

Firearm-related violence in Mozambique

Study prepared for the World Health
Organization and Small Arms Survey

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1. Introduction

The United Nations Programme Of Action to Prevent, Combat and Eradicate the Illicit Trade in Small Arms and light weapons in All its Aspects (UNPoA), adopted in 2001, recognizes the connection between the illicit trade in small arms and the exacerbation of violence, as well as the detrimental effect of this trade on socioeconomic development and global health. The UNPoA calls for a better understanding of the nature, extent, impact and dimensions of the illicit trade in these weapons and asks for the issue to be addressed simultaneously from the perspectives of both supply and demand.

The World Health Organization (WHO) has undertaken significant efforts in the area of violence prevention. Violence is one of the leading causes of death worldwide among people aged 15–44 years. In 2000, 1.6 million people are believed to have died from violence. Less than 10% of these deaths occurred in high-income countries (Krug et al, 2002). The WHO *World report on violence and health* profiles these efforts, presenting a comprehensive review of violence and its effects on health as well as assessing what is known about the magnitude of, risk factors for, and effective prevention strategies for various forms of violence. WHO has also developed activities in support of the UNPoA, recognizing the linkages between the misuse of small arms and its impact on health. In order to further understanding of this nexus, this study reviews firearm-related violence in Mozambique.

The broader purpose behind this study is to frame the compilation of data and its analysis within a public health perspective in order to better inform the design and implementation of violence-reduction strategies; we also seek to understand the role that small arms play in violence. Through this study we aim to gain an understanding of the magnitude and scope of firearm-related violence in Mozambique, as well as to uncover the circumstances surrounding this violence. We hope to identify the factors that influence the use of firearms as well as groups at risk of violence and risk behaviours.

The report is organized in six sections. The first section presents an overview of the public health approach to the prevention of firearm-related violence. Section 2 details the different research methods used in the study, identifying the limitations of each. In Section 3, existing studies and statistics on mortality from crime and injury are reviewed, and findings from focus group discussions held with young people in Mozambique about violence are presented. Section 4 presents an overview of studies on mortality and

morbidity from injuries, with a focus on firearm-related injuries, and analyses primary data on external causes of mortality. In Section 5 the focus shifts to the general context of firearm-related violence in Mozambique. Here we focus on local attitudes to firearms; issues of supply and demand for firearms are explored at the community level. The report's conclusions and recommendations are presented in Section 6. A Glossary and a Selected reading list are also included.

1.1 The public health approach to firearm-related violence

It is estimated that every year half a million people die from firearm-related causes (Small Arms Survey, 2004). Altogether, 200 000 of these deaths are attributed to interpersonal violence and crime as opposed to war and conflict. Millions more people are injured by firearms, and these injuries result in permanent or temporary mental or physical disability, or both. Interpersonal violence is one of the three major categories of violence identified by the *World report on violence and health*.

WHO defines violence as:

The intentional use of physical force or power, threatened or actual, against oneself, another person or against a group or community, that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment or deprivation. (Krug et al, 2002)

Using the ecological model, WHO's *World report on violence and health* explains that violence is not the result of a single factor but rather the complex interplay of varied cultural, socioeconomic, political and individual features. These determinants and the factors that exacerbate or mitigate their effects, shape the experience of violence across settings and help to explain the widely variable rates of violence observed (WHO, 2001). For the purposes of this report, injuries that are inflicted intentionally with firearms constitute what will be considered firearm-related violence.

The ecological model demonstrates the impact that factors such as accessibility to firearms may have on levels of firearm-related violence. While in some settings increased access – as measured by firearm ownership – is correlated with higher rates of firearm-related deaths, in others this relationship is not so apparent. In some contexts firearm possession is thought to increase personal security, whereas in others it is

believed to increase the incidence of violence (Small Arms Survey, 2004). Some assert that firearms cannot be said to cause and exacerbate violence (Small Arms Survey, 2004), but others argue that by changing the dynamics of power and giving people the ability to harm and kill from a safe distance, ready access to firearms may increase the incidence of violence and multiply its impacts (Cukier, 2002).

Firearms by themselves do not bring about harm or death. Yet firearm-related violence creates social unrest and has a negative impact on an individual's sense of security and, consequently, on the individual's quality of life. People constantly change their behaviour to adapt to increasing and emerging risks, so experience of high rates of firearm-related violence may be expected to lead to an increased demand for firearms within populations (Cukier, 2002; Krug et al, 2002).

At the individual level, firearm-related violence has a direct impact on health as well as on related costs for treatment, medicine and days lost from work. These costs may put extreme pressure on a household's expenses and influence perceptions of security. At the governmental level, responding to firearms violence puts pressure on security forces and drains resources from programmes that provide public health and social support. High levels of firearm-related violence may also have negative economic implications as a result of losses in productivity and decreases in foreign and local investment.

Traditionally, violence has been perceived as an issue to be dealt with from the perspective of law enforcement and criminal justice. In recent years, though, it has been increasingly acknowledged that the public health sector has a crucial role to play not only in treating the injuries resulting from violence, but also in preventing and reducing its impact. The issue was put on the international health agenda in 1996 with the adoption of a resolution by the World Health Assembly declaring violence to be a leading worldwide public health problem (Resolution WHA 49.25). The public health approach is characterized by its emphasis on preventing violence rather than simply treating the health consequences of it. The approach is multidisciplinary, requiring the involvement of a range of sectors and disciplines to prevent violence as well as to provide better care for those affected by it.

The public health approach proceeds from the strong conviction that violence and its consequences can be prevented. It challenges and seeks to empower people, communities and nation-states to see violence as a problem that can be understood and solved (WHO, 2001).

Thus, the public health approach entails analysing the extent of the problem and its underlying causal factors, formulating and testing ways of dealing with it and, finally, applying widely those responses found to be effective. The public health approach attempts to describe the impact of firearms violence and the circumstances that lead to it, identify risk groups and behaviours and document successful strategies to better inform prevention policies.

2. Research methods

Understanding the impact of firearm-related violence requires various types of information, including reliable statistical data on injuries and deaths related to firearms. However, statistical data alone are not enough. Other data need to be gathered in order to determine the societal and cultural context in which firearm-related violence exists, as well as other factors that influence its impact. Therefore, a combination of methods was used in this study. These included:

- reviewing statistics and literature;
- holding semi-structured interviews with key stakeholders, including focus group sessions with youths, interviews with former armed offenders as well as representatives of government and social services;
- retrospectively reviewing mortuary data on external causes of deaths occurring during the past 10 years.

Using this approach the study undertook to provide answers to the following research questions.

- What are the circumstances leading to firearm-related violence in Mozambique?
- What are the risk factors contributing to the incidence of such violence?
- What is the capacity of the state to respond, and what response has been undertaken?
- What is the extent of firearms availability and demand, and how do these influence the use of firearms?
- What has been done to curb the availability and use of firearms?

Primary data collection was conducted in cities in four provinces: Maputo city and Maputo province in the south, Beira in Sofala province in central Mozambique, and Nampula city in Nampula province in the north.

2.1 Research strengths and limitations

Review of existing studies and statistics

The research included a review of statistics on crime, injury and mortality in Mozambique. Hospital and police data were reviewed to obtain data on injuries. However, hospital and police data are influenced by people's help-seeking behaviour. Some population groups may have easier access to hospitals, health centres and the police (WHO, 2004). Furthermore, cultural practices and customs may also influence the type of health and security agent sought. In Mozambique, many people seek health care from traditional healers (*curandeiros*) and conflict resolution among religious leaders. However, hospital and police data are influenced by people's help-seeking behaviour. The net effect is that official sources of data, whether based in the health or criminal justice sector, are not capable of providing a complete accounting of all firearm-related violence. Victimization and health surveys can fill in the information gap left by hospital and police data, and have therefore been integrated into the report's analysis.

Part of the limitation on the statistical data available in Mozambique is rooted in a general lack of resources, making it difficult to provide for the efficient collection, compilation, storage and analysis of data routinely collected by different sectors. Where information exists, the geographical scope of existing studies is limited, and time frames for data collection, the coding systems used and the variables differ between studies, making comparative analysis challenging.

Semi-structured interviews

Semi-structured interviews were conducted with a variety of key stakeholders including representatives of the Ministry of the Interior and the Ministry of Health, the central hospitals in Maputo city, Beira and Nampula city, the Police of the Republic of Mozambique (PRM), United Nations agencies, academic institutions and nongovernmental organizations (NGOs) (see Annex 1 for the complete list).

