positioned to respond to a planetary health emergency in Indonesia and Madagascar

The coronavirus pandemic could push half a billion people into poverty (1) unless urgent action is taken in low-income countries worst affected by the economic fallout. Increased poverty in the rainforest communities Health In Harmony works beside, combined with the coronavirus health crisis, could catalyze increased rainforest destruction, exacerbating global heating and the climate crisis. Logging has increased by 51% in Brazil since the onset of COVID-19, according to a recent study (2). Understanding this interconnectedness is critical in the global fight to halt the climate crisis.

Health In Harmony is a planetary health organization that knows the integrity of tropical rainforest ecosystems is fundamentally linked to the health and well-being of rainforest communities, and vice versa. Health In Harmony found itself uniquely situated to deal with the interconnected effects of COVID-19, including human suffering and mortality, as well as the downstream impacts on household economies and rainforest ecosystems. With our understanding of emergency healthcare provision in remote settings and our knowledge of effective alternative livelihood interventions for former loggers, we were able to act quickly to address both the health and economic effects on communities we work within Indonesian Borneo and Madagascar, to avert loss and protect recent gains made in rainforest preservation.

In addition, our work to prevent the deforestation of tropical rainforests is particularly relevant as scientists continue to see linkages between deforestation and the increase of zoonotic diseases (3). Preserving rainforests is a critical way to prevent the next infectious disease pandemic. As Dr. Monica Nirmala said, "Protecting the forest is an antivirus."

Footnotes


Gunung Palung National Park in Indonesian Borneo by Jocelyn Stokes.
Indonesia Response

National COVID-19 Update

The first case of COVID-19 in Indonesia was reported on March 2, 2020. Since then, the country has reported 103,303 cases and 4,838 deaths (as of July 27th). The actual number based on excess mortality is thought to be many many times higher. There is also a lack of testing, and what is available is extremely expensive. The cost (4) to get a COVID-19 test at a private hospital is three times the monthly minimum wage. President Joko Widodo says the peak is expected to hit the country in August or September. While the majority of cases have been identified on the island of Java, the virus continues to spread to other islands.

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Footnotes

So far, there are only three confirmed cases in the Kayong Utara district, the catchment population of the ASRI Medical Center. However, it takes approximately ten days to a month to get test results. This remains an important barrier to accurate figures. Nevertheless, neither ASRI nor government health facilities are seeing many patients with influenza-like-illnesses (ILI) at present and there has not been an increase in burials. The healthcare facilities have even seen a drop in patients likely due to the stigma surrounding COVID-19 and fear of contracting it at a healthcare facility. People have been known to avoid being tested for fear of negative social consequences of being labeled as a COVID-19 carrier or survivor. The government has been doing larger scale antibody screening and then doing DNA testing and contact tracing on anyone who was positive, and luckily none of the positive tests so far have turned out to be true positives.

While we are grateful the confirmed cases have remained low in the area, cases in Indonesia as a whole are growing, and we remain vigilant as the influx of COVID-19 into the region may just be beginning. It should be noted that in the 1918 flu pandemic, rural areas were hit as hard as urban areas, just over a delayed timeline.

**Health In Harmony and ASRI Approach to the Pandemic in Indonesian Borneo**

Our team has decades of combined experience managing medical emergencies in tropical and low resource settings worldwide. At the onset of the pandemic we initiated in parallel these prongs of our emergency preparedness planning:

- Coordination with the local and regional health system and authorities to integrate into and actively support their response planning
- Safety of ASRI and governmental healthcare workers, and prepare the ASRI medical facility to triage, receive and isolate cases, and maintain safe patient flow for non-COVID-19 morbidities
- Community outreach and education
- Epidemiological surveillance
- Local and national advocacy
- Emergency conservation stimulus package to protect the rainforest by protecting people’s livelihoods

In the first week of March, we quickly began preparation and prevention interventions to protect the communities with whom we work. We ended international travel for staff and sent visitors home. We hired Monica Nirmala, ASRI’s former executive director, to begin working with the national government of Indonesia to guide them on the development of a strategy for addressing the epidemic. We began working with the local government hospital to ensure that they are prepared. We also began procuring protective gear for both the ASRI medical team and the local government facilities who were unable to get enough protective gear from the central ministry of health at that time. We also worked with the local government in the area around the ASRI Medical Center on a plan for prevention including a public education campaign. There is only one ventilator and 70 hospital beds in the entire 120,000 person region, and so preventing the spread of the disease is a crucial aspect of our plan.
ASRI focused its initial efforts on coordination with the Indonesian health system. Coordination with regency health authorities was initiated immediately even before the first Indonesian case on March 2, 2020, in order to:

- Ensure the capacity of ASRI's medical facility was shared with and integrated into the national response plan
- Confirm and share medical response protocols for case finding, case management, and contact tracing
- Establish regency-level outreach (sensitization and education) objectives, guidelines and plans
- Ensure non-COVID-19 health services remained available to the population.

