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The Realities of Privatizing Public Goods and Services

From your Editor
Ms. Joy A. Bastian

People protesting against privatization of public health service.

Privatization is a process where a government property, business or public services is transferred to the private firm which started in Germany (1933) and spread further in Europe, America, and later in Asia. Its purpose is to improve service quality, raise efficiency, and downsize government structure for austerity. No government cannot ignore the attractive features that privatization offers. They can free themselves from the huge burden of providing quality, timely, and appropriate public goods and services like health care, water, energy, and transportation infrastructures. But what really happened?

Scientific studies and actual field experiences particularly in Europe and in Asia proved otherwise. Contradictory to the promises of privatization, governments and people suffered from ever higher costs, bad public services and maintenance problems. In India there is a strong campaign to stop privatization of public health system written by Mr. Gupta. In the Philippines, the current administration is pushing for de-privatization of water as written by the editor. While Ms. S. Kishimoto elaborately presented the key findings on (re)municipalization.

There is a huge misfit between the promises and the realities. It is imperative for countries that are still planning to privatize public goods and services to halt. Public goods and services must be under the management and control of each government. Governments are mandated to always uphold their citizens basic human rights and public interest.

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FOCUS ARTICLES

A Campaign to Stop Privatization of Public Health System in India

Mr. Narendra Kumar Gupta, Prayas
Oriental Medicine Course 1993, India

Mr. N. Gupta

Note: Mr. Narendra Kumar Gupta is a National co-convenor of Jan Savasthya Abhiyan (People's Health Movement in India).

1. Background

Since 2014, many state governments in India are privatizing the public health systems developed painstakingly over the years after the independence of the country through a system titled Public Private Partnership (PPP). The public funded health system of India administered through states are divided into primary, secondary and tertiary levels of health institutions built on population norms to make it accessible for the entire population of the country.

The policy planners justify the PPP on two counts that the private system would be more efficient and cost effective and then government is handing over its only poor performing or institutions in remote and inaccessible areas as regular government health personnel are unwilling to serve in those areas. However, the reality is very different because institutions within cities or on highways have been also transferred and then there is no evidence that private health system is more efficient. Different models of privatization have been evolved for this purpose.

The most often method used amongst them is the "Run a PHC". Under it, Primary Health Centers (PHC) with their sub centers and village level health volunteers (ASHA) are handed over to private entities through a process of bidding after have been scrutinized for technical pre-qualification. The one who bids the lowest is handed over the institution/s. How these privately operated PHCs deny basic health care to the poor patients who depend on them could be understood from following case stories:

Case Story 1: No doctor posted in health facility

The state built a new building of the PHC in village Rampuria of Pratapgarh district to cater to about 25000 population. However, instead of posting the staff, the government put it under the "Run a PHC" and handed over to a private entity that bid the lowest which has never earlier worked in this area.

A PHC handed over to private facility.

Regret bitterly by the action of the government in Jaipur, Rajasthan State, Mr. Mangi Lal Meena, elected head of the local body says "This PHC is 40 years old and it used to function quite well before it was handed over to the private operators.

Ours is a backward tribal community and earlier deliveries were conducted and most patients would seek their domiciliary treatment from here only. But, since the time of handing it to private operator there is no doctor posted and other staff is not fully trained. Therefore patients are unwilling to go there for treatment". He further says: "We have given memorandum to the district administrative chief many times to demand that the government runs this PHC itself, but no action has taken so far".

Left no choice but use the PHC for the Tribal Community in Jaipur.

Another form of privatization is the private health sector participation through insurance. In many states, governments have paid for insurances of large number of families to seek medical care from private health establishments. The case story of Rami Bai illustrates it clearly.

Case Story 2: Rami Bai

Rami Bai suffered from broken vertebrae after falling from a tree. She was taken to the district hospital of Chittorgarh but she was referred to a higher institution. She was admitted in an orthopaedic private hospital. She told the hospital authorities that she is eligible to get free treatment under the government medical insurance program for which the hospital is enlisted. She was told that the system is not working so the eligibility cannot be ascertained, and she should deposit INR 10,000 ($140). Once the system is rectified she would be enrolled for free programs. But, several days went by and the system was not restored. He ended up spending more than INR 125,000 ($1,751) in four installments and never got any refund as the scheme is cashless only. Ironically she has not fully cured.

There are numerous such patients who have been duped by the private establishments and putting patients in greater economic hardship. In India, about 5.5 million people slide into poverty every year owing to catastrophic health expenditure, besides being subjected to irrational and unnecessary treatment. The system of privatizing public health system is flawed from the fact that private operators participate in the process of bidding to earn profits and not for service. In order to win the bid, unscrupulous private agencies bid so low that it becomes impossible for them to provide services without cutting corners at the risk of patients.

Patients are prescribed medicines only available at a private pharmacy.

2. Campaign against privatization

The experiences world over and within India have shown that the private health sector's unbridled commercial conduct has debilitating effects to all and most particularly the poor patients. Health is a social good and ought to be equally accessible to all. However, the privatized health system allows or rather differentiates patients on their ability to pay.

People's Health Movement India known as Jan Swasthya Abhiyan (JSA) is a global network of civil society organizations. I have been involved in JSA since its inception in 2000. It constitutes 21 national networks and organizations and state level JSA platforms. The network partners include various organizations such as NGOs working in the area of health, feminist organizations, etc. The JSA Rajasthan has been very actively campaigning against the efforts of the state government to privatize its public health facilities since 2014, when the first big attempt to privatize was made. It organized series of public actions. First, through the use of Right to Information Act.

Details were sought from the state government about the number of institutions to put for transfer to private operators, and under what terms and conditions. The list and other documents obtained from the government revealed that the government has departed from its announced policy of privatization, and has decided to transfer many health institutions which were functioning very efficiently even before privatization. Government's claim that only institutions which were located in remote and difficult areas will be privatized sounded hollow after examining the list.

JSA Rajasthan drafted a set of arguments based on series of consultations on how this system of transferring medical facilities of public system to private entities will adversely affect access to care. A counter narrative to contradict the government's statement that privatization would improve health care delivery was formulated for people's education and action, to wit:

- Handing over of government peripheral health institutions to private medical colleges would only be used as feeder for their medical colleges without much of improvement in the handed over institutions. During the course of fact finding, it was noted that a lot of patients were denied treatment and referred to higher facilities. They were advised to go to their private medical colleges rather than to any government secondary or tertiary level facilities where treatment is almost free. It was also noted that patients were admitted for longer time. They were subjected to unnecessary investigations and medications for which patients paid out of their pockets.
- Private operators who used their own funds introduced technologies of their sponsors. These tech-

nologies were used to showcase their usefulness to the government and then pressure to buy them for other institutions at cost. This has lead to not only over-medicalization but also promoted irrational therapeutics. In the absence of any functional and effective monitoring or regulating mechanism, the practice of unnecessary surgical procedures such as delivery through caesarian operations and hysterectomies among pre-menopausal women were quite common.

- Private operators employ personnel on far lesser remunerations than their counterparts employed by the government. It causes very high attrition and for a long period most institutions remain understaffed, a huge barrier in access to services.
- The most important aspect of accountability is completely lost once the medical institution is privatized as the operator is under no obligation to look into the grievances.
- The belief that private health system provides better or sometimes dabbed as "world class" services found to be completely untrue, as it does it on cost and at a higher cost than the public system. If the government pays the minimum cost per patient or at the lowest bidding then how is it possible that patients would receive best quality services as high end patients receive on exorbitant payments? In fact, it was noted that separate medical wards have been created for patients who were under the government provided medical insurance in big and corporate hospitals.