Semi-structured interviews greatly depend on the availability of interviewees and on the length of time they can make available for the interview. Generally, we had no problems gaining access to interviewees, but the months that we allocated to research (November and December 2004, and January 2005) corresponded to the election

period, so this report does not include the comments of some government departments, such as customs and migration.

Focus groups

Existing data suggested that in Mozambique young people from marginalized neighbourhoods were more at risk of becoming victims or perpetrators, or both, of firearms-related violence. In this regard Mozambique is no different from most of the world (WHO, 2001). Accordingly, focus group discussions with youths from these neighbourhoods were one of the methods used to collect data for this study. The intention was to give these young people a chance to share their own experiences and thoughts on violence and crime, namely on firearm-related violence. Focus groups are a good tool to use to gain a better understanding of local realities and perceptions and, in this case, to analyse the features that may link youths to violence, crime and firearms.

In total, 72 Mozambicans, aged 16–29, participated in 11 focus group sessions conducted in Maputo city, Maputo province, Beira and Nampula city. Questions for the focus groups were primarily based on a questionnaire taken from a similar study conducted in Jamaica (Williams, 2001), and then adapted to Mozambique's local context and the specific objectives of this study. (See Annex 2 for the survey questionnaire.)

Usually, validation of findings from focus groups is made using triangulation – that is, by conducting individual interviews with a small sample from each group. The idea is that individual interviews diffuse peer pressure and respondents may provide information that was not volunteered during the group discussion. In this study, however, such triangulation was not completed owing to time constraints. Nevertheless, and in spite of the sensitive nature of the subject, the groups were able to maintain open and frank conversations, and their insights were later confirmed through informal conversations with some of the participants and other youths.

Focus groups were conducted with the collaboration and support of several NGOs and community associations, all of which are working directly or indirectly on violence and juvenile delinquency. These organizations acted as a link between the researchers and the participants. Logistical support, such as transport and locations for the sessions, were also provided by these associations. Their support was crucial and their enthusiasm inspiring.

Life histories

Life histories are useful instruments for understanding how individuals experienced and were influenced by major political and socioeconomic changes that occurred over time. Life histories also show how different spheres of life are interconnected. They unmask hidden minorities and give voice to those who are usually not entitled to have a say (for example, convicts). But these strengths may also represent limitations. The individualized nature of life histories makes it difficult to distinguish what about them is particular to an individual and what is common to his or her society. Validation of life histories is also difficult and time consuming, entailing tracing events and people to confirm a sample of statements.

For the purpose of this study, it was planned to collect life histories from former armed offenders. It was hoped that they would provide a better understanding of the motivations leading to armed crime in Mozambique and the context in which such crime occurred. Further, given their experience as perpetrators of crime, it was thought that these informants could provide insight into the risk factors for becoming a victim of firearm-related violence, such as who is at risk of becoming a victim, in which circumstances and why.

Due to time constraints and geographical distance, however, only one such history has been collected, that of Jorge. Three other former armed offenders had been contacted and agreed to share their experiences. However, during the time of the interviews, they were working on their *machambas* (vegetable gardens) and so were not available. Although one life history does not allow for much extrapolation, it has been used in this report to illustrate points and perceptions about violence and firearms in Mozambique.

Review of mortuary data

To allow for a retrospective review of mortuary data at the Legal Medicine Department of Maputo Central Hospital (LMD–HCM), a fatal injury surveillance database was established. The immediate objective of the database was to review information on firearm-related mortality in Maputo from 1993 to 2004. The database was set up with the support and involvement of both WHO and the LMD in order to ensure its relevance as a fatal injury surveillance system for the department beyond the short time frame of this study.

3. Violence in Mozambique

Violence is among the leading causes of death worldwide among people aged 15-44 years. In 2000, 1.6 million people are believed to have died from violence-related causes. Less than 10% of these deaths occurred in high-income countries (Krug et al, 2002).

In Mozambique, interpersonal violence is an increasing concern for policy-makers and NGOs. Gradually, more NGOs are focusing their attention on violence: efforts are being made to prevent juvenile delinquency, to offer counselling and support to victims of violence and to provide legal help. Mozambican NGOs that were initially established to assist in post-war reintegration and reconciliation efforts are now shifting their focus towards the prevention of interpersonal violence and promoting alternative approaches to conflict resolution. This shift has been made in response to concern over levels of violence and, to some degree, the use of firearms in crime and violence. While overall reported crime rates decreased between 1998 and 2003, reported rates for crimes committed with firearms increased during the same period (CG-PRM 2003a; CG-PRM, unpublished annual reports for the years 1999–2003). Crime data also suggest that violent crime in Maputo province has been increasing: homicide rates increased by 22.3% between 1997 and 2003, and rates for robbery committed with a firearm increased by 120.9% between 1998 and 2003 (CG-PRM 2003a; CG-PRM, unpublished annual reports, 1999–2003).

3.1 Review of studies and statistics

Crime data

In 2002, the National Institute for Statistics (INE) launched what was hoped would be the first biennial report on justice and crime (INE 2002). As it happened, it has become the only such publication. The main reasons for not continuing the initiative were cited as the limitations of the processes by which police data are collected and the consequent unreliability of the information.¹

¹ Interview with senior staff from the National Institute for Statistics (INE), December 2004.

Box 1. Reporting rates

Many factors influence reporting rates. The leading factors that affect the decision to report crime include: whether the public has trust in police and confidence in their performance, the value of the lost property, the level of violence experienced, the type of crime and the victim's involvement in it (for example, whether it is embarrassing) and the victim's relationship with the perpetrator (for example, cases of domestic violence) (INE, 2003). In Mozambique, the distance in time taken or money spent to get to the next police post is also an important factor.

Data made available by INE's victimization survey (INE, 2003) suggest that during 2002–2003 only about 10% of crimes committed were reported to the police. The distance in time to the next police station is often considered to be one of the factors influencing the decision to report a crime to police. The survey found that 22% of households reporting that members had been victims of crime were located less than 30 minutes away from a police station. Households located farther from police stations have much lower reporting rates.

One other factor that influences reporting is the severity of crime. Although the 2003 study does not present the proportion of reported crime by type of crime, it does disaggregate the data by type of weapon used in armed crimes (Table 1). It is clear that armed crimes were more often likely to be reported to the police than crimes committed without a weapon. Crimes in which firearms were used account for the highest percentage of crimes reported to the police (61.4%); indeed it is the only type of crime where more than 50% of crimes were reported. This suggests that reported data, while still a global underestimate of the overall crime picture, will tend to disproportionately represent crimes in which a firearm was used.

According to the same study, there appears to be limited confidence in the police services. Respondents to the INE survey who had not reported a crime to the police or other authority, said that their main reasons for not doing so were that they themselves had solved the crime (21.1%) or that they felt "the police could not do anything about it" (22.7%). At least 7% stated that police "would not care" about the crime.

At the provincial level, 38.3% of respondents in Maputo city, 56.6% of respondents in Maputo province and 49.6% of respondents in Sofala province said that the police could not do anything about the reported incident. Approximately 20% of

respondents in both Maputo province and Maputo city stated that the police “would not care”. Nationally, however, 51.7% of those who reported crime to the police claimed to be pleased with the way the police responded. Of those, 40% declared they felt safer after reporting the crime.

Table 1. Distribution of crime (%) by type of weapon used and whether crime was reported to police

Type of weapon	Crime reported to police	
	No	Yes
Firearm	38.6	61.4
<i>Arma branca</i> ^a	68.6	31.4
Blunt object	62.6	37.4
No weapon used	89.5	10.5
Did not notice	91.8	8.2
Total	90.2	9.8

Source: INE, 2003 (translation by IH)

^a This term refers to all cutting and/or perforating objects, e.g. knife, broken bottle, screwdriver, razor, etc.

Data collection and analysis is done manually by the PRM. There is no database, not even a computer, disk or shelf where the final drafts of the annual reports can be found; this provides a strong indication of the extent to which data collection and analysis, and monitoring systems, are under-resourced. The PRM is not an exception but rather typifies the situation found in other government departments. However the PRM data have other limitations and gaps, hindering their reliability and validity.

In addition to the limitations of data collection and retention, there is little scope for analysing the data and integrating findings into the planning and the design of prevention strategies. For example, while the number of reported cases has been increasing, so has the national population. Because statistics are not presented using rates, which would account for population growth, it is difficult to judge whether crime is actually increasing. Given that the number of reported crimes has been rising, the

perception is that crime is on the rise as well.¹ This negatively affects the morale of the police force.