Importantly, in the first Kayong Utara Regency coordination meetings with officials from all branches of government (which ASRI’s Executive Director and Dr. Kinari Webb encouraged the regional health authorities to conduct), ASRI and Health In Harmony publicly voiced their desire to support the local health system with the procurement of essential personal protective equipment for all healthcare workers and a willingness to make available ASRI’s ambulance, which is the only ambulance in the region with a full partition between the patient and driver.

During these early coordination meetings, it was determined that ASRI’s isolation facilities would be used in conjunction with the Kayong Utara Regional Rural hospital and that ASRI would act as part of the Kayong Utara Task Force contributing to the planning for prevention, preparation, and treatment efforts. At the regional level, ASRI also supported the government in its establishment of a dashboard for keeping track and clearly visualizing tests, positive cases, and people in isolation.

*Medical staff at the ASRI Medical Center wear protective face masks (left). ASRI planetary health education staff distribute face masks to community members in and around Sukadana (right).*
Ensure the Safety of ASRI and Government Healthcare Workers, and Prepare the ASRI Medical Center

Thanks to the kind and generous donations from individuals and grantmaking organizations, ASRI was able to purchase the equipment, tools, and additional help needed in these uncertain times. ASRI has so far bought a total of 650 hazmat/coverall suits, 75 goggles, 650 N95/KN95 masks, 200 boxes of surgical masks, 200 boxes of gloves, 20 pairs of boots, 5 thermo-guns, 30 gowns, 75 face shields and has commissioned local women to make 2,000 reusable cloth face masks. Out of the total supplies bought, in order to support the local health authorities and government healthcare providers in their ability to care for COVID-19 patients safely, ASRI donated 1,000 fabric masks, 250 hazmat/coverall suits, 50 boxes (5,000 pairs) of medical gloves, 50 boxes (1,000) surgical masks, and 250 KN95 masks to the local Indonesian government. In addition to PPE, ASRI has also supported their staff by distributing vitamin supplements, fruit, and hiring extra staff to ensure adequate rest between shifts. ASRI has welcomed a new doctor, nurse, and cleaning staff member to the team and has outfitted an isolation room to prepare for any patients that are suspected or diagnosed with COVID-19.

Ensuring staff were well trained in case detection and management was essential. Medecins Sans Frontieres (MSF) has nearly half a century's worth of experience responding to medical emergencies due to outbreaks. Connections were made with leadership of MSF’s mission in Indonesia in early March, at which point MSF shared with ASRI its clinical guidelines and awareness-raising collateral culturally adapted for dissemination to rural communities. MSF medical staff in Jakarta conducted virtual training for ASRI’s medical staff.

Healthcare systems cannot come to a complete halt during an epidemic. It is important that medical facilities establish a patient flow that - as much as physically possible - prevents suspected COVID-19 patients from coming into contact with patients who need medical attention for non-COVID-19 related symptoms and pathologies. ASRI’s logistical team established a physically separated patient flow for the reception, triage, and isolation of COVID-19-related diagnoses.

(5) ASRI adapted its clinical approach to caring for COVID-19 patients during all phases of their disease (i.e. screening to discharge) according to Indonesian Ministry of Health and WHO guidelines: www.who.int/publications/i/item/clinical-management-of-covid-19.

A doctor at the ASRI Medical Center wears personal protective gear while serving a patient in the fresh air.
Community Outreach and Education

In early March, ASRI began to educate the community through banners, automated text messages, WhatsApp messages, social media, radio shows, posters at the ASRI facility, and through community health workers and forest guardians. The messages were about how to prevent the spread of COVID-19, what to do if you suspect you have it or have been exposed, and working to dispel the negative stereotypes of testing positive. They also informed the community that it was safe to come to the ASRI Medical Center for non-COVID-19 care so that people did not delay needed medical treatment.