3. Concrete actions and results

A sit-in rally in front of the State Legislative Assembly.

The campaign against privatization has used all democratic methods of protests and these have been in the form of public rallies, demonstrations, sit-ins at state legislative assembly and other places, writing protest letters, initiating petition on line, sending delegations to meet with the minister in charge of the department, raising issue in different public and special forums or events organized by the government, civil society and other groups. Members of the legislative assembly and the parliamentarians were provided briefs about the possible consequences of such system of privatization of public health facilities. The parliamentarians and legislators were requested to raise questions and demand for debate regarding these issues and oppose the move of the government.

Rally for free medicine campaign in Rajasthan.

Series of protests, rally and sit-in outside the legislative assembly of Rajasthan, put the government on back foot. The Health Minister of the state assured that no public health facility will be privatized if the local community does not want it. Several Public Interest Litigations (PILs) filed by JSA and other individuals. The High Court of Rajasthan issued notices to the government and sought explanations. Due to its unsatisfactory explanations, the Court directed the government to get back the privatized health institutions. However, it did not pass any general order on the ground that the government can draft the policy if it finds a privatized system could deliver services. It needs to build more safeguards as suggested by JSA. Some key members of the JSA Rajasthan raised the issue of privatization in the meetings convened by the chief minister for pre-budget consultations and sought assurances.

Since September 2018, a nationwide health insurance scheme called Ayushman Bharat has been launched. It provides annual health insurance cover of INR 500,000 ($ 7,000) to about 100 million poor families for achieving Universal Health Coverage (UHC). JSA perceives that it could promote private health sector and make the public sector as a consequence suffer, with the objectives of UHC being ignored. In fact, the private health sector being aggressive medical interventions of higher values. JSA evolved a critique of it on raising bigger disparities in health status among people through network and wrote letters to the Government of India and has

demanded revocation of it. In it, JSA urged to suspend funds allocated for it to improve public health system which is not much sign of improvement.

4. Conclusion

JSA locates the campaign to achieve "Health for the Right to Health and Health Care as a basic human right. The struggle against privatization is an ongoing process. Broadening public, networking with groups, organizations, unions, coalitions with similar objectives is important. It infused additional strength to meet the goal and sustain. The continuous campaign has led to the Rajasthan state government to stop the PPP scheme and get back all the PHCs handed over under the Run a PHC.

Does Privatization of Public goods Serve the Best Interest of the Filipinos?

Ms. Joy A. Bastian, AHI

1. The Philippine context of privatization

Dr. Leonor M. Briones, an expert from the University of the Philippines, elaborated the general objectives of the privatization policy such as: 1) to reduce the financial burdens to the government due to losing and inefficient Government Owned Companies and Corporations (GOCCs); 2) to reduce the involvement of government in economic activities; 3) to promote greater efficiency in government operations; and 4) to raise funds from the sale of GOCCs and assets to finance major government programs." She said that privatization in the Philippines has four core policies: 1) transfer of a service from a public agency to a private organization (sanitation services), 2) reduction of public ownership of public enterprises, 3) sale of assets, and 4) contracting (social services).

Prof. Katsumi NOZAWA, a visiting research fellow of the University of the Philippines, wrote in his article (Privatization Policy in the Philippines) that: "The Martial Law" period and early 1980s saw an unparalleled growth of government intervention not only in number, size and resources of GOCCs but also in the public finance sector." The GOCCs are the major fund generator of the country to finance its programs and services for the Filipinos.

It was in this era where the Philippine economy was in good shape. It can be assumed that the income from GOCCs was a big source of funds to finance public goods like health care and social services.

The 1986 EDSA Event, which was falsely coined as EDSA Revolution despite of minuscule attendance of people from Manila made Corazon Cojuangco-Aquino the president. She was the brain of privatization in the Philippines. Under her watch, she earmarked 31 billion pesos (25% of the national budget) for public sector enterprises: GOCCs, in the form of equity infusions, subsidies, and loans. She writes-off 130 billion pesos in bad loans granted by the government's two major financial institutions.

Trending with the rest of the world, the Aquino administration established the Asset Privatization Trust (APT) in 1986 to dispose government-owned and government-controlled properties. Selling these GOCCs earned a one-time sum, but also losing future incomes from them. It seems that the sell-out was shortsighted. Aquino's policy was to keep only 30% of the public sector enterprises, and later further reduce to 20%. The country's flagship carrier Philippine Airlines, for instance, was put up to sell 35% of its share to a foreign airline and 45% to employees and the public in 1991; leaving the government with a 20% holding. Ownership of these GOCCs dived a worrisome 20%. Can you imagine the Philippines run by the upper rich, that includes non-Filipinos?

The Aquino Privatization policy received widespread controversy. There was a question of fairness of the divestment procedure. It may lead to an even greater concentration of economic power in the hands of the oligarchs. The buy out was not accessible for the 90% of the Filipinos who cannot afford. It was only favorable for the already filthy rich 10% Filipinos and their foreign partners.

Former President Fidel V. Ramos assumed the Aquino presidency and continued to privatize more GOCCs. Under his administration, the Philippine National Oil Company (which wholly owns Petron), the Philippines Shipyard and Engineering Company, and many others were transferred ownership to private operators. It did not stop from there. Former Presidents Joseph Estrada, Gloria Macapagal-Arroyo, and Benigno S. Aquino III - the son of Corazon C. Aquino, continued privatization. Privatization really took off for over three decades.

Now, after 30 years (1986 Aquino to 2016 Aquino), can we claim that privatization served the Filipino interest? Unfortunately NO! Two oligarchs water concessioners Maynilad by an Indonesian tycoon led by Pangilinan, and Manila Water by the Ayalas who are Spanish by blood, sued the Philippines in a Singapore Court for not allowing price hike. As of this writing water is still hardly available 24/7. Besides it is not drinkable. The suit claim is peg to 7.4 billion pesos for Manila Water and 3.4 billion

for Maynilad. All Filipinos up to several generations in the future must pay their claims.

The low-income Filipinos in Manila struggling for drinking water as Maynilad and Manila Water a private water provider, failed to deliver sufficiently despite of high price imposed on consumers. CTTO: UNTV, The Filipino Times.

The most painful current discovery (December 2019) is that these companies pass on their annual operating expenses, salaries, shareholders dividends, corporate taxes, etc. to the poor Filipino consumers who for 30 years were not aware of it. In the contract, government cannot intervene whatever they want to do. The people are in high pitch of outrage, angered, deceived. The only consolation is that the President has strong political will in rallying together with the people to go after these oligarchs. Unfortunately, no elected politicians in both the lower house and upper house show support to the people's clamor in fear of alleged cut financial support from these oligarchs this coming 2022 election.