For this study, data in the PRM annual reports from 1999 to 2003 were selected, reviewed and collated. Crime rates were calculated using population data from the 1997 national population census carried out by INE (INE, 2004c).

Prevalence of crime

INE's 2003 survey found that 25.8% of households interviewed had experienced at least one crime during the previous year. Theft of money or property, or both, was the predominant type of crime, accounting for approximately 90% of reported crimes (Table 2). Fatalities occurring within the context of a crime were rare, with 0.2% of household victims of crime stating that one person died as the result of crime, and 0.1% stating that two people died.

Table 2. **Percentage of crime experienced by household members in the year prior to the survey, Mozambique, 2002–2003**

Type of crime	% of respondents
Robbery	89.9
Kidnapping	0.4
Insults (offensive to a person's honour)	8.8
Threat of death, physical assault or destruction of property	2.0
Physical assault	2.3
Sexual offences	0.3
Physical assault by a partner (domestic violence)	1.3
Bribery	0.3
Others (excluding robbery)	1.1

Source: INE 2003 (translation by IH)

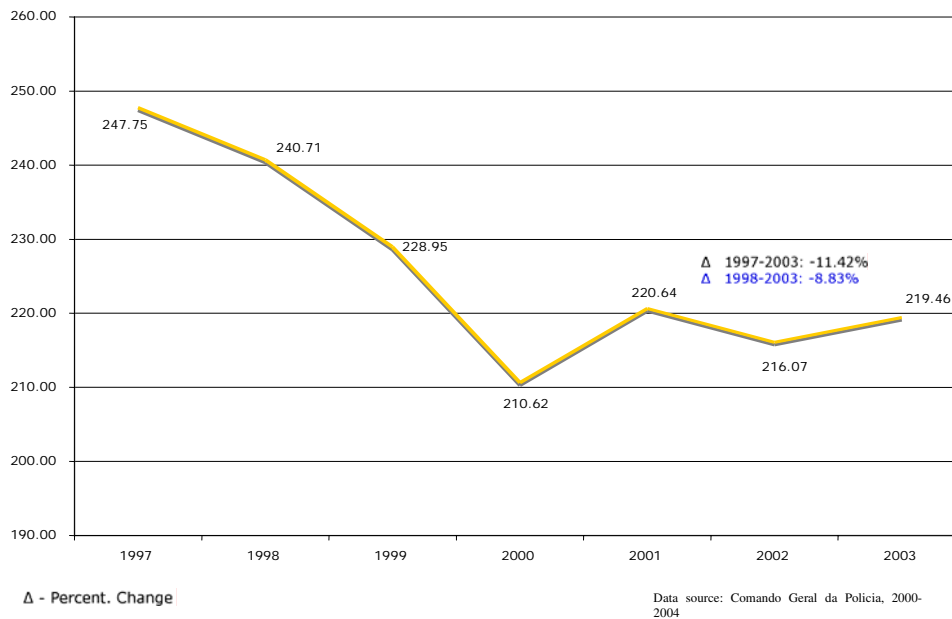
Overall, members of the urban population (30.4% of respondents) were more likely to be victims¹ than members of the rural population (23.9% reported having been a

¹ This perception is misleading; in reality the overall crime rate has decreased by 11.4% between 1997 and 2003.

victim). Higher rates were found in the provinces of Gaza (34.7%), Tete (32.9%) and Sofala (32.1%). The provinces with the lowest rates were Maputo (14.3%) and Niassa (17.2%). Maputo city, although generally perceived as the place with the highest crime rate, ranked fifth, with a rate of 28.9%.

However, when estimated crime rates based on crimes reported between 1997 and 2003 were reviewed, Maputo city and Maputo province had significantly higher rates than any other province. The varying motivations for reporting crimes to the police could be one reason for such a divergence of figures (Box 1). Figure 1 shows that, overall, crime rates in Mozambique decreased between 1997 and 2003.² The provinces of Maputo, Inhambane and Zambezia are the only three provinces that had significant increases in crime rates during this period (Figure 2).

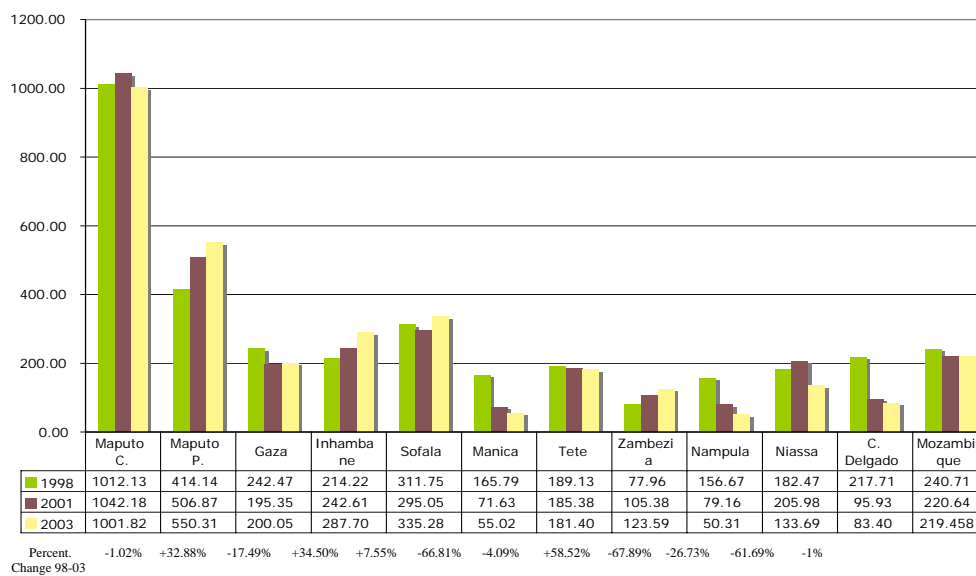
Figure 1. Crime rate per 100 000 population, Mozambique, 1997–2003



¹ The victimization rate is the percentage of households where someone has been a victim of crime during a certain period in a certain place. In INE's survey, the reference period is the 12 months prior to the interview; for the PRM it is the 5 years prior.

² The abnormally low number of crimes reported in 2000 may be due to the extreme floods that affected the country that year. The floods constrained people's mobility and all efforts and attention were focused on them, thus reducing both the level of crime and the opportunity to report it.

Figure 2. Crime rate per 100 000 population by province, Mozambique, 1998, 2001 and 2003

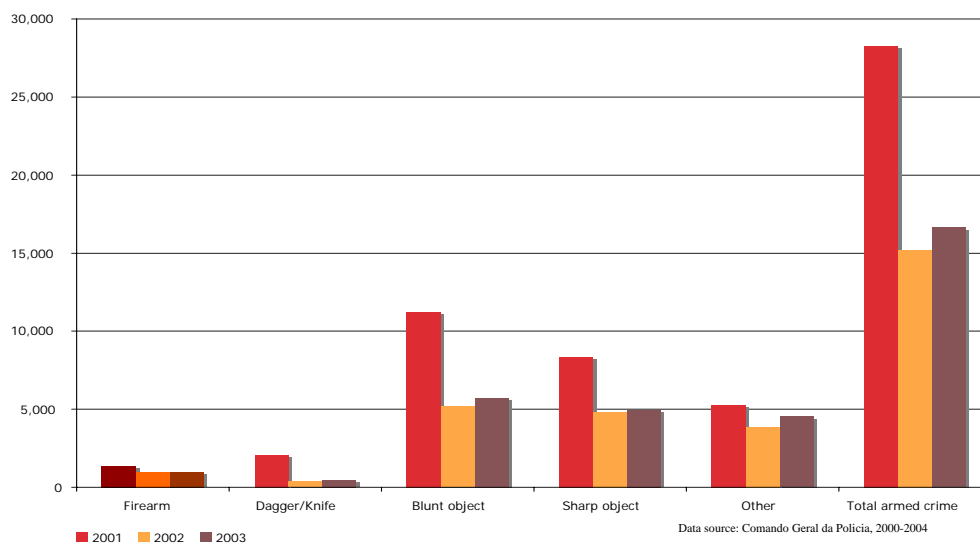


Firearms in crime

According to INE's 2003 survey, the rate of use of any weapon during a crime is generally low (less than 7%). However data indicate that nationally approximately 80% of robberies reported to the police and committed in 2002 and 2003 were carried out with a weapon (CG-PRM, unpublished data, 2004).¹ Blunt and sharp objects are the most common weapons used in reported robberies. Firearms are used in approximately 5% of reported cases of armed robbery (Figure 3).

