

Results: Of the 4,480 cumulative households surveyed from 31 May until 01 December 2002, 57.0% reported a decrease in the amount of food consumed in the two weeks prior to the survey; 67.3% ate less high protein foods (meat, fish); 62.5% ate less fruits/vegetables; 44.3% ate less dairy; and 26.4% ate less basic grains. There were no significant differences in food consumption between WB and GS. The GS households had a greater prevalence of borrowing money and selling assets (57.2% and 25.2%, respectively) than the WB (49.4% and 16.2%, respectively). Lack of money was the primary reason for these activities in the GS (95.8%) and the WB (60.7%), although the imposed curfew was the reason given in 27.8% of the WB households. Markets were functional throughout the collection period.

Conclusion: Food insecurity in the WB and GS is mostly due to a depressed economy and diminished household purchasing power.

Keywords: assets, curfew; economy; food; Gaza Strip; households; insecurity; markets; money; West Bank

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Nutrition Survey in Mauritania

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Background: The Islamic Republic of Mauritania has been affected most by the drought in the Sahel region, as a result of the delayed rains and a low cumulative rainfall. World Vision conducted nutrition surveys in the Assaba and Tagant regions between 12 October 2002 and 02 November 2002, in order to estimate the levels of malnutrition among children age 6 to 59 months.

Methodology: The two regions were divided into four agro-pastoral zones, namely, Aftout, Kankossa, Kiffa/Guérrou, and Tagant. Surveys were conducted in each one of the four zones using a two-stage cluster sampling methodology. A total of 3,619 children were measured.

Results:

Zone	Severe Acute Malnutrition		Global Acute Malnutrition	
	(%)	95% CI (%)	(%)	95% CI (%)
Aftout	(2.4)	(1.0-3.8)	(14.1)	(10.9-17.3)
Kankossa	(4.1)	(2.3-5.9)	(13.2)	(10.1-16.3)
Kiffa	(2.2)	(0.9-3.5)	(12.1)	(9.1-15.1)
Tagant	(2.4)	(1.0-3.8)	(10.9)	(8.1-13.7)
Total	(2.8)	(2.0-3.6)	(12.6)	(11.1-14.1)

The crude mortality rate in the survey sample was 0.47 deaths per 10,000 populations per day or 1.40 deaths per 1,000 per month, while the under-five mortality rate was 0.67 per 10,000 per day or 2.02 deaths per 1,000 per month.

Conclusion: The nutrition status of children in Mauritania is a concern, and requires the response of the international community. The current levels of malnutrition demand targeted food aid, in addition to therapeutic and supplementary feeding programs.

Keywords: children; crude mortality rate (CMR); food; Mauritania; nutrition

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Case Study: Bali: Lessons Learnt

Challenges in Victim Handling at the Sanglah Hospital after Bali Bombing

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Objective: To identify the challenges in the handling of victims after the explosions in Bali, and to develop strategies to address these problems.

Methods: Observations and review of experiences, reports, news, and other materials from organizations attending the victims of the bombing were summarized.

Results: First-aid provided at the site of the bombing area was poor, transportation to hospitals was limited, and preparedness for handling of massive numbers of casualties at the hospital was minimal.

Conclusions: The challenges created by the bombing in Bali included the lack of a prehospital disaster plan and intra-hospital disaster organization. Therefore, it is important to develop strategies for improving the prehospital and hospital disaster plan.

The Bali Blast Disaster

Time:	12 October, 2002, 23:15 hours
Location:	Kuta Beach Area, Bali, Indonesia
Type:	Terrorism bombing
Casualties:	138
Deaths:	183
Missings:	46

Keywords: Bali; bombing; disaster; explosion; first aid; hospital; prehospital; plans; victims

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International SOS Mass Casualty Evacuation - Bali 12 Oct 2002

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Currently, International SOS is the largest medical assistance company worldwide, and has been involved in crisis management during international disasters, both natural and manmade, that have occurred during the last 28 years. International SOS works on behalf of its clients in an effort to ensure that medical care meets appropriate international standards, and that if such care is not available, these persons can be transported safely to the nearest centre of medical excellence, either by charter or commercial means. Dedicated air ambulances are stationed throughout the world, and access to charter aircraft is provided for mass evacuations.

Local medical support is provided on-site in locations such as Bali, to expatriates, tourists and locals, and a detailed knowledge of the local culture and medical capabilities is maintained.

Its role in the Bali disaster was a significant one, and, as the only privately run company involved in mass evacuation of casualties working alongside the Australian military efforts, provided a learning experience in planning and a