It was far more dire than I could imagine and visualize. I just realized that I had never seen anything so bad in my whole life" — David Booth MBE

The year is 1998 and it is not well on the island of the Gods. Way off the beaten track, just three hours away from Bali's holiday hotspots, pockets of tiny villages and hamlets exist, that most people never see. The conditions here are far from a tropical paradise. High on a rugged landscape, between the holy mountain of Agung and the mountain of Abang lives a group of people who are completely isolated from the rest of the island. These people live their lives in abject poverty.

During this part two series, we travel back in time, following the remarkable story of a community-based project, which was born out of compassion for humanity. Over 14 years, the East Bali Poverty Project has focused on its tremendous efforts on an unique group of people 'needyed' among East Bali's mountain range. Arguably, one of Bali's most economically deprived regions.

The energetic Chairman of the East Bali Poverty Project (EBPP) David Booth founded and spearheaded the project in 1998. Working together with a talented team supported by generous donations from around the world, EBPP assists the local community on projects that build a self-sufficient, sustainable solution to poverty stricken areas. By prioritizing goals – such as children's education, public health deficiencies and food security, EBPP has managed to effect needed changes that have touched the lives of every member of that community.

David Booth MBE

The East Bali Poverty Project (EBPP) is a non-profit organization established in 1998 after an appeal for help by an isolated, 7,200 hectares mountain village, forgotten by time and progress. Participatory community surveys in 1998 with 1,056 of the 3,000 families in the 19 sub-villages revealed thousands of people living without water, sanitation, roads, schools, health facilities and electricity. Illiteracy was approaching 100%. Malnutrition and iodine deficiency disorders were endemic causing unhealthy childhood, brain and body development.

With education as a starting point, EBPP also runs environmental initiatives to provide sustainable livelihoods and ensure the preservation of the local environment and ecosystems. The philosophy of "helping people to help themselves," all programmes are designed as models that can be replicated, and sustained by local people who transfer knowledge within their communities.

In 2004 when David Booth was involved with an MBE (Member of the Order of the British Empire) for Services to Sustainable Development in Rural East Bali, Indonesia he publicly dedicated his award to his co-worker and team leader, Komang Kanisawan, who has worked tirelessly with him since the project's founding and helped him build a team to empower the Ban village community.

The Search for Ban

David Booth was born to a poor family located in the northern town of Loserenos, England in 1947. As he trained to be a Civil Engineer, David had little understanding of just how essential those skills would be to others.

"I set my sights to eliminate poverty. In the poorest parts of Indonesia and after four years of research, looking around, I believed it was in Bali," recalls David.

Community Health

At the time of the survey, there were two Puskesmas Pemutang (sub-community health centres). Each dusun should have a Posyandu (individual pre and post natal service) coordinated by a community leader. But in Desa Ban these services were not available to 90% of the families due to lack of government resources.

What action villagers took when sick, depended upon where they lived and the seriousness of the sickness. Those living in Zone A usually went to the Puskesmas (community health centre) an average of 16km away. Most of those who live in Zone B stayed at home due to the far and often dangerous walk down the mountain. They relied on the local Dukun (traditional healer). Sickness thrives in fever, cough, choleras, diarrhea, skin irritation, and rashes.

Nutrition

Most of the villagers only ate cassava or com. Occasionally with rice. The children eating this diet were dealt with and the steep dirt access roads improved.

Data Analysis of Desa Ban (1998)

Soon after the East Bali Poverty Project pilot began, staff began educating residents about good nutrition and hygiene. Iodine supplementation was introduced and over children were given iodine tablets. Nearly everyone was illiterate and the only government school, a six-hour walk, sat derelict. Children began classes in basic agriculture studies and they were given a balanced meal with a glass of milk every day. Within three months hope was becoming a reality.

The Project did an interactive participatory survey in Desa Ban by interviewing the heads of 1,056 of the 2,045 families in 1998. The average family size was 8.65 and acceptance rate 98%. The survey was conducted by 12 trained, motivated women in the villages.

Water Supply

In 1998 nobody had water supply. Some families in zone A (five hamlets accessible by the only road) had a small or simple reservoir (cubang) to collect rainwater from their roofs. When the water finished or became too polluted, they bought water from a tanker. There was a reservoir in Dusun Panekel fed by a dammed flow from Manmark spring, high up Mount Abang in Dusun Manikail.

Zona B consisted of 14 hamlets further up the mountain, without road access or any form of transport. Only a few families had cubang, which is the main source for drinking, hygiene and farming. Most people took water from remote springs or wells up to 8 hours walk away. With no access to clean drinking water and unsanitary conditions, treatable diseases like dysentery, viral diarrhoea and other water-borne diseases were rife, and the infant death rate averaged 39% before age one and was as high as 50% in some hamlets. The number-one cause of child mortality was determined as E Coli bacteria present in all the water. EBPP gradually eliminated these deaths by educating the parents to boil water.

Cretenism and Goitre

A Government Survey in 1998 showed 85% goitre prevalence in Desa Ban – showing that a large number of whole families left brain-damaged by their meagre diet led David Booth, to seek International Aid in 1999 from UNICEF – enabling EBPP to eventually establish its basic health clinics, providing better access to health care for the 3,500 families and a drastic decrease in child mortality over a period of 3 years. In Year 1, intensive iodine deficiency awareness and education were given to women of child bearing age and children 5-12; Year 2 – Vitamin A awareness and capsules to all children and the head of each family of child bearing age and in Year 3 – initiation of the 27 health clinics.

When EBPP's expert health advisors surveyed the most remote hamlets in 1999, they encountered dozens of people whose physical and mental development had been stunted through lack of iodine in their cassava-crich diet containing a "gulo" (ruminant) that blocks iodine absorption to the body and suppresses thyroid functioning, resulting in goitres and the extreme acute iodine deficiency. In 1999,...