¹ Again, the divergence in numbers may be explained by the fact that crimes committed with firearms are more likely to be reported to the police.

Figure 3. Number of armed robberies by weapon used, Mozambique, 2001–2003



Overall in Mozambique, between 1998 and 2003 the rates of robberies committed with firearms increased by 26.4%. Yet the distribution of these crimes is uneven, with rates ranging from 48.8/100 000 population in Maputo city in 2003 to 0.13 in Cabo Delgado (Figure 4). Robbery committed with firearms is most prevalent in the south, and is mainly concentrated in Maputo city and Maputo province. Indeed, INE's survey showed that more than 70% of all crimes committed with firearms in Mozambique took place in these two areas. Police statistics also show that the incidence of robbery committed with firearms in Maputo province is increasing, growing by 120.9% between 1998 and 2003.

Figure 4. Number of robberies involving firearms and number of homicides per 100 000 population, Mozambique, 1998–2003



Data source: Comando Geral da Policia, 2000-2004

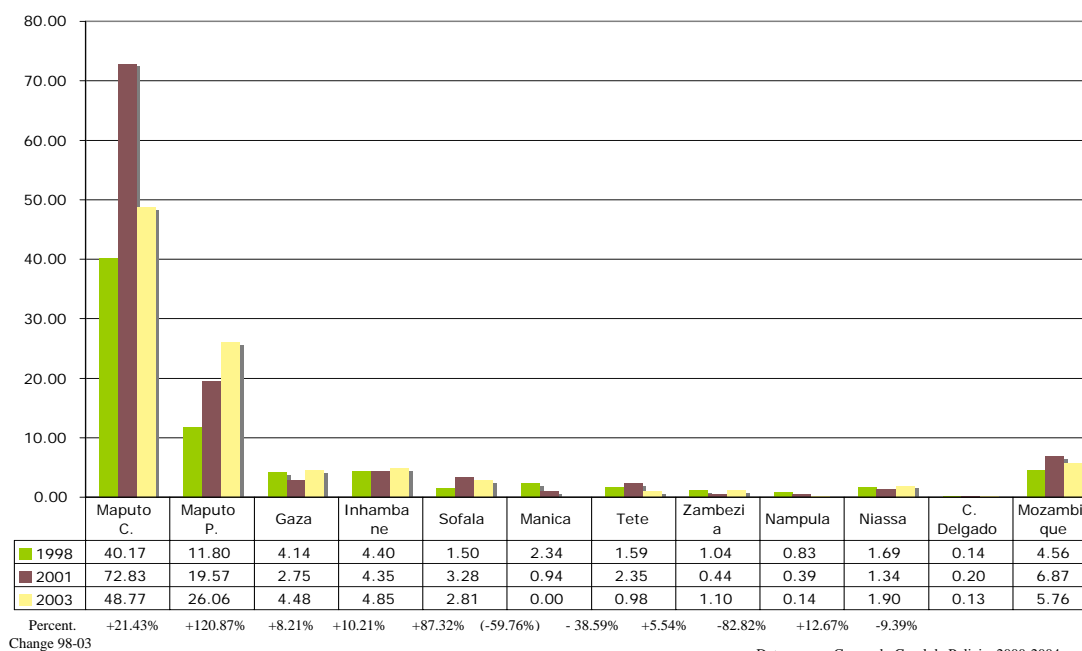
PRM's victimization survey offers a detailed picture of the use of firearms to commit crimes, although not at the national level. This survey was conducted in only four provinces: Maputo city, Sofala, Nampula and Zambezia. The survey asked respondents about incidents in which they had been victims of crime during the prior 5 years.

The results of PRM's survey reveal that firearms are the preferred weapon in armed hijackings of cars (carjackings) (used in 85.2% of all cases). It also showed that the victim was injured in 35.7% of all carjackings conducted with firearms, although it is not clear if the weapon caused the injury.¹ The same survey found that firearms were used in 10% of armed robberies other than carjackings and in 17.8% of armed assaults

¹ Interviews with a former member of a youth gang, Jorge, who specialized in armed carjackings, revealed that while the use of violence was frequent, shooting the victim was not (although it sometimes happened). When asked who was more vulnerable to violent crime, Jorge stated that while women were the target of choice because they were more fearful and compliant, men were more often subjected to violence since they tended to resist. Although there is not enough evidence to firmly substantiate this statement, existing data are consistent with it: PRM's survey reveals that women are as much at risk of being victimized as men, while at the same time we know that 82% of all patients with firearm-related injuries admitted to the Emergency Unit and Maputo Central Hospital in 2000–2001 were male (Bartolomeos, Neves & Bagus, unpublished data, 2002).

or threatened assaults.¹ The rate of armed robberies across 3 time periods within Mozambican provinces (Figure 5) shows Maputo city and province to be the primary settings where armed robberies are reported.

Figure 5. Number of armed robberies per 100 000 population for Maputo city and all provinces, Mozambique, 1998, 2001 and 2003



Homicide

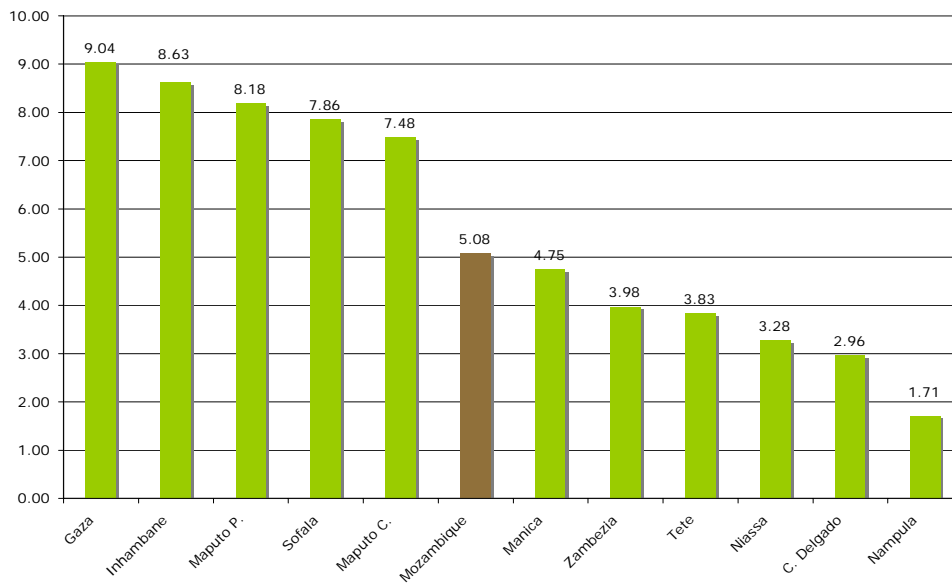
Homicide rates² reveal little variation over the period between 1998 and 2003, with approximately 5 homicides per 100 000 people occurring annually (Figure 6). Homicide occurs most frequently in the south, with the southern provinces of Gaza and Inhambane having the highest rates in Mozambique in 2003 (9.04/100 00 population and 8.63/100 000, respectively) (Figure 7). Maputo city, which reports the highest rates of crime and robbery committed with firearms, is ranked as fifth most affected province in

¹ The ISS exploratory survey (Leão, 2004a) in Chimoio found that firearms are predominantly used in cases of murder and carjacking.

² These rates reflect voluntary homicide only. The PRM defines voluntary homicide as occurring when someone deliberately kills another person.

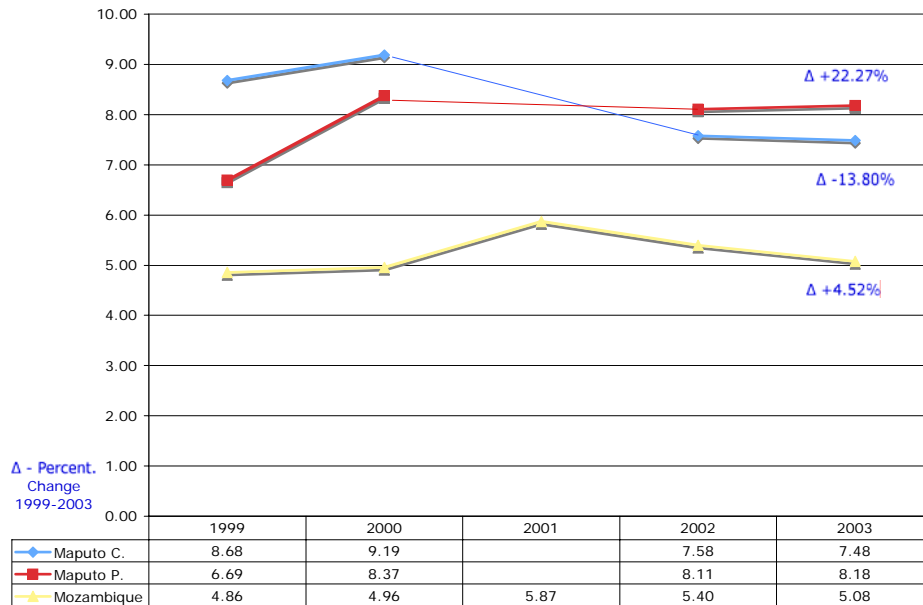
terms of homicide and has shown a decrease of 13.6% from 1999 to 2003. In Maputo province, on the other hand, from 1999 to 2003 homicide rates increased by 22.3%.