It has been difficult to manage the perception of COVID-19 amongst ASRI staff and the community as the only news available is fear-based. Because of the stigma of an unknown disease and the fear that has been built up around it - even with healthcare workers, it was important that we dispel that stigma immediately with the community, beginning with the staff at the ASRI Medical Center. The management team invested in education, starting with its own staff. Dr. Monica Nirmala, ASRI’s former executive director and recent graduate of Harvard’s School for Public Health, and Dr. Kinari Webb, founder of both Health in Harmony and ASRI, joined ASRI’s daily morning meetings to speak with all ASRI staff. Their regular involvement, education, and support helped ensure the full staff that the ASRI medical team is taking all appropriate precautions, and staff members should not feel afraid to work in the same building with a positive case.

ASRI started a social media-based campaign called “dirumahjak” targeting people aged 16-25, which is the age group most likely to spread the virus due to their lifestyle and unwillingness to perform social distancing. The social media platform has allowed ASRI to share accurate information and creative ideas to stop the potential spread of COVID-19. Here are some of the ways that ASRI has used social media to educate the community about COVID-19:

- @dirumahjak: 318 followers, 112 posts and @alamsehatlestari: 5,701 followers sharing 27 COVID-19-related posts
- Interview with confirmed positive case: 6,910 views and announcement of recovered patients: 815 views (via Facebook Live)
- Anti-stigma video campaign (COVID-19 Heroes), reaching 3,969 views on Facebook and 580 likes on Instagram

In addition to social media, ASRI used webinars, text messaging, and signage to educate people. Fifteen text messages were sent between April 27 and June 17 to 8,556 active cell phone numbers in the area (6). In addition, ASRI printed twelve banners for seven different locations to encourage people to socially distance and wear masks. In the clinic, ASRI staff began to shift from a group setting to more one-on-one education. In addition, ASRI provided community education through radio programming. They shared the experiences of treating two COVID-19 positive patients with the goal of reducing the stigma in the community. The first interview took place on May 17, 2020, at Kayong Utara Radio. This interview featuring Febri, ASRI’s Executive Director, has also been broadcasted through Facebook Live and reached 23,000 views.

(6) In a 2017 survey conducted by We Are Social, cell phone usage was reported at 142% of the population (roughly 1.4 cellphones per person). It is common practice in Indonesia to have multiple SIM cards and/or multiple cellphones (both smartphones or one smartphone and one non-smartphone). Internet use is the 4th highest in the world at 171.28 million active internet users (2020, statista).
Advocacy and Avising President Widodo’s COVID-19 Task Force

Health In Harmony hired Dr. Monica Nirmala, ASRI’s former executive director and recent graduate of Harvard’s School of Public Health, to liaise with government officials in Jakarta, and supported her as she did so.

On March 13, Monica wrote a Facebook post on a simple math calculation, showing how COVID-19 could potentially break down Indonesian health systems. Over 1,200 people reposted her writing on Facebook, and it was shared widely on WhatsApp groups and other channels. Several national mainstream media invited her to over twenty television interviews to speak on the Indonesian COVID-19 response. The Head of the COVID-19 National Task Force, Lt. Gen. Doni Monardo, also read her post and asked her to join the panel of experts on his team.

Jointly with the team of experts, Monica wrote and presented recommendations on the national strategies to the Task Force. She specifically recommended centralized quarantine/isolation facilities to curb COVID-19 spread, especially in areas where social distancing is impossible and in the context of protecting the elderly in multigenerational households. To her knowledge, the idea was adopted in some areas, including Maluku, East Java, and Rote Ndao, NTT. Simultaneously, she also advised Minister Luhut Panjaitan and his team on Indonesia’s exit strategies from lockdown, contact tracing, and a proposal for massive testing in Jakarta.

Through her work during the pandemic, she was invited to speak at approximately 20 educational webinars. Besides speaking solely on the COVID-19 response, she brought planetary health messages to the conversation, including how to build back a better future that is safer and healthier for us all.

Health In Harmony’s media and communications team generated press interest for Dr. Nirmala in the US that was then able to be leveraged in her Jakarta-based advocacy. For example, Monica was interviewed by Forbes magazine (7) on April 8 warning of how travel for the Mudik holiday (8) could increase the spread of COVID-19 as a result of the millions of Indonesians who move during this holiday. Fortunately, on April 21, the Government of Indonesia canceled Mudik to avoid accelerating transmission.