3. Expectation Versus Reality

Privatization is an ambiguous economic proposition that encompasses a wide range of complex activities, transferring the provision of goods and services from the public to the private sector. For example, the sale of public assets to private owners. In 1995, the struggling National Steel Corporation (NSC) was acquired by Westmont Group of Malaysia, and in 2003 the Ispat Group of India took over the ownership. The disposal of NSC was in the hope of saving the company from further deficits. The privatization process of NSC was under the Department of Trade and Industry Secretary Mar Roxas, who failed to analyze that its assets (29.27 billion pesos) is much higher than the liabilities (16.18 billion pesos). The Philippines lost 13.09 billion pesos. Was the loss compensated in the long run? Unfortunately, the theory of incremental benefit did not prevail. Furthermore, since the National Power Corporation privatized energy distribution through MERALCO, power rates rose by 68% (2001 to 2015) according to the International Energy Consultants. It is quite contrary to the promised cheaper, efficient and more sustainable power supply. The most hit by energy privatization is the 90% of the Filipinos, who are poor and middle classes.

Economist Tejvan Pettinger (2017) said in his article that in theory "the private sector tends to run a business more efficiently because of the profit motive. However, critics argue that private firms can exploit their monopoly and power and ignore wider social costs." Clearly, the Philippine experience is a showcase of "profit motive and ignoring social costs" as the private owners' priority. So they raised the prices of public goods and services like power (electricity) and water.

Advocates of privatization asserted that transfer from public to private management of goods and services will result to significant improvements like cost-cutting, organizational re-engineering to shrink the government size, reducing taxes, and better customer satisfaction. Sounds great isn't it? But there was ironic contrast between expectation and reality. It never happen.

Pettinger compared privatization and nationalization based on seven parameters such as Ownership, Incentives, Externalities, Efficiency, Knowledge, Natural Monopolies, and Depends on Industry. In Privatization the firm is owned by the private sector. Profit acts as incentives for owners and managers. Private firm may ignore external costs (pollution) and external benefits. Incentive to introduce new technology and labor productivity by employing managers with best skills. Private monopolies (like water, trains) may charge high prices. Privatization worked well for the Airline Industry (British Airways). On the other hand, in Nationalization, the firm is owned and managed by the government. The workers may feel motivated if they feel the company belongs to them. The government can put up social benefits above profit motive. Nationalized firms may find it hard to sack surplus workers. Politicians may interfere based on political motives. Government can set prices based on political motives, and on social factors. Examples of natural monopolies are trains and water, and non-profit services including health care.

Promoters of Privatization argued on six benefits such as efficiency, economic sense, foresight, shareholders motivation through pressures, increased competition, and government revenue

from the sale. It is said that private firms deploy highly efficient managers with great business abilities to ensure profits, and are not subject to political pressures. Rather, the shareholders would pressure the workers to perform better, otherwise, they will be easily replaced. Competitions will come to play, thus, increasing efficiency even more. The sum that the government get from the sell-out of low-performing GOCCs is more practical.

4. The Risks of Privatization

At some point in the Philippines, private firms handling the operation of power, water, and telecommunications showed efficient delivery of these goods to the end consumers for a short period. The cost of basic public services like water and electricity keep on rising. The telecommunication is continuously controlled by only two big companies owned by the oligarchs, of which profit is the main goal and not fast and affordable internet services. Unfortunately, the telco subscribers are paying high monthly bills but the service is terrible. For instance, the line is non-functional for weeks, and most of the time it is very slow. Complaints are not attended to. Quality of services became worse and worse. For example, long hours of power outage, water shortage, and turtle slow telecom. Added agony was the highly popularized "reengineering" of organizations that led to massive lay-off. "Re-engineering" is beautiful to the ears, but is just a sugar-coated term for firing redundant employees. Privatization of water (a natural monopoly), power (MERALCO), and the Philippine Long Distance Telecommunications did not really stimulate competition, but rather it promoted oligarchic monopoly. Who benefits then?

The supposed impressive financial returns from the privatization policy was the most powerful defense. Ironically the most serious criticisms against it are financial losses and transaction costs in disposing GOCCs. As John B. Goodman et. al. (1991 Harvard Business Review) said, "the simple transfer of ownership from public to private hands will not necessarily reduce the cost or enhance the quality of services." His analysis is further supported by Michael C. Jensen's saying that "privatization alone is insufficient to guarantee that providers of important services will act in the public's interest." Like in the Philippines, privatization gave full control to the private owners of the former GOCCs which turned out to be counterproductive. Government should regulate to some extent.

5. What now?

The absence of effective regulatory oversight to monitor the impact of the three-decade privatization of formerly GOCCs to the lives of the Filipinos is bad. Take the energy sector, MERALCO, the sell out was too fast and misguided by simplistic assumption that private management of energy and market forces would result in a more efficient energy sector.

MERALCO's power price hikes endured by the Filipinos despite of frequent brownouts. ctto

Political analyst Walden Bello said: "It is important that the Philippines and many other emerging markets begin to review the wisdom of recent market reforms, especially those in the realm of public services, on which majority of the citizens precariously depend. In essence, privatization is not necessarily a negative phenomenon, especially when the state has proven ineffective in sustaining its age-old obligations. But any privatization process should prevent co-optation by regime insiders (oligarchs), especially when we speak of basic public services like electricity, water and oil. This means that there should exist empowered, independent regulatory agencies to ensure competitive bidding processes, deter intra-industry collusion and punish related violations. Otherwise, privatization will only come at the expense of the greater majority.

In the face of expensive and unstable electricity supply, the Duterte administration, as an initial positive step, is now trying to launch a comprehensive review of the Electric Power Industry Reform Act and the negative impact of privatization on the electric power industry. Strong political will by the government is eminent in fighting against privatization. A nationalized energy industry that could ensure sufficient and affordable if not free electricity for the majority of Filipinos, for example, can be made a priority in government's infrastructure boom program (Build, Build, Build) alongside other public utilities and social services.

Telecoms are typical industries where the incentive of profit can help increase efficiency. The

government policy on opening telco to competitions including, foreign companies in order to stimulate efficiency, should be pursued. Even before the policy has put into effect, the two existing telco monopolies are now trying to improve their services. Health care and public transport is for common good, with which profit should not be a priority. The same thing should be done in privatized GOCCs. A long list should be made and determine which ones to de-privatize.

Regulation on privatized GOCCs is dependent on the nature of industry (ex. water, energy, telco) and should be implemented strictly. Bello posed two important questions. "Do regulators make the privatized firms meet certain standards of service and keep prices low? Is the market contestable and competitive? Creating a private monopoly may harm consumer interests, but if the market is highly competitive, there is greater scope for efficiency savings." His point is on selective privatization with strong regulatory body.

6. Conclusion

The Philippines experimented Privatization for 30 years in the hope of offering better services and public goods like water, energy, and telco among others. At the same time, it aimed to reduce the costs of GOCC operations that eat up the national budget. The sales derived from the disposal of GOCCs indeed provided temporary financial relief. But at the same manner, the government suffered from incremental loss as it ceased to earn future incomes from GOCCs. The argument of cheaper goods and higher efficiency failed to justify the outcome. Analyses from various political and economic gurus provided a more comprehensive perspective on the subject matter. Privatization is not completely evil. It is the what, who and how that made it trivial and counterproductive.

Water is Not For Sale
Ms. Yuko Okuma, AHI

It seems that the time to de-privatize has come.
Water is essential for our life. According to Article 25 of the Constitution of Japan, "All people shall have the right to maintain the minimum standards of wholesome and cultured living. In all spheres of life, the State shall use its endeavors for the promotion and extension of social welfare and security, and of public health." Therefore, the nation is responsible in securing all people's lives and health. To ensure that all people enjoy water as their rights, the water law states the responsibility of local governments to plan and maintain water services in order to respond to natural and social conditions.
Today, Japan has been facing the issue of the decrease in water demand and revenue due to declining population. According to the Ministry of Health, Labor and Welfare Ministry, one-thirds of the local governments have been unable to cover operating costs from water bills, and incapable of updating the aging water infrastructure.

