

Batam 2: Institutionalisation and Scaling Up

Building on the lessons learnt from Batam 1, the project is being scaled up to an additional 34 villages during the next phase (2006-2008). ICOMP is continuing to play a technical role in the project implementation in collaboration with YMTR.

New dimensions of Batam 2 include:

- The establishment of local CBOs at the district and village levels as a step towards instituting accountability and ensuring sustainability of the project; and
- Setting up Model Villages (*'Desa Sejahtera'*) to showcase best practices in community-based RHCS and development.



Increased economic security from 'kelompok' activities (top to bottom): chicken rearing; kompong drumming; and convenience store



Community-based RH Commodity Security

"Health promotion works through concrete and effective community action,... At the heart of this process is the empowerment of communities - their ownership and control of their own endeavours and destinies,"
Ottawa Charter, 1996 (1st International Conference on Health Promotion)

Community empowerment through parallel income generation and RH promotion activities has shown to be a viable strategy for reducing health disparities. In settings where contraceptive supplies and logistics are weak, enabling local communities to ensure RH commodity security (RHCS) is increasingly being given priority.

Community-based RHCS – mobilising a community's resources to meet and manage their own contraceptive/RH needs – represents an innovative response. Promoting the concept of self-reliance guarantees accessible and affordable choice of contraceptives and other essential supplies that is independent from the public sector.

ICOMP has embarked on a pilot project to demonstrate the integration of FP and RH with community development as a feasible model for RHCS. Together with local partner, *Yayasan Masyarakat Tertinggal Riau* (YMTR), ICOMP is working in the Batam islands of Riau Province, Indonesia.



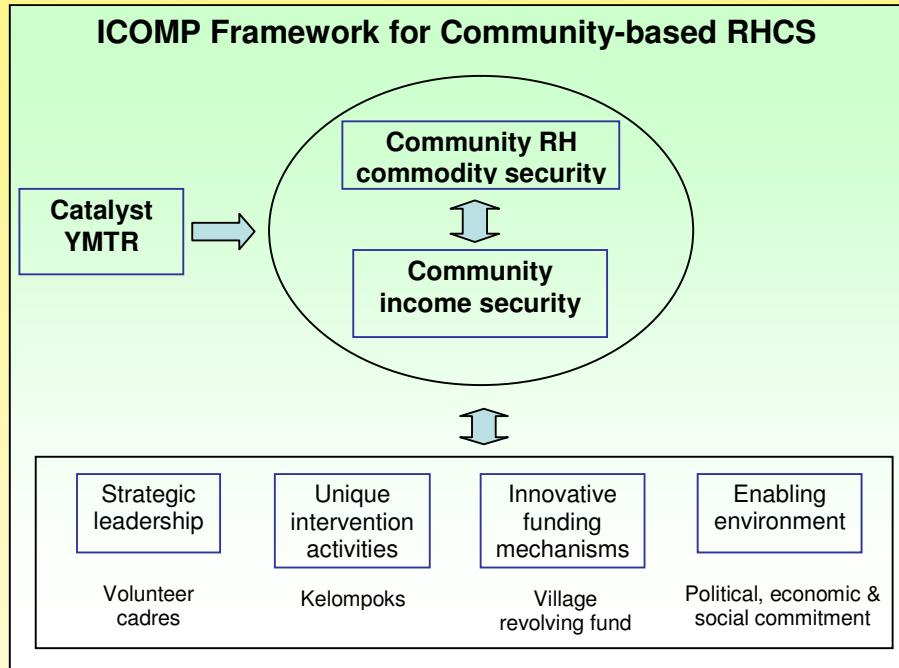
The majority of Batam's indigenous population reside in scattered islands with limited access to economic opportunities & health services

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Batam 1

The pilot project or 'Batam 1' was implemented from 2003-2005 with support from the Ford Foundation. Drawing on ICOMP's expertise in leadership and management development, the capabilities of local communities and NGOs were enhanced.



The project addressed dual goals of income security and RH supplies through unique interventions and mobilising resources:

- Group activities or 'kelompok' for income generation were set up in 9 villages.
- 25% of profits from a kelompok are channelled into a village revolving fund where 5% is specifically for running a village pharmacy. First supplies were provided by Ford Foundation and through subsequent sales it became self-sustaining.

Developing strategic leaders from the community, particularly women cadres, was vital in the success of Batam 1. ICOMP also strengthened the capacities of implementing NGOs, YMTR and Yayasan Mitra Inti (YMI), by providing technical assistance on advocacy, resource mobilisation, coordination and sustainability.



Training for cadres on family planning counselling

The project showed wider positive change in improved RH knowledge and behaviour in both men and women; increased literacy; greater community cohesiveness; family welfare development; and linkages to the public/private sector. The main target group were women who now feel empowered to exercise their RH rights:



"I know more about RH & will seek care when needed & I will also attend a clinic at the nearby holiday resort." Siti Zawiyah, Tereh village.

Contraception & basic medicines are now accessible in villages