Dr. Nirmala helped the government establish centralized quarantine facilities at the provincial level (i.e., at referral hospitals) or in some cases at the village level (primary health clinic), based on case-by-case contexts.

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(8) Mudik is a holiday where migrants/migrant workers return to their hometown or village to see family.
ASRI’s Executive Director Nur Febriani has also been in contact with the Director of the Ministry of Health based in Jakarta and has provided peer-reviewed evidence and ASRI’s case study to influence the government’s new guidelines to allow for patients to leave quarantine based on symptoms and time rather than two consecutive negative tests. The Ministry of Health has recently updated the national guideline according to this recommendation.

The two consecutive negative test guideline is not perceived as an accurate representation of the actual ability for the patient to realistically spread the virus. Our own ASRI staff member who suffered flu-like symptoms after traveling abroad, upon return to ASRI Medical Center was quarantined and had to wait two weeks for the government provided COVID-19 test to arrive. After fully recovering from his symptoms approximately 10 days after first feeling ill, he continued to test positive for three months, using 14 tests and having to be isolated from his family, friends, and support system. Alone and unable to do the crucial fieldwork he had planned during the ideal time of year for reforestation, he was stuck, at the mercy of arbitrary government guidelines. Thanks in part to his case and ASRI’s petitioning the national government, others who test positive will not have to suffer through the same wait and regain their lives sooner.

Emergency Conservation Stimulus: Protect Rainforests by Protecting Communities

The largest repercussions from COVID-19 in the area around the ASRI Medical Center have been its economic impacts. We are working to mitigate these impacts through our conservation stimulus project.

Buying Chainsaws

We recently bought seven chainsaws from two active and five inactive loggers. ASRI has bought 158 chainsaws since the Chainsaw Buyback program began in 2017. Out of 158 chainsaws, 59 of them were active chainsaws and 99 were inactive. During the financial hardship that is accompanying COVID-19, it is important that inactive loggers not return to logging because they have easy access to a chainsaw.

One of the active chainsaws was owned by Pak M. Jaiiz (48 years old), who had been working as an illegal logger for more than 20 years. Pak M. Jaiiz was caught red-handed by the National Park Forest Ranger about two months ago and then ASRI was contacted by the National Park Service to see if we could include him in the Chainsaw Buyback program. ASRI met with Pak M. Jaiiz and the forest ranger who caught him and explained the program and how it could help him transition into a more sustainable livelihood. After learning about the benefits of the program, he decided to join. He told ASRI that during his time as an illegal logger he had logged hundreds if not thousands of big trees (diameter more than 40 cm) and whenever he was not working as an illegal logger, he occasionally rented his chainsaw to others. He decided that he wanted to return to fishing, and so ASRI gave him a microloan to buy a new boat and fishing equipment.

Backyard Nurseries

ASRI has started a seedling guardianship program to keep former loggers from returning to logging during this challenging economic time. Community members who have prior agreements with ASRI, such as our Forest Guardians and Chainsaw Buyback program participants, have been offered the opportunity to make additional income for their families by sustainably collecting seedlings from the forest in areas that they would naturally not survive, and take care of them in their own backyard nurseries.
So far, 30 Forest Guardians and 65 Chainsaw Buyback beneficiaries are participating in this program. The Forest Guardians will help ASRI to monitor the seedlings in these pop-up nurseries. Our Forest Guardians have received training and are assigned two to three beneficiaries that they will help, train, and monitor. Every month, our Forest Guardians will record how many seedlings have survived and train the beneficiaries on how to create conditions that are suitable for growing seedlings to ensure a high survival rate. Our Forest Guardians will work closely with our monitoring staff to report progress on seedling growth and to mitigate any issues arising during the implementation of this program. For this work, our Forest Guardians will receive additional income for every participant that they help and monitor.

Our Chainsaw Buyback participants have also been supported to plant 500 seedlings with a composition of 50% fruit tree species and 50% hardwood tree species. All of the seedlings they plant will be used in our reforestation program. So far, they have planted about 20-25 different tree species. Each of the beneficiaries will receive around 1 million rupiás (about $70) every month in return for taking care of the 500 seedlings that they plant and grow in their backyard nursery. By the end of this program, we estimate approximately 32,500 seedlings will be added and ready to plant in our reforestation program. This also helps ASRI tackle the challenge of having enough seedlings for our reforestation effort as it continues to grow every year.