On the mentioned issues, Japan has enacted a new water law that enables private companies to run water supply services in 2018. It proposes a concession model in which facilities owned by public entities are run by the private sector. This model is introduced on the basis of the neoliberal force accelerated in the recent years in Japan. Local governments are encouraged to take this private concession model in order to get financial support from the central government.

However, the critics are worried that the law, which paves the way for local governments to sell the rights to manage water supply services, would effectively lead to privatization. There are many negative impacts of privatization of water service in the world such as the increase in water bill and water degradation under the concession we never know how much these information would be open to citizens. Also, there are many natural disasters in Japan. Who will be eventually responsible for water supply when it stops?

The new law promotes wide-range cooperation by integrating water services across neighboring local governments. Although it might strengthen water supply stability, the people who used to use it for the long past would lose their governance over the source of water.

Japan's Hamamatsu Citizen Network's protest against water privatization.

Hamamatsu City in Shizuoka Prefecture has been interested to transfer management of their local water supply to private-sector operators through concession contracts by March 2019. The citizens who had concerns over the contracts organized the citizens network against water privatization. They tried to make other citizens aware of the possible impacts on their lives through handing leaflets on the street, rallies and holding seminars. The network has involved various people, such as waterworks labor unions, NPOs, NGOs and the local water companies which can lose their business chances. Also, it was found out that political will prevailed in the investigation process. In the end, Hamamatsu City postponed selling their water supply management. Now the citizens network cooperate with other concerned groups in the neighboring district.

Water, as well as other public services that link with our lives should not be commoditized by privatization. Each of us should build awareness on the sustainable management of water supply.

A Selective Excerpt from the Book "Reclaiming Public Services: How Cities and Citizens Are Turning Back Privatization" by *Ms. Satoko Kishimoto, Transnational Institute*

1. Introduction

Why are people around the world reclaiming essential services from private operators and bringing their delivery back into the public sphere? Motivations behind (re)municipalization initiatives include ending private sector labor abuse; regaining control over the local economy and resources; providing people with affordable services; and implementing ambitious strategies for transitions. About 835 (re)municipalization of public services worldwide now, reclaiming or building effective, democratic and affordable public services to avert declining service quality and increasing prices.

Download here:
http://www.tni.org/en/publication/reclaiming-public-services

2. Case Experiences

2.1 Oslo Case, Norway: From labor rights violations to better jobs and benefits for waste collectors

Oslo (2017) brought its waste collection services back into public hands after 20 years of competitive tendering. Veireno quickly became a symbol of competitive tendering gone wrong. The municipality received tons of complaints from citizens for uncollected waste between 2016 and 2017. The Norwegian Labour Inspection Authority inspected the company and discovered workweeks of up to 90 hours for some employees. Veireno's low-cost waste services were at the expense of labor conditions. Veireno filed for bankruptcy (2017), freeing itself from all responsibilities including payment for its workers. In February 2017, Oslo remunicipalized waste collection, took over Veireno's assets, and employed its 170 former staff.

2.2 Delhi Case, India: Public health care, the most effective route towards universal basic health care

In 2015, the government of the newly-elected Aam Aadmi Party began the process of delivering one of its main pre-election promises – affordable primary healthcare – by setting up 1,000 Mohalla (community) clinics across Delhi. Earlier that year, the new government had promised to allocate 2.09 billion rupees (US$31.4 million) for the proposed 1,000 clinics. As of February 2017, approximately 110 clinics were functional in some of the poorest areas of Delhi. The clinics were set up by the Public Works Department at 2 million rupees (US$30,000) each. They used prefabricated portable cabins which are easily set up, making each clinic costs much cheaper than government dispensaries (US$450,000). Each clinic is staffed with a doctor, nurse, pharmacist and lab technician. The medical consultation, medicines and laboratory tests are provided completely free for all patients, rich and poor. Since then, the Delhi government claims that more than 2.6 million of its poorest residents have received free quality healthcare. They used to rely on expensive private clinics or even quack doctors.

2.3 Grenoble Case, Briançon, Nice, France

Grenoble City is re-municipalizing and developing democratic and sustainable local public services. It pioneered water (re)municipalization (2000s), ending a corrupt contract with Water multinational Suez. Then Grenoble created a new public water operator that provides better quality water at lesser cost, and includes citizen participation in the running of the

service. It is now re-municipalizing its local energy services (also collective heating and street lighting), to fight energy poverty and reduce greenhouse gas emissions. The city also aims to provide 100 % local, organic food for children in school restaurants. These policies are developed to drastically reduce financial burdens. Other cities in France are also developing local public services and (re)municipalization across sectors. At the southern French Alps, the agglomeration of Nice – despite being governed by a conservative administration – has re-municipalized the city's water and sanitation, public transport and school restaurants, as well as a cultural festival and a market.

3. Key findings

1. Better solutions than privatization

Thousands of politicians, public officials, workers and unions, and social movements are working to reclaim effective public services, most often at the local level. There have been 835 examples of (re)municipalization of public services worldwide in recent years (1,600 cities in 45 countries). Contradictory to the narrative that public services are too expensive, local authorities and citizen groups are demonstrating that (re)municipalization addresses people's basic needs and wider social challenges.

2. (Re)municipalization is far more common

The sectors on energy and water (311 and 267 cases) are examples of (re)municipalization. Roughly 90 % of energy (re)municipalization took place in Germany (284 cases). Germany is famous for its ambitious Energiewende policy, an energy transition of increasing the share of renewables and phasing out nuclear power. Water (re)municipalization has occurred mostly in France (106 cases), the country with the longest history of water privatization and home to leading water multinationals Suez and Veolia. Diverse local government services such as swimming pools, school catering, public space maintenance, housing, cleaning and security services have been brought back in-house in Canada, Spain, the UK and elsewhere.

3. ***(Re)municipalization for austerity***

(re)municipalization is vibrant in Germany (347), France (152), UK (64) and Spain (56). The (re)municipalization movement in Europe is a response to austerity policies; a reaction against the excesses of liberalization and the corporate takeover of basic services. This does not however mean that (re)municipalization is always highly politicized. In fact, (re)municipalization is being carried out by all shades of politicians, and a local trans-partisan consensus is a stimulus. The relevant political divide is not across party lines, but between the local level, where politicians and officials are faced with people's everyday needs, and the national and European ones where the push for austerity originates.

4. (Re)municipalization is a key strategy for energy transition and energy democracy

Energy and power infrastructure in India.

(Re)municipalization is not only about local issues and politics but also finding effective local solutions to global challenges such as climate crisis. The energy sector in Germany demonstrates this trend. From a total of 284 energy (re)municipalization cases in the country, 166 private electricity and/or gas grid concessions and 9 electricity supply concessions were terminated and given back to cities. Likewise, 109 new municipal companies were created. Since the era of energy liberalization in the 1980s, the German energy market has been dominated by the 'Big Four' energy corporations. When these energy giants failed to address public demand for a renewable energy transition, new and re-municipalized local public companies and citizen's co-operatives stepped in to pioneer an energy transition. Connected with its pledge to complete phase out of nuclear energy, this movement has gained momentum and numerous victories in the transition to renewables. In the UK, the energy market is dominated by a 'Big 6'. To even up, four municipal energy companies were created to provide affordable electricity to communities, especially to low-income families struggling to pay energy bills.