Figure 6. Homicide rate per 100 000 population by province, Mozambique, 2003



Data source: Comando Geral da Policia, 2004

Figure 7. Homicide rate per 100 000 population, Maputo city and Maputo province, Mozambique, 1999–2003



Data source: Comando Geral da Policia, 2000-2004

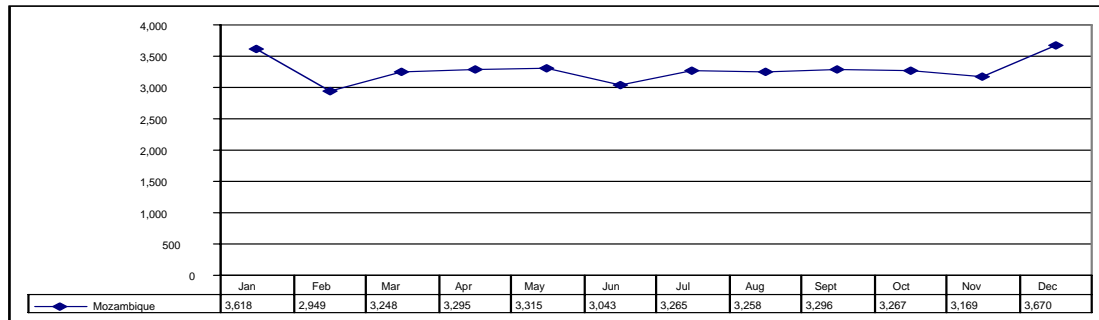
Unfortunately, data from the PRM's annual reports is not disaggregated in a way that would allow us to determine the proportion of homicides related to the use of firearms. Nor does it give any information on the personal details of victims and perpetrators and their relationship. Thus it is not possible to ascertain the proportion of homicides resulting from armed robbery and the proportion arising from other types of contact between the victim and perpetrator.

Patterns of crime

The PRM victimization survey (PRM 2004) disaggregates the number of reported crimes by province and month.¹ Unfortunately such data are not available for previous years, and hence it is not possible to identify any trends in the annual distribution of crime. Figure 8 shows that in January and December 2003 there was a significantly higher number of reported cases of violence, and the lowest numbers were reported in February, June and November.

¹ It is not clear whether the statistics are referring to the month of occurrence or the month in which the crime was reported. Either way, one expects the two to overlap in the majority of cases.

Figure 8. Reported number of crimes by month, Mozambique, 2003



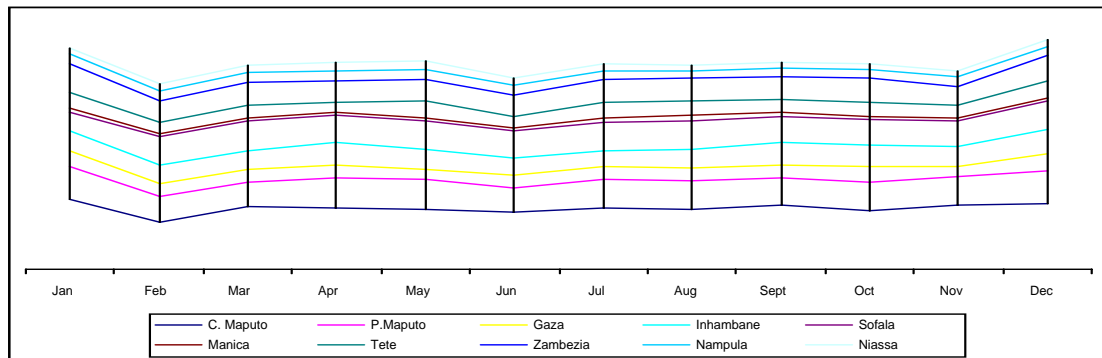
Data source: Comando Geral da Policia, 2004

These data are consistent with the general perception we gained, both from employees working in the security sector and civilians, that crime tends to rise in December and January. These two months coincide with the summer holiday season and also with Christmas and New Year festivities. This has been the most frequent justification given for the significant rise in crime during this period. On the one hand, people state that everybody wants to celebrate and one needs to have something to celebrate with. On the other, festivities also mean more drinking and thus an increased likelihood of interpersonal violence.¹ For the participants in focus groups conducted in Maputo city and Maputo province, the increase in crime and violence during this period was linked to the return of Mozambican citizens living or working in South Africa. These returnees are said to bring firearms, consume excessive amounts of alcohol and drugs and to be more violent due to their experiences in South Africa. However, there are not enough data available on migration patterns to allow for the validation of this claim.

In 2003, all provinces appeared to have had a similar distribution of crimes reported by month (Figure 9), and the distribution was also consistent with the national distribution. However, while Maputo city has a relatively stable number of reported cases of crime occurring from March to September, the remaining provinces reported decreases in crime in June.

¹ It should be noted that analysis of the data on injury-related mortality from the Legal Medicine Department of Maputo Central Hospital does not show any pattern in the monthly distribution of firearm-related violence.

Figure 9. Reported number of crimes by month and province, Mozambique, 2003



Data source: Comando Geral da Policia, 2004

A number of factors have been associated with this overall decrease. In one interview it was suggested that the decrease in crime reported during June may be attributed to it being a winter month so temperatures are lower and people tend to stay home in the evenings; they also mentioned that less homemade alcohol is produced during winter. Both of these factors reduce levels of social interaction and the number of houses left unattended. This could explain why in Maputo city the decrease is not felt: Maputo is the most cosmopolitan city in Mozambique, and alcohol and entertainment are available year-round.

Data show that more crimes are committed between 18:00 and midnight than during any other period (Figure 10 and Figure 11). INE's 2003 survey found that 46% of crime occurred between 18:00 and midnight, and only 12% occurred between midnight and 05:00. The number of crimes committed against property is constant throughout the day, increasing only from 18:00 until midnight. The incidence of homicide and attempted homicide rises significantly between these hours.