**Farmers**

The area ASRI serves consists of a primarily agricultural community. These families are most affected the most by the economic situation COVID-19 has caused. ASRI has started a stimulus program in which they buy produce from the farmers (at the higher pre-COVID-19 price), hire community members to cook nutritious meals with the farmer’s products, then deliver them to the most vulnerable in the community. As a trial run of this program, ASRI bought 300kg of rice from eight struggling farmers. ASRI then distributed 100kg of rice to ten of their daily workers that were not being hired for ASRI’s usual reforestation work, due to health and safety reasons. 100kg was also distributed to 20 elderly, low income, and high-risk families, and 100kg of rice was used for ASRI’s daily staff lunches. With the overwhelming success of this trial, we have expanded this program to reach more beneficiaries.

To date, we have bought a total of 1250kg of rice from 21 farmers, 43kg chili from two farmers, 190kg tangerines from two farmers, 150 pineapples from six farmers, and about 210kg of different types of vegetables from four farmers. A total of IDR. 19,945,000 (about $1,400) has been spent to buy farmer’s products. We have distributed these products to 109 vulnerable people around the ASRI Medical Center who are suffering from the economic impact of COVID-19, as recommended by the head of their village, and to people who are doing odd jobs to make ends meet. We are buying and distributing products on a weekly basis, and plan to continue to expand the reach of this program.
Madagascar Response

National COVID-19 Response

The first three cases in Madagascar were announced on March 20. All incoming domestic and international flights were canceled and Madagascar started to lockdown. However, the partial lockdown did not stop the spread of the virus to other regions of Madagascar. The government has been on-again, off-again with lockdown protocol. At the time of writing, people are not allowed to travel between the different regions in the country and there are lockdowns in multiple areas. Regardless of the lockdowns many people still commute to work, sell their produce on the side of the roads and at local markets, and leave their house to get food supplies and other basic needs.

Currently, there are six confirmed cases in the regions of Vatovaty Fito Vinany and Anosy, about 220 km from Health In Harmony programs in Farafangana. At the time of writing, testing kits have run out, therefore, knowing the true scope of positive cases is difficult. At the beginning of the pandemic, the President provided local health centers with treatment for COVID-19, the first being COVID Organics, referred to as CVO, a health drink (9), and the second being the anti-malaria drug, chloroquine (10). However, at this point, there is a shortage of chloroquine. Patients can decide what treatment they prefer if they are referred to the health clinic without proof of a positive test. However, neither the health drink or chloroquine have been proven to be effective in treating COVID-19 and may actually cause harm.

Footnotes

(10) www.fda.gov/drugs/drug-safety-and-availability/fda-cautions-against-use-hydroxychloroquine-or-chloroquine-covid-19-outside-hospital-setting-or
Health In Harmony Approach to the Pandemic in Farafangana

Health In Harmony’s focus is on preparation and prevention in the Farafangana region, in close coordination with the local and regional health authorities, and with a specific focus on the villages surrounding Manombo Special Reserve. We knew that if COVID-19 were to reach the communities around Manombo, it would hit the area particularly hard because of the lack of affordable, high-quality medical care in the region. We also understood that if the communities (or external actors) around Manombo began to degrade the reserve at increased rates during this time to access healthcare or make up for lost income, it could cause irreversible damage. The Manombo Special Reserve is one of Madagascar’s last remaining coastal rainforests, rich in species diversity and the primary habitat for nine lemur species, all of which are endangered, and three critically endangered. While being very cautious of safety procedures and protocols to ensure the safety and protection of staff and communities, we thought it imperative to begin medical and conservation programming as soon as possible.

Coordination with the National Health System’s Response

Health In Harmony’s Medical Program Manager, Dr. Evelyne Raherivololona, was selected by the government’s district health authorities to be a regional leader in preparation and prevention. Since March 20th, Health In Harmony has:

- Helped the government set up a system to train Ministry of Health medical staff and health officials
- Set up health monitoring checkpoints into Farafangana
- Set up soap distributions, educational outreach on basic sanitation, and hand washing stations
- Conducted readiness assessments in nine of the government’s regional healthcare centers (i.e., Centre de Santé de Base, CSB).
- Conducted trainings on COVID-19 symptoms, referral, and procedures for local health and government officials
- Provided masks and other protective gear to the local health authorities
- Helped local health authorities with fuel in the city of Farafangana and provided meals for workers at the health checkpoints
- Trained ten program managers at the level of the Public Health Service and 25 health staff and trainees at the level of Referral Hospital Regional on how to use, put on, and take off personal protective equipment
- Provided masks, gloves, caps, and hydroalcoholic gel to the attached four CSBs
Ensure the Safety of Health In Harmony and Ministry of Health Staff