5. Bringing services back in-house is ultimately cheaper for local authorities

Proponents of privatization and Public-Private Partnerships (PPPs) argue that their solutions are supposedly cheaper and more cost effective than

public management. However, experience has disproved this claim time and again. Contracting a private company to deliver a service involves extra costs due to the immediate transfer of cash to parent companies and shareholders. In the area of infrastructure, PPPs introduce a high level of complexity that is beneficial for lawyers and auditors but provides little value for money to citizens. Experiences of many cities disproved the myth that in-house services cost more. When Paris re-municipalized its water (2010), the new operator immediately cut cost by €40 million – the sum of money that was being extracted each year by the private operator's parent companies. In Newcastle, the modernization of signaling and fiber optic cable system was handled by a new in-house team for €12.4 million, compared with the €27 million that it would have cost if done by a private company. Bergen (Norway), where two elderly care centers were taken back in-house, made a surplus of €500,000 whereas a €1 million loss was expected.

Chiclana in Spain transferred 200 workers in three local government services back in-house to save 16-21 % on its budget. Waste collection and cleaning services costs decreased from €19.5 million to €10.5 million a year in León, Spain with (re)municipalization, and 224 workers received public contracts. Eliminating money flows to private shareholders allows tax money to be used efficiently for quality public services.

6. (Re)municipalization drives better, more democratic public services

(Re)municipalization is rarely just about the change of ownership structure from private to public. It is about recreating better public services that work for all. This includes restoring a public ethos, universal access, affordability and ensuring transparency and accountability towards elected officials and citizens as opposed to focusing only on the most lucrative parts of the service. This is why several British cities have created new municipal energy companies: to do away with private shareholders, dividends and bonuses and to shift the focus to access to energy for poorer households. Re-municipalized public services often involve new forms of participation for workers and citizens. For example, the new water operators in Paris, Grenoble and Montpellier are making decisions together with citizens about the reform and operation of water services. In Norway, tripartite cooperation in which trade unions, the municipality and local politicians dialogue to solve workplace issues have a proven track record in improving public services. The democratization of public services is also at the center of the (re)municipalization movement in Spain, which was born in the aftermath of the global financial crisis from the resistance against evictions and water and electricity cuts. (re)municipalization is a first step towards creating the public services of the future: sustainable and grounded in the local economy.

7. (Re)municipalization fights investment deals

The 835 recent (re)municipalization of public services worldwide is a huge reason not to ratify the Comprehensive Economic Trade Agreement (CETA) between the European Union and Canada, or any similar trade and investment deal. The investment protection that most of these deals contain, also known as Investor-State Dispute Settlement (ISDS), puts a high price tag on de-privatization and (re)municipalization as these international agreements aim to protect the profits of private foreign investors. The case of Lithuania shows how a city's decision to re-municipalize district heating triggered an ISDS claim. The track record of investment protection shows that various countries have been sued and fined hundred of millions of dollars when they have decided to terminate privatization projects in order to protect the public interest. In Bulgaria, even the mere threat of investor protection was enough to undermine government plans to organize a referendum over the water services in its capital city Sofia. When an ISDS claim is awarded to an investor, it is recouped by taxpayers from public budgets, which could reduce the affordability of public services and delay much needed investments. Studies revealed that decisions to de-privatize public services triggered at least 20 international arbitration cases (water, energy, transport and telecommunications). Current trade and investment regime (ex. ISDS) severely limits local governments' policy space to regain control over local services and resources.

8. Lesson: Don't privatize in the first place

Increased number of (re)municipalization reflects that many privatization projects and PPPs failed to deliver their promises. (re)municipalization is most often a collective response by local authorities and citizens to the failures of privatization and PPPs. The European Network on Debt and Development (Eurodad) warns about the false financial promises of PPPs. These contracts are presented to local and national authorities as an easy way to finance public infrastructure without having to borrow money or empty state coffers for the necessary capital investments. Contrarily, PPPs are actually a hidden form of debt, and ultimately turn out to be more expensive for public authorities in the long term. PPPs are designed to create an illusion of

affordability and hide real costs and liabilities, which makes it easier to convince officials to embark on large-scale projects that do not necessarily reflect the actual needs of their populations. The previously described public health clinic project in Delhi demonstrates that it is possible to implement cost-effective solutions that ensure universal access to basic healthcare. Another lesson is that private contracts are often incredibly hard to modify or escape. Once the contract is signed, private providers are able to lock-in contractual conditions, and any subsequent changes come at great cost to public authorities. Terminating or not renewing contracts is a costly-uphill battle for local and national authorities.

9. (Re)municipalization provides opportunities for new, diversified, democratic public ownership

Public services are not perfect just because they are public. They must continuously improve and renew their commitments to society. 'Public' in a broader view points to de-privatization initiatives. Many cases of (re)municipalization and the creation of new public companies offer the opportunity to renew public commitments and create a space for multiple actors to co-manage public services provision. This goes beyond classical public ownership to encompass a variety of new models: municipal energy companies co-operating with community energy (Hamburg and Bristol), inter-municipal organizations and networks (water services in France and Spain), local public service companies partly owned by workers (water company in Buenos Aires) and users' cooperatives (Wind farm Middelgrunden in Copenhagen), fully licensed citizen cooperative service providers (Kauai Island and Minnesota), and partnerships with local authorities (Glasgow, Scotland). These are templates for the future generation of public ownership. The strong push for (re)municipalization in Catalonia also relies on a movement of citizen platforms to achieve a return to public management centering on democratic civil participation. Terrassa City re-municipalized its water services in 2016, and the civil platform continues engaging in designing the new public water service. It is also a step towards managing water as a common good.

10. Re-municipalizing cities and citizens groups are working together and building networks

(Re)municipalization also shows that cities and local groups are not alone in wanting to build effective, forward-looking, democratic public services. Successful (re)municipalization experiences inspire and empower other local authorities to follow suit. We see cities and groups joining forces within each sector, within each country, at the European and international levels: all counterbalancing the influence and obstruction of big corporations and central governments. The diverse forms of public-public partnerships are flourishing. We see it in the way that municipalities and citizens have joined forces in Germany and beyond to push genuine energy transitions. The new Nottingham municipal energy company catalyzed similar experiences in other cities, and eventually resulted in a common partnership. The French and Catalonian networks of public water operators pool resources and expertise, and work together in dealing with the challenges of (re)municipalization. More than 200 Norwegian municipalities exercise local tripartite co-operations with trade unions to make public services efficient and democratic. Over 2300 cities in Europe have united to oppose the EU-US TTIP free trade agreement as well as similar deals based on liberalization and privatization policies. The progressive coalition Barcelona en Comú and many other related coalitions in Spain have articulated a global 'municipalist' vision within which they practice diverse forms of direct participatory democracy and work pragmatically for solutions to global challenges. The resurgence of (re)municipalization provides an important window of opportunity for citizens and workers to regain the democratic control that has been eroded by privatization over the past decades. Evidence is building that people are able to reclaim public services and usher in a new generation of public ownership. Fortunately the momentum is building, as diverse movements and actors join forces to bring positive change in our communities.

Women's group bringing drinking water to the village in Sri Lanka.

