

accord brought and end to the fighting, but despite seven years of peace, many Mozambicans continue to risk injury and death regularly as they venture to obtain food and water, or access farmland and homes.

By 1996, the United Nations Accelerated Demining Programme had recorded over 1650 mined areas in ten provinces. Few accurate records were kept on the location of deployed landmines, and the current estimate of the number of mines in Mozambique is one million, although this continues to be debated amongst the demining community.

Disability

In 1995 UNICEF, in cooperation with the Mozambique National Department of Statistics and Ministry of Planning and Finances, performed a national population-based Multiple Indicator Cluster Survey.¹⁹ Results indicated that there were an estimated 22,000 persons with amputations in Mozambique. Another survey commissioned by USAID reviewed records of 25 civilian and one military hospital between 1975-1991, identifying 4507 persons with amputation.²⁰

Statistics on mine casualties in Mozambique provided by hospitals, demining agencies and non-government studies provide only partial information on mine injury in the country. Conservative estimates indicate that the number of landmine victims in Mozambique is 7000, although figures as high as 10,000 to 15,000 have been reported.^{3,14} Obtaining accurate country-wide statistics regarding death and injuries due to landmines is difficult. Up until 1990 the government did not permit the ICRC to indicate type of device causing war-related amputation nor distinguish between soldier or civilian. A nation-wide mechanism for recording landmine victims was only instituted in 1993, and as yet they have not been implemented satisfactorily in all provinces. Currently there are approximately 16 officially registered landmine victims each month in the six provinces

where data collection is functioning satisfactorily (Maputo, Inhambane, Sofala, Manica, Tete, and Zambezia).

A Physicians for Human Rights household survey was performed in 1995 in the provinces of Manica and Sofala. They determined that half of landmine victims did not survive the injury; of the survivors only 40% had received a prosthesis. Sixty-eight percent of the those injured were civilians, 16% women and 7% under age 14.¹⁶ In 1995

CIET International published the results of community surveys conducted in Cambodia, Afghanistan, Bosnia, and Mozambique. They found 25-87% of households had had daily activities affected by landmines, and 40% of households with a landmine victim experienced difficulty providing food for their families.⁷

Orthoprosthetics in Mozambique

Orthoprosthetic care was first established in Mozambique in 1972 as a private centre in Maputo. In 1980 the ICRC took over the centre and developed it to serve as the national centre. Currently there are two humanitarian organizations which between them, and in cooperation with the Mozambique Ministry of Health, manage the countries 10 orthopedic centres. In 1995, POWER took over management of the four centres originally established by ICRC in Maputo, Beira, Quelimane, and Nampula. All POWER centres employ polypropylene technology in the fabrication of prosthetic components. POWER's objectives include the creation of self-sustaining prosthetic and orthotic programs for Mozambique, provided freely to all, with indigenous people trained to provide these services. Handicap International (HI) established centres in Inhambane, Vilanculos, Lichinga, Pemba, Nampula and Tete. HI utilized indigenous materials in the manufacture of its prostheses and orthoses (wood, leather, steel and aluminum) but recently began incorporating polypropylene in some of its devices. All of the