Figure 10. Reported number of crimes by time of day and type, Mozambique, 2003

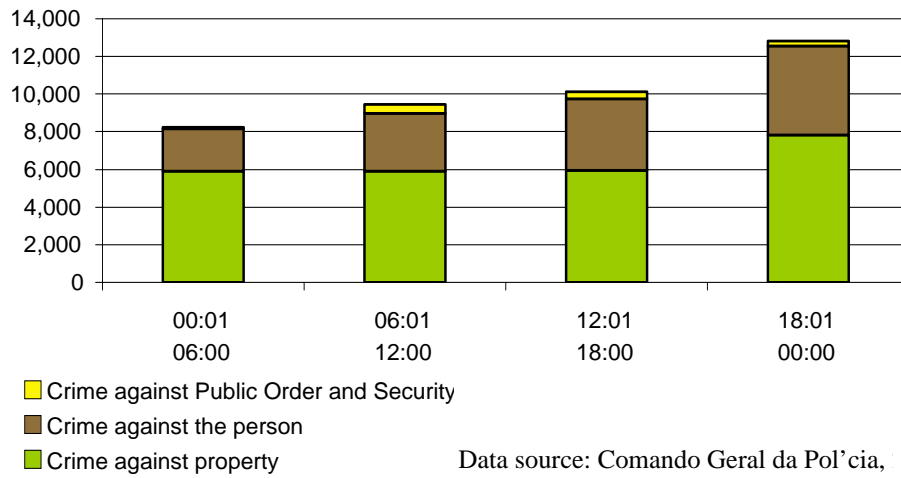
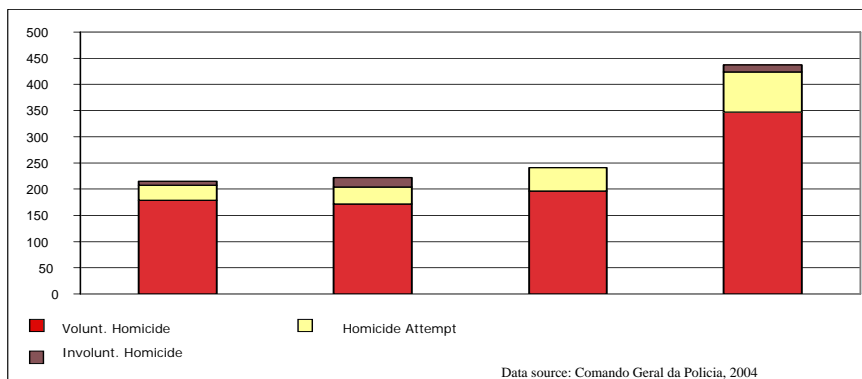
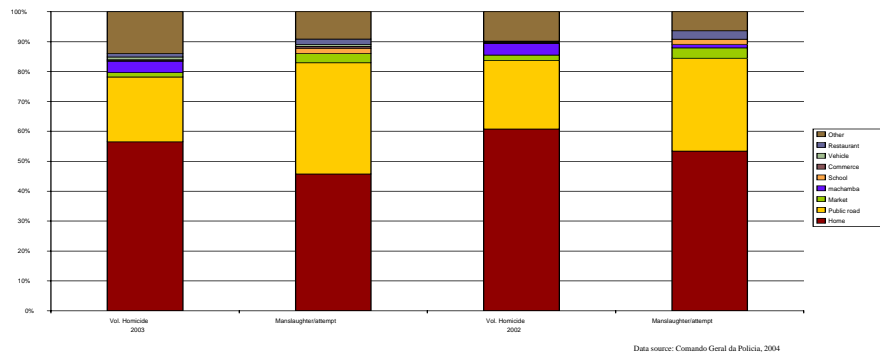


Figure 11. Number of reported voluntary homicides, attempted homicides and involuntary homicides by time of day, Mozambique, 2003



The location of criminal violence varies. Data from 2002 and 2003 indicated that homes and public roads are the most common sites of attempted homicide and voluntary and involuntary homicide, together accounting for nearly 80% of all locations of homicides in 2003 and more than 80% in 2002 (Figure 12). Similarly, INE's 2003 survey found that 66.7% of crime took place at the victim's home. Public roads ranked second, with 4.3% of crimes occurring there.

Figure 12. Number of reported voluntary homicides and involuntary homicides or homicide attempts by place, Mozambique, 2002–2003



3.2 Crime and victimization

Victimization studies

Crime data from police authorities is limited to the number of reported cases. Household surveys of victimization are a valuable additional source of data that permit a broader understanding of the magnitude, scope and types of crime in a certain area as experienced by its population. They also provide an insight into perceptions of safety and levels of trust in police performance (CG-PRM, 2003a; INE, 2003; Leão, 2004b; Pelsler, Burton & Gondwe, 2004; Stavrou & O’Riordan, 2004).

Three victimization surveys have been conducted in Mozambique, by PRM (CG-PRM 2003a), INE (2003) and the Institute for Security Studies (ISS) (Leão, 2004a). Though the purposes of the three studies varied, their conclusions are similar. The survey undertaken by the ISS was exploratory: it sought to test questions associated with firearm use, availability and demand in Mozambique. A sample of 34 households in Chimoio, in Manica province, were interviewed in April 2003. INE’s 2003 study was carried out under the scope of the National household Survey on Household Budgets. Researchers taking part in INE’s study interviewed a sample 8 700 households between July 2002 and June 2003, covering all 11 provinces of Mozambique. PRM’s study covered only the provinces of Maputo city, Sofala, Zambezia and Nampula, interviewing a sample of 2 851 households (Box 2). The main goal of PRM’s survey was to inform the design of its strategic plan.

Though considerably larger than the ISS study, the PRM and INE surveys were similar to each other. When interviewed in December 2004, senior PRM staff were not aware of the INE survey and INE staff were unaware of the PRM study. However, PRM staff had been involved in designing the INE questionnaire, and INE staff had been

consulted about the implementation of the PRM survey.¹ This limited mutual awareness indicates limited bureaucratic coordination between and within government departments.

Box 2. Definitions of crimes

In PRM's annual reports, crimes are divided into three groups.

- **Crimes against the person:** This category comprises all crimes committed against an individual, including theft of personal property, threats, physical assault and sexual assault.
- **Crimes against property:** Crimes fall into this category when someone steals or deliberately damages, or tries to steal and/or damage, someone else's property. This category includes breaking and entering, theft of car parts or goods left in the car, broken windows, etc.
- **Crimes against public order and security:** This category comprises all crimes against public infrastructure, such as the deliberate damage of streetlights, or that disrupt social order, such as reckless driving.

Crimes are further defined as described below.

- **Robbery:** In PRM's annual reports, the acts of stealing, or attempting to steal, are divided into three categories: *roubo*, *furto qualificado* and *furto simples*. These are distinguished by the level of violence, or threat of violence, used and by the value of goods stolen. Yet none of these can be translated into robbery or theft since even *furto simples*, the least serious offence, may involve the use of weapons and threat. In this analysis, unless stated otherwise, robbery includes the aggregated value of the three.
- **Armed crime:** This refers to any offence committed using a weapon or another object acting as a weapon.
- **Carjacking:** This is when someone steals, or attempts to steal, a car (or other motor vehicle) when the victim is inside or just outside of it.

¹ The PRM Survey was ultimately administered by the UNDP.

-
- **Breaking and entering:** Crimes fall into this category when someone enters, or tries to enter, a house without the resident's consent (regardless of whether they are present) and steals, or tries to steal, something.
 - **Voluntary homicide:** This is when someone deliberately kills another person.
 - **Involuntary homicide:** This is when someone kills another person without intending to.
 - **Homicide attempt:** This category is used when someone tries, but fails, to deliberately kill another person.
-

Perceptions of safety

An individual's perception of safety is influenced by their personal experience of victimization and also by their awareness of crimes committed against people around them (for example, family, friends, neighbours or work colleagues). As such, it is the perceived possibility of being the victim of crime that mostly influences people's sense of security (INE, 2003). It has been demonstrated convincingly in the criminology literature that a change in the perception of security is likely to be followed by a change in people's behaviour (Moser & McIlwaine, 2000). Fear of crime may also negatively affect people's quality of life (INE, 2003).

INE's 2003 survey found that only 54.2% of respondents felt "safe" or "very safe" in their neighbourhood, and 18% of respondents felt "very unsafe" or did "not go out at night". The figure for people feeling unsafe or not going out at night rose to approximately 40% in Maputo city. In Cabo Delgado province 32.8% of respondents felt this way as did 20.6% of respondents in Nampula province.

3.3 Firearm morbidity and mortality studies

There are few studies of mortality and morbidity¹ in Mozambique. Yet a solid understanding of the main causes of fatal and non-fatal injury² in a given population at a

¹ Morbidity: the incidence of a particular disease or injury. Mortality: the incidence of death in a population over a given period of time.

² For each fatal injury there are many more non-fatal ones (Peden, McGee & Krug 2002). In Mozambique, the ratio will probably be smaller than in developed countries, given the lack of pre-hospital care and lack of appropriate sanitary conditions. Non-fatal injuries, while not culminating in death and loss, impact greatly on society and public health. More often than not they require

given time is an indispensable asset in identifying the health needs of that population, determining public health priorities and developing effective prevention and control policies (Cliff et al, unpublished data, 2003; Sacarlal et al, unpublished data, 2004). High-quality reliable data is thus of paramount importance.

Studies of Mozambique are sparse in terms of both geographical focus and time frame and are difficult to compare owing to the use of different data sources and coding systems. Most studies of mortality and morbidity in Mozambique are focused in and around Maputo city, where the majority of qualified medical staff are present and data are more likely to be reliable. Both of these realities reflect some of the structural difficulties that the country still faces. In fact, and in spite of the many efforts of Mozambican authorities to decentralize, it is still difficult to attract qualified staff to areas with slower economic development, such as Nampula city and Beira.

Data on mortality in Mozambique should be available from Civil Registry Offices (CROs), LMDs, hospitals and local sanitation authorities. However, customary practices for burials are allied to a number of institutional constraints, and these result in low rates of death registration and thus undermine the accuracy of information on mortality.