"That's the standard technique of privatization: defund, make sure things don't work, people get angry, you hand it over to private capital."

Noam Chomsky

FLASH ARTICLE

Sabai Grasswork
Mr. Subhashish Ghosh, Nutanhat Development Society (NDS), ILDC 2000, India

Mr. Subhashish Ghosh

Sabai Grasswork is the traditional craft developed by the Sabar tribe living in Purulia district, Calucutta, West Bengal. The Sabars knit ropes and traditional crafts from sabai grass (natural fiber) and sell in the market every Sunday. The majority of the items were sold directly to Calcutta-based traders. Some middlemen and traders exploit them. Due to their weak bargaining power the wage of the artisans is less than the minimum wages fixed by the government. The artisans in the community is mostly illiterate and land starved. As such their problems are not placed properly before the government and they are caught in the economic struggle of supply and demand and are unable to meet their living challenges. The infiltration of machine made goods has also disrupted village crafts.

Women artisans for Sabai grass craft.

As all sides of the village were blocked, the Sabars have been facing problem with transportation and have very minimal contact with the outsiders. They have no land to cultivate their own, even a proper shelter to stay. There were limited choices of earning for the Sabars. Although very few villagers work as maid servants and day labors in brick fields outside the community, most people used to rely on hunting animals and collecting dry tree, wood and seeds in the forest for their lives. The dry tree and seeds were sold in the market to purchase only a small quantity of rice, that was not enough to satisfy for the entire family. Furthermore, in recent years, some forests became a private property and the police often restricted their entry into them. After imposition of these regulations, a Sabar person found to collect food and other product in the forest is to be convicted. The scarcity of forest food for their consumption caused nutritional crisis and diseases among their community.

The health guidance did not reach the Sabar community. They sometimes use insecticide to kill birds to eat without knowing the health hazard of chemical contaminated birds. They also used to consume harmful chemicals for dying raw materials along with tobacco. Mothers give birth to their babies in their hut, without proper medical service and guidance. Instead, they are forced to take help of a rural quack doctor, which is always dangerous to mothers and babies.

Knowing the above threats to the lives and health of the Sabar tribe, the Nutanhat Development Society (NDS) took an initiative to mobilize them with the support from the local government in the area of Purulia to alleviate poverty. In 2006, we organized the workshop and educated them on the knowledge on health and hygiene, skills for entrepreneurship and creative craft designs. Sabai grass brings earning to the Artisans only through knitting it in different ways. To design and develop new products there is a need to think of the utility and other related matters like durability and appearance. Extensive effort of the designers and artisans has been explored in developing innovative techniques for different products.

Design technical development workshop.

So far, we motivated 30 Artisans from Maldih village for the works on developing new designs with Sabai grass. We also educated the Sabars on

the correct and safe use use of dying chemicals to protect their health. In the products, mainly glycerine has been used to avoid using the dye.

Since the Sabars were left from other community and have been quite busy in their traditional work for survival, they hardly think of health education and acquiring knowledge and skills. With their innovative ideas, the Sabars can plan to make more aesthetic items that meet external demand.

Despite of the significant improvements in their lives, there are still Sabar tribe parents who are backward in their way of thinking on the importance of sending their children to school. The lack of schools and educational facilities in the tribal areas discouraged them. Parents hesitate to send their children to co-ed schools. More continuing activities must be given for them to earn good income for survival and to address other issues like children's education, health and environment.

HERE AND THERE

2019 International Workshop

On March 25-29, 2019, the National Health Commission Office (NHCO) of Thailand and AHI co-hosted the "International Workshop on Multisectoral Collaboration for Health in All Policy". A total of 26 participants came from Bangladesh, Pakistan, Sri Lanka, Mongolia, Myanmar and Thailand. They are AHI alumni with each one or two development partners and NCHO's partner NGOs in Thailand and Myanmar.

Health in You, Health in Me, Health in All
Ms. Mya Myint Zu Kyaw, Community Partners International (CPI) Asia, Myanmar

Ms. Mya Myint Zu Kyaw

It seems that we are missing the most treasured gem in life, "Health". You may argue that you a have a "perfect health care and health status". However, how much are you mindful about health in your daily life? How much did you take into consideration your health while taking a bus to work, cooking dinner, or watching a movie series?

The workshop participants in Thailand.

Health is not only the physical well-being. In broader terms, well-being encompasses the harmony and maximum condition of physical, mental, social and environmental factors. Every program should consider impacts on health in every activity; for example, Land Development Plan should consider how their landscape planning would affect health of the community by deciding carefully how many gardens and recreational parks will be built.

So, health should be integrated in all aspects of everyone's life. This is called "Health in All Policy", health is not merely the responsibility of the Ministry of Health but the shared responsibility of community, government and service provider. Consideration of health impact in each and every sector could yield enormous benefit to people's well-being. People will most likely be protected from preventable causes of illness. For example, if the effect of methyl mercury released in the wastewater were carefully considered, disastrous events like the Minamata disease would be prevented.

It is crucial to get "Health in All Policy" concept at every social segment of society; students, parents, community members, government staff, Ministers, you name it. Why? This is the only way to bring back the timeless treasure to our life, "Health". Remember being healthy does not limit to long-life, it has the quality side as well. Diffusing "Health in All Policy" from community to policy makers at each sector, is the most sustainable and effective way to take care of our people. Health should be incorporated in urban development projects, in movies, in songs, in industries, in schools, literally everywhere.

With three other participants from Myanmar, I attended the workshop and it was a life changing experience. It highlighted the softer side of technical skills on achieving better health for all. Soft skills like empathy and social awareness were introduced, which widened the scope of hardcore scientists like me to fit into other people's shoes.

We shared our knowledge to the Civil Society Organizations in Myanmar, which seemed new to them. We indulged the concept continuously. Now, CSOs are advocating to get the Universal Health Coverage using the Health in All Policy concept.

Learnings from the International Workshop
Mr. Sayed Mujahid Hussain, ILDC 2016
Research, Advocacy and Social Training Institute (RASTI), Pakistan

Mr. Sayed Mujahid Hussain

The workshop was well organized and stimulated lots of learnings that I can share in my workplace. In one activity through fun, it was learned that with "Empathy" we can trust and listen to each other and eventually plan together.

In our non-formal education project in Muzaffargarh, we had issues with the concerned departments due to misperception. So when I returned from the workshop I decided to meet and listen to them in very detail. As a result we understand and trust each other. We even developed a joint plan of action to resolve some issues. We learned that in most cases we criticize the concerned department or person without knowing their side. They also have their own concerns that affect their actions. Listening and supporting each other was the missing link.

Trust-Building Game

Another key learning is the involvement of community in health service delivery process. It was commendable that in the development of the Health Charter, the community is particularly involved in the whole process. The community is allowed to monitor the Health Charter implementation process. RASTI believes that community participation for local development is important. In fact RASTI focuses on community participation through multi-sectoral collaboration in tackling issues benchmarking on the Thai case.

Sharing insights with the guest speakers.

An impressive active citizen participation was by a young boy in the Chacheongseo Province, to save the environment. He stood against the private—government mega infrastructure projects which may destroy the natural resources. Rallies and protests took place with supporting data showing that the natural resources are more beneficial than the proposed infrastructure projects. The protest was a lesson for the citizens to voice their own rights. The NHCO as a government department is supporting the communities efficiently. It provides space and gives voice to the citizens to air their rights. Many government departments oppose such type of community initiatives though. I met people (of diverse experiences) from several countries working for different development social issues. They shared case stories of their workplaces, of which some can be applied in other areas too.