We provided our staff in Farafangana and Antananarivo an additional month of pay to support their basic needs and to make sure they could comfortably isolate themselves at home and manage surge pricing. We provided our Program Manager with an internet hot spot so he could work from home. The rest of the team in Farafangana all live and work in the office. We procured thermometers, face masks, soap, PPE, cell phones for the government’s community health workers, and radios for each of the 30 villages to facilitate communication between our team, the communities, and local health centers.

So far, we have:

- Trained ten public health service program managers and 25 health workers at the regional hospital in proper usage of PPE
- Provided fuel and meals for local health workers who conducted public awareness campaigns
- Educational outreach to 1,300 households
- Distributed 30 radios to each of the village kings
- Distributed 14 cellphones to community health workers
- Distributed soap to 1,300 households in 30 villages
- Distributed 1,300 masks to community members living in all 30 villages above 40 years of age. This was based on the fact that COVID-19 poses a higher risk to people in this age range.
- Provided an additional month of pay for four HIH staff in Madagascar
- Provided additional internet for staff to allow them to work from home
- Provided support in printing and distribution of flyers to educate communities on COVID-19
- Conducted medical trainings with the community health workers
- Participated and provided support in partnership meetings with health authorities inside the Service de Santé de District (SSD), NGOs, and regional health centers

A community near the Manombo Special Reserve poses for a photo after a Radical Listening session with Health In Harmony prior to the COVID-19 pandemic.
Health System Strengthening

We collaborated with the regional government health authority (SSD), the government referral hospital in Farafangana, the regional health centers, the community health workers, and other NGOs in Farafangana to provide support in system strengthening, development of protocols, communication outreach, and an assessment for the regional health centers, as well as supporting them with supplies based on the assessment. We initiated collaboration and communication with other local and national health NGO’s to coordinate and learn about COVID-19 response strategies.

One of the ways we can protect the rainforest is to provide emergency healthcare and save lives today in the facilities we support. We are preparing for mobile clinics as part of our health intervention and public health education as well as COVID-19 monitoring and outreach. We hired two midwives to accompany the medical coordinator to conduct mobile clinics in seven villages strategically located and accessible for the communities located within the 2km boundary of the Manombo Special Reserve. The locations for the mobile clinic were identified by the village representatives during the Radical Listening meetings. We closely collaborate with community health workers, traditional midwives in the communities, and with the four local health centers (Centres Sante de Bases -CSBs) in the districts, for referral and capacity building.

*Healthcare workers outside of CSB Mahobo wear protective face masks during a briefing on COVID-19 (left). A community healthcare worker at CSB Mahabo wears a protective face mask and gloves (right). A view of CSB Mahabo (bottom).*
During the Radical Listening sessions, communities identified the need for food security through food support and resilient agriculture techniques. This work is more important than ever because communities turn to the forest for survival during challenging times.

Health In Harmony hired two agriculture and rice cultivation technicians to support the communities with specialized training and the materials needed to construct irrigation canals. The technicians will provide training in organic and sustainable farming of crops requested by the communities such as manioc, beans, nutrient vegetables, and supporting communities in setting up nutritional gardens. By supporting the communities in rice cultivation and farming techniques they have healthier food and no longer have to stress the forests through slash-and-burn agriculture, bushmeat poaching, over-harvesting food products, and logging for charcoal.

Communities also identified the construction of firewalls as an essential component to protect the forest, their rice fields, and their crops. We worked closely with engineers and MNP staff to support the communities to determine the location of the fire breaks. Health In Harmony will also provide the necessary supplies for the construction of fire breaks and food for work to support their immediate nutritional needs.

Emergency Conservation Stimulus: Protect Rainforests by Protecting Communities

Health In Harmony Medical Coordinator, Dr. Evelyne Raherivololona (far left) educates community members near the Manombo Special Reserve on COVID-19 and the use of protective face masks.
Thank you for supporting Health In Harmony’s emergency response to COVID-19. We will continue to prepare and work to mitigate the spread of the pandemic and will continue to report to you the situation on the ground and our efforts.