Studies can be divided into three types:

- mortality studies, which focus on all causes of mortality, use the International Classification of Diseases (see Glossary) and gather data at CROs (Dgedge et al 2001; Cliff et al unpublished data, 2003; Sacarlal et al, unpublished data, 2004);
- injury-related mortality studies, which focus particularly on external causes of death¹ and which gather data at LMDs (Raman, 2001; Zacarias & Mabunda, 1997); and
- injury morbidity studies, which focus on the main causes of injury (Bartolomeos, Neves & Bagus, unpublished data, 2002).

These studies provide limited information about firearm-related injuries and deaths.¹ However that can hardly be said to be a flaw, since that is not their goal. In

hospitalization or other medical treatment and may lead to temporary or permanent disability (Peden, McGee & Krug 2002).

¹ External causes of death are those where death results from an external cause, circumstance or event, such as a road traffic injury, a homicide, drowning or fire, etc.

order to best present the findings of these studies and draw as much as possible from their data on firearm-related violence, data from these studies were reworked and set up in charts specifically for this report.

Data collection

Data collection and analysis in Mozambique faces many constraints. There is the lack of policies and legislation regulating data collection and availability,² and this gap places an extra burden on government staff, who have to analyse requests for data on a case-by-case basis without clear guidelines.

Other common constraints include the lack of resources made available for data collection and storage in government institutions and departments, as well as the lack of coordination and information sharing among them. More often than not data is collected manually: this means there is more chance of error; it is more difficult to retrieve information given the different handwriting styles; and files are more likely to be misplaced or lost. All these procedures jeopardize data analysis. Also, forms containing data are often compiled, by month or year, tied with a string and stored in any place where room is available. As a result many forms are degraded by humidity, insects and rodents, and potentially valuable information is being lost.

Many people in many different government departments are aware of this situation, and efforts have been made to develop data collection systems. With regard to data on mortality and morbidity from injuries in particular, several initiatives have been developed in past years. For instance, the Epidemiology Unit for non-Communicable Diseases in the Ministry of Health is working to establish an injury surveillance system in hospital emergency departments (Bartolomeos, Neves & Bagus, unpublished data, 2002). This is being done with the support of the WHO national office in an attempt to understand the incidence of fatal and non-fatal injuries. Also, the second³ national Demographic and Health Survey, carried out by INE and the Ministry of Health in 2003,

¹ Dgedge et al (2001); INE (2004a); Ministry of Health, Mozambique (MISAU), unpublished data, (2004); Raman (2001); Vicente (1997); Zacarias & Mabunda (1997); Bartolomeos, Neves & Bagus, unpublished data, (2002); Cliff et al, unpublished data (2003) Sacarlal et al, unpublished data (2004).

² There is legislation stipulating that INE is the lead government agency for statistics, but there is no mention of data sharing and access.

³ The first Demographic and Health Survey dates to 1997.

included a series of new question modules, among them one dedicated to gathering data on fatal and non-fatal injuries.

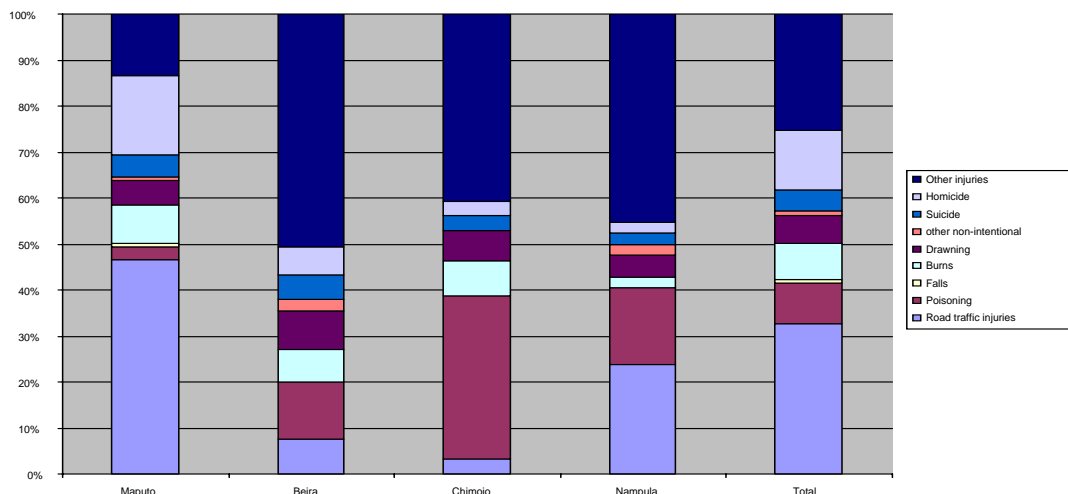
At the Ministry of the Interior, efforts have also been made to improve the process of analysing crime data. Since the late 1990s not only has more data become available, but it has also been presented and analysed in a more appropriate and substantive manner.

3.4 Firearm-related morbidity and mortality

External causes of mortality

In the urban areas of Mozambique in 2001, injury-related death accounted for approximately 7% of all deaths (Dgedge et al 2001; Cliff et al, unpublished data, 2003;). Figure 13 reveals that road traffic injuries, poisoning, drowning and burns are among the leading external causes of death in Maputo city, Beira, Chimoio and Nampula. Road traffic injuries impact on all four localities but are clearly the main external cause of death in Maputo city and Nampula. Poisoning is the leading external cause of death in Chimoio and Beira. In Beira, Nampula city and Chimoio more than 40% of injury-related causes of death are classified as “undetermined”.

Figure 13. External causes of death for Maputo city, Beira, Chimoio and Nampula, Mozambique, 2001

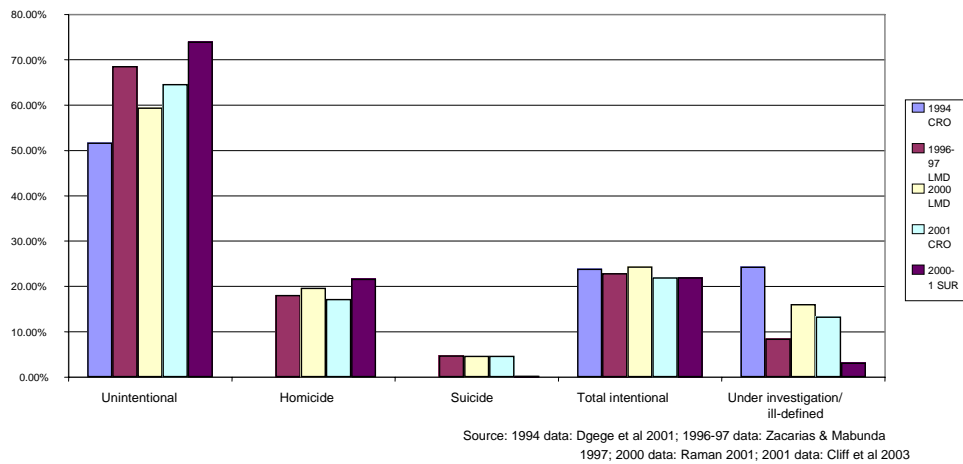


Data source: Cliff et al 2003.

Homicide occurs in the four urban areas of the study; it is the second most common external cause of death in urban areas but it is unevenly distributed, appearing to be mostly concentrated in Maputo city and to a lesser extent in Beira (Cliff et al, unpublished data, 2003). There is a large discrepancy between the figures for homicide collected in Beira (Sofala Province), Maputo city and Chimoio (Manica Province) and those revealed by police homicide data (see Figure 6 and Figure 13). Several factors may account for this: mortality data for Beira, Nampula city and Chimoio account for more than 40% of the undetermined injury-related causes of death; crime data is gathered at the provincial level, whereas our data come from provincial capitals only; mortality data refer to 2001 and police data to 2003; and, most importantly, mortality data were gathered at CROs, which for Beira and Chimoio account for less than 40% of expected deaths for those two cities.

In Maputo city during the past decade, more than 50% of the external causes of death were classified as unintentional, about 20% were related to interpersonal violence and around 5% were the result of self-directed violence (Figure 14).