I curiously asked why AHI and NHCO organized this workshop for other countries. A university professor replied that, "Actually all participants are from Asian countries. We are neighbors. We believe that if our neighbors are healthy, ours is also guaranteed." I borrowed the nuance of this statement in the seminar we conducted in Chakwal on "Child Labour". I said to the participants, "If your neighbor children are out of school, and are engage in labor it may effect the life of your school-going children. So be active and send former to school in order to protect your children from bad influence."

Mr. Theera Watcharapranee, ILDC 2017
Stopdrink Network (SDN), Thailand

Mr. T. Watcharapranee

I was impressed on the case study of a huge infrastructure development by the government and the private sector at Chachoengsao Province. This province has fertile soil for agriculture. But the establishment of a biomass electric power plant damaged it. It became a garbage dumping site. Protesters were formed to oppose, who later agitated the local residents to rally behind them and protect their natural habitat. Data backed the protests stating that Chachoengsao Province is an agricultural area and not an industrial site. They encouraged people to till the rice field.

Participants shared experiences and learned from each other. On behalf of the SDN team, I and Ms. Orradee presented the experience of Yashotron Province. Ms. Orradee, the head of SDN civic group, shared her work as a proponent of the Sub-district Health Charter supported by NHCO. She

Human Domino Game stimulates empathy; from fear to willful execution of the game.

mobilized community organizers in reducing alcohol related problems. Alcohol-free cultural event and local rocket festival have been promoted.

We made plan of actions considering the people's mindset and social value about alcohol as a big challenge. They thought that alcohol is a must for socialization and to make the events fun. Ms. Orradee will collect data about alcohol, which will be presented creatively to the people for easy understanding. This information will be used to collaborate with the relevant government agencies and publish in the social media for wider spread. This will initiate multi-sectoral collaboration.

Participation to the International Workshop
Ms. Sarangerel Munkhbayar, ILDC 2012
Mongolia

Ms. Sarangerel Munkhbayar

I joined the IWS together with a women group member and a government officer from the Provincial Health Department office in Hovsgol Province. In our area, alcohol addiction among community people especially the youth is causing serious issues. Children and women suffer from domestic violence. After the workshop I shared my learnings to 20 women's group members. They decided to mobilize their husbands to live a healthy lifestyle.

The 2019 ILDC Report

The ILDC participants in front of AHI.

The International Course on Leadership for Community Health and Development was held from September 1st to October 14, 2019 under the theme "People's Participation in Local Governance in Health". Thirteen participants (7 females and 6 males) were from Cambodia, India, Myanmar, Pakistan, Sri Lanka and Thailand.

Throughout six weeks of the training course, the participants lived, worked and learned together. There was a time that they suggested to extend the discussion until everyone comprehends. AHI-ILDC is molded in a group learning process. The participants realized that community development should also follow the same process.

The youngest participant, Mr. Monuj Dutta, is a secretary of grassroot level NGO, working for health and livelihood of the tea farmers and the tea plantation workers in Assam State, India. He

enthusiastically started implementing his plan of action soon after he returned to the field.

Putting My Plan of Action in the Move
Mr. Monuj Dutta, Surujmukhi Society for Health Peace and Development, ILDC 2019, India

Mr. Monuj Dutta

After returning from the ILDC training in AHI, Japan, I immediately shared my learning experiences to our staff at Surujmukhi Society for Health Peace and Development in Assam, India, friends and community people. We organized our first meeting on November 1, 2019 in the community temple. The community members normally come to the temple every Thursday to pray and discuss community matters. We saw it as an opportune time to meet them. On that same day the Diwali Festival was held and the people enjoyed celebrating it. So, only 21 people came to the temple. We expressed our plan to develop their village as a model for health, education and livelihood programs within five years. On year one, we are going to concentrate on natural farming, peoples organization formation, development and awareness building on health and related services.

We discussed our target "One Family One Healthy Garden" concept with them. The meeting was a two-way exchange of ideas between them and us, to ensure that all voices are heard and no one is left behind. We were very happy after the meeting, seeing people's interest to cooperate with us in developing themselves and their community. In the end, I shared some of my experiences in Japan. We already set our next meeting, and to be followed by focus-group-discussions.

Door to door visit in the village. Mr. Monuj (R).

We did door to door visits to create awareness about the model village concept. We advised 40 families who are going to create healthy kitchen gardens in their home. We are distributing various vegetable seeds and seedlings before November 25th.

We already got prior consent from the National Health Mission, Agricultural Research and Extension Center, the Department of Agriculture, the Block Development Office and the District Program Manager's Office of Assam State Rural Livelihood Mission to help us in developing the community.

We are hopeful on the meaningful implementation of the POA with the support and expertise of AHI.

AHI Study Tour

Dancing "Gangnam Style" at a Tea Farm in Sri Lanka
Ms. Mika Hattori Vermeulen

Ms. Mika H. Vermeulen

The terms "globalization" and "multi-culturalism" first appeared around 1986 in a major Japanese newspaper, the Asahi Shimbun. Multi-culturalism and efforts towards globalization were visible during my 10-day stay in Sri Lanka in 2019.

During my stay I visited three distinctive regions; Kurunegala, a Buddhist's farming region, where Sinhala is spoken and Tamil is used as a secondary language; Kandy, a Hindu tea farming region, where Tamil is the primary language and Sinhala is the secondary language; Negombo, a Christian fishing region, where Sinhala is the primary language and Tamil is the secondary language. In all these regions, English is also used among the elites. This use of different

Participants with the local people at a tea farm in Kandy.

languages is noteworthy, since Tamil and Sinhala were used primarily by warring factions. After the end of the Civil War, an effort has been made to learn the former rival's language.

Staying with three different families was the highlight of this study tour. Waking up early in the morning to the sound of Buddhist mantra, I could relax with a cup of sweetened milk tea. Washing my body with well water under palm trees, drinking fresh coconut juice, walking barefoot on a cool marble floor were all awaking my five senses.

Children performing a traditional Tamil dance.

At a tea farm, our group was welcomed by a dance performance by local children. A traditional Tamil dance was followed by a "Gangnam Style" (a Korean pop song) dance performance from which I could see a sign of globalization. SVFWO members actively interact with Sri Lankan Tamils. They illustrated multi-cultural life in Sri Lanka by giving examples of everyday life; having toast for breakfast, Sinhala curry for lunch, fried rice for dinner; shopping at Muslim stores. At a supermarket in Negombo a variety of products by multi-national corporations, which were tailored to local needs, were occupying shelves. Meanwhile, "Port City Project" by China was in progress. It looked like the tears of local fishermen' families were hidden under the glamorous future plans.

From the people who I met in Sri Lanka, I could feel love for their families, community, country, nature, and themselves. They respect any time frame; fortunes passed down by their ancestors, their current life, and their future.

I appreciate all the people who we met in Sri Lanka; members of NAFSO, HDO, SVFWO for their tireless effort; Dr.Ashoka of the National Institute of Traditional Medicine for his enlightening information. I wish them to be blessed with "Ayubowan", a long life.

NEWS FROM FRIENDS

The NADA Protocol in the Marawi Siege: From a Disaster Survivor to an ADS Helper
Ms. Janet Paredes, National Acupuncture Detoxification Association (NADA)-Philippines, ILDC 1995, Philippines

Ms. Janet Paredes

1. Introduction

On August 21 to 25, 2017, NADA Philippines held a training-clinic in Iligan City, Mindanao, Philippines in response to the then ongoing Marawi Siege which started in May that year. The recipients of the treatment were internally displaced persons (IDPs) from Marawi City and the surrounding areas, with many of them staying in temporary shelters and evacuation centers. Fifteen new Acupuncture Detoxification Specialists (ADSes) were trained, with some of them refugees themselves.

Ms. Eulit Torres

Ms. Eulit Torres is the President of the Multi-Stakeholders Initiative for Humanitarian Action against Disasters and the Executive Director of Tri-People's Organization Against Disasters Foundation. She underwent the NADA Protocol Training and became a certified ADS in November 2015. She assisted in the August 2017 training in Iligan City.

Ms. Rohaima Regaro is a college graduate of the Mindanao State University of AB-Islamic Studies and works at Unypad Ranao, a local NGO. She is one of the fifteen ADSes trained in Iligan City.

2. Throwback

Before the Marawi siege, the city was a melting pot of southern Philippines. Marawi City had a population of 201,785 (Census 2015) and was one of the first urban areas of the Autonomous Region of Muslim Mindanao, aside from Basilan and Cotabato. It is the only Islamic city in the Philippines and the capital of Lanao del Sur, which is among the poorest provinces in the Philippines with 60% of population being poor.

The Marawi crisis started on May 23, 2017 around 2:00 pm. Terrorist Maute group attacked the city, burning churches and schools and taking over hospitals and prisons. At 10:00 pm, Martial Law was declared all over Mindanao, which was favored by the Mindanaoans as they felt safer to see soldiers patrolling the area. As of June 6, 2017, the city is still in ruins, like what we see in Syria. The most affected communities are 25 barangays, which have not been penetrated or accessible by people who used to live there. We call this Ground Zero.

3. Impact of the conflict

A total of 104,220 families or 466,040 individuals were displaced. Not all of them were documented by the government because of the tedious process of profiling. Many of those affected came from Marawi City but those who evacuated went to different areas such as Iligan City, Lanao del Norte, and farther north to Cagayan de Oro and Cotabato City. Others went to CARAGA, Bukidnon, and Metro Manila.

Ms. Janet Paredes as a speaker.

The number of families with DSWD Assisted Family Access Card (DAFAC) is only 78,466 out of 104,220 families, which is equivalent to 359,466 out of 466,040 individuals. Also, only 4,950 out of 104,220 families are inside evacuation centers; the majority or 99,270 out of 104,220 families are home-based. Some families refused to evacuate their homes.

CONDOLENCES

Mr. Sundaram Joseph Prabhu, ILDC 2005, India

Mr. S. J. Prabu at the Reunion Seminar in India 2013.

We are deeply saddened by the loss of AHI Alumnus Mr. S. J Prabu, Director, ARPED, India on October 23, 2019. Our deepest sympathies go out to him and his family. May God give you the comfort and peace that you seek and may the soul of your loved one rest in peace. He was a pioneer social activist in Tamil Nadu, committed to liberating the Dalits, tribes and marginalized. He used street theater to liberate NGOs and others. He was a good singer and played harmonium and tabla. He wrote liberation songs, and published life stories of agricultural laborers, fisherfolks, stone cutters and all rural working groups. He co-founded the Dalit Agricultural Laborers movement in Tamil Nadu. He trained folk theater groups to liberate them as bonded laborers. He might be gone but his songs would never die. Rest in peace.

By Mr. Murugan Kalirathnam, Thiruppani Trust Association (TTA), ILDC 1994, India.

Ms. Carmenchu Badilla, ILDC 2007, Philippines

Ms. Menchu Badilla (left) with other participants of the 2014 Reunion Seminar in India.

This is a very sad moment for the Integrated Medicine for Alternative Health Philippines, Inc., as one of our former staff and an AHI alumnus Ms. Carmenchu Badilla passed away on November 23, 2019. Menchu left INAM in 2017. We are still in disbelief that she is no longer with us especially since we knew her as a very strong person. Menchu dedicated her life to serving the communities even though this means being away from her family. She is a devoted mother to her two children whom she loves very much.

By Ms. Florentina Olivay Urag, INAM Philippines, Inc., ILDC 2014,Philippines

New AHI Staff

Ms. Naoko Tanimura

I am Naoko Tanimura, recently joined the AHI team in Japan. It is a great pleasure to get connected with you all through this newsletter and thank you for allowing me to say a few words about myself.

I was born and raised in Osaka. Upon graduating from a college there, I moved to the USA to pursue my Master's degree in Intercultural Communication, which was still a fairly new academic field back then. Students were from over a dozens of different countries in our class —it was truly a learning by experiences!

When I finished my Master's in Boston and the related internship in California, I came back to Japan and started working in Tokyo. I worked in the field of Human Resources in several multi-national corporations, all of which gave me wonderful experiences in building my HR career, particularly in organizational and people development both in Japan and across countries. Regardless of size, structure, sector and field of operations, it is so true that people are the key drivers to shape the culture of an organization or team. Developing organizational and people capabilities have always been my keen interest.

Then at one point during those times, I was given an opportunity to plan, lead and promote a corporate social responsibility projects in the company for which I had worked then. My projects dealt with a wide range of topics, including, but not limited to, health and nutrition promotion program in Bangladesh, revitalization of local dairy farming in Tohoku where the devastating earthquake had hit in 2011, and children's health promotion through sports activities.

Most recently, prior to joining AHI in June, I had lived in Chiangmai, Thailand for 3.5 years, working to help setting up a company which supports the operation of a local orphanage. I absolutely enjoyed it (though my Thai language skills have never exceeded to toddler's level!) and the experiences I had and people I had met there helped me broaden my personal views on work and life.

Now my new challenge has started at AHI. We will see how and where things would take me through exciting but not-yet-known encounter.

SUPPORT AHI!
BE A MEMBER!

AHI is supported by the membership contributions of its supporting members all over Japan. Due to the unstable Japanese economy, the number of supporting members have been declining. AHI has tried to reach out people from overseas, like the AHI Alumni, partner organizations, and all other generous persons to become supporting members. So far, there are AHI Alumni who became members. Your contribution is the bloodline of the AHI programs and projects. It is crucial in developing the capacities of community organizers and leaders from both government and non-government organizations to become more effective and efficient change agents.

Type of Supporter	Annual Membership Fee
1. Supporting Member	**Amount**
Organization (S)	$300 per year
Individual (A)	$100 per year
Individual (B)	$ 50 per year
Individual (C)	$ 30 per year
2. Donation	Any amount, anytime

Please check our website and go to the page of "support AHI". ***http://ahi-japan.sakura.ne.jp/english/html/.*** *If you have any questions, please e-mail to:* ***info@ahi-japan.jp.***

CALL FOR ARTICLES
Attention AHI Alumni!

Please write your articles based on these themes:

- Alternative Approaches to Capacity Building
- Peacebuilding Initiatives
- Water Conservation and Protection
- Efforts on Sustainable Development Goals
- Social Media and Networking as a Tool for Community Organizing and Development
- Youth Participation in School and Community Building
- Participatory Governance, Policy Making, Lobbying
- Rights-based Approaches
- Case Stories of People With Disabilities