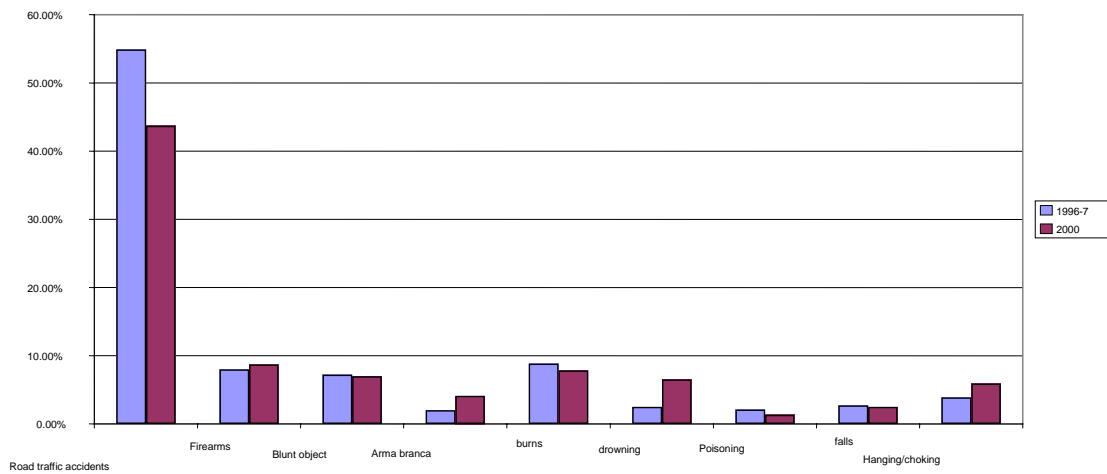
Figure 14. Deaths from injuries by classification of death (%), Maputo city, Mozambique, 1994, 1996–1997, 2000 and 2001



Firearm-related mortality and morbidity in Maputo city

According to the data, firearms rank as the second or third leading external cause of death in Maputo city, depending on the source¹ (Figure 15). Firearms account for about 8% of external causes of death and do not account for a significantly higher proportion of externally caused deaths than other causes. Road traffic injuries, on the other hand, account for more than 40% of all external causes of death in Maputo city (Figure 16).

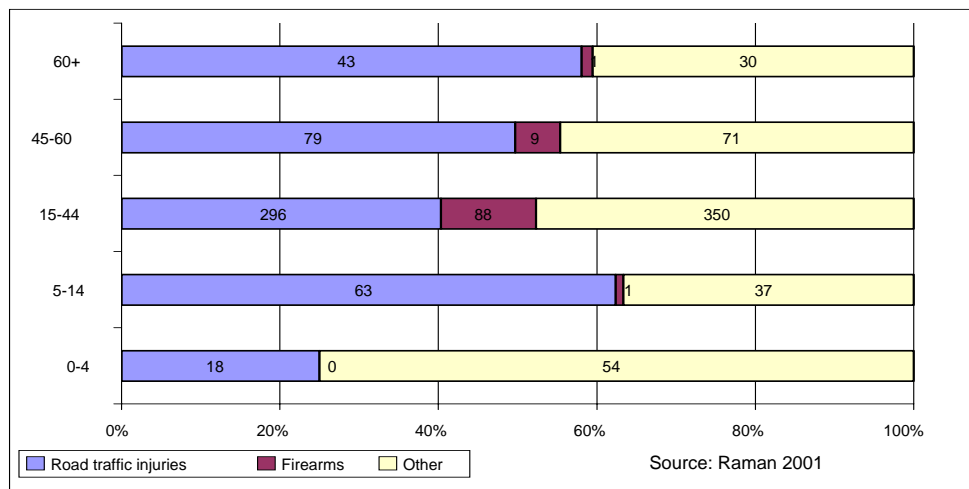
Figure 15. Injury-related deaths by cause (%), Maputo city, Mozambique, 1996–1997 and 2000



Source: 1996-7 data – Zacarias & Mabunda 1997. 2000 data: Raman 2001

Figure 16. Proportion of external causes of death attributable to road traffic injuries and firearms and non-firearm related deaths, Maputo city, Mozambique, 2000

¹ Zacarias & Mabunda (1997) have distinguished between burns by fire (accounting for 6.3% of external causes of death) and burns by liquids (accounting for 2.5%). As such, in their analysis death caused by firearms (accounting for 8.0%) is the second most frequent external cause of death. For comparison purposes, given that Raman (2001) does not distinguish between the two types of burns, the figures were aggregated. This explains why in Figure 15 burns appear as the second most frequent external cause of death in 1996–1997.

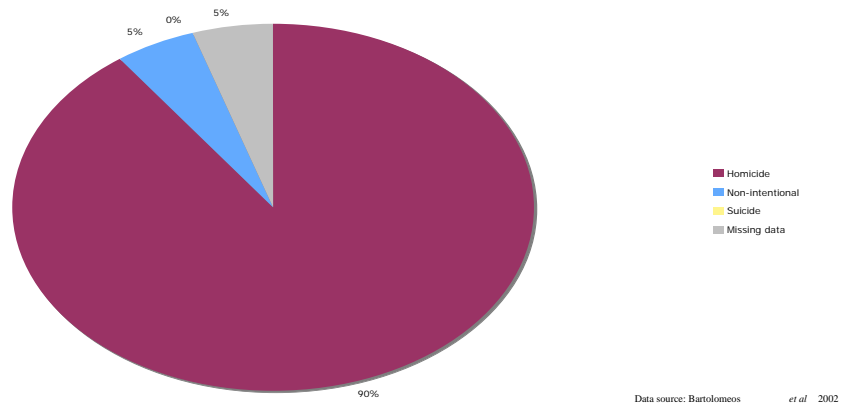


Studies on firearm-related mortality and morbidity in Maputo city also show that firearm-related violence mostly affects males (more than 90% of victims of firearm-related violence are male) and those aged 15–44 years (Raman, 2001; Zacarias & Mabunda, 1997; Bartolomeos, Neves & Bagus, unpublished data, 2002).

Morbidity data on injuries related to firearms in Maputo city offer more information about the context of firearm-related violence. Firearm-related injuries result mostly from intentional interpersonal violence: 90% of people with firearm-related injuries admitted to the Emergency Unit at Maputo Central Hospital during 2000–2001 resulted from intentional interpersonal violence, however, only 2.5% of all intentional interpersonal violence was carried out with firearms during that same period (Figure 17). The most frequent mechanisms of interpersonal violence were fights (accounting for 55.5% of all interpersonal violence) and injuries caused by blunt objects (12.1%) and *arma branca*¹ (16.2%) (Bartolomeos, Neves & Bagus, unpublished data, 2002).

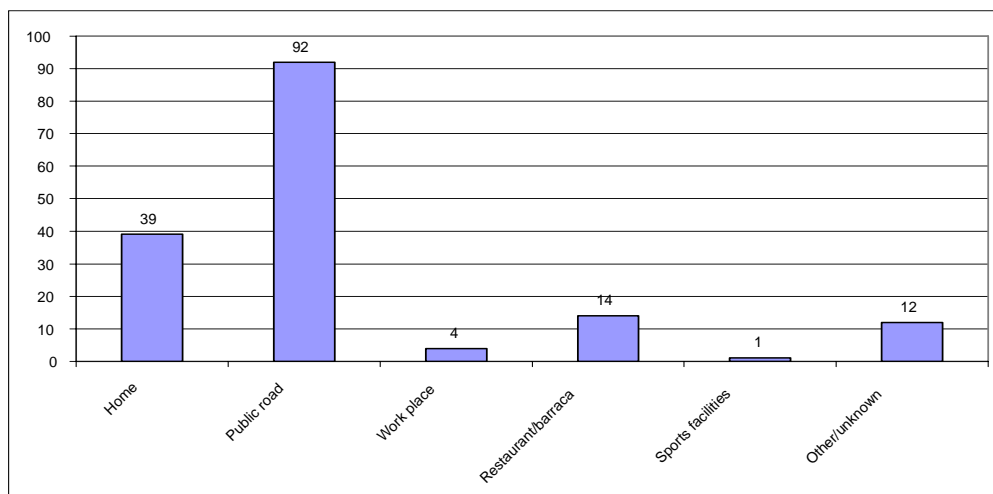
Figure 17. Cases of firearm-related injuries admitted to emergency services at Maputo Central Hospital by classification of cause, Maputo city, Mozambique, 2000–2001

¹ See Glossary for full definition of *arma branca*. In short, it refers to any sharp object used for cutting or perforating, such as knives or broken bottles.



Altogether, 80% of firearm-related injuries during 2000–2001 occurred at home or on public roads (Bartolomeos, Neves & Bagus, unpublished data, 2002) (Figure 18). This is consistent with the common perception that injuries from firearms and deaths from firearms are the result of organized crime activities, such as carjackings and armed robbery. However, data show that restaurants and *barracas* (informal drinking establishments) are also common sites of firearm violence. A total of 6.8% of victims of firearm-related violence stated they were drinking at the time of injury (Bartolomeos, Neves & Bagus, unpublished data, 2002), suggesting that interpersonal conflict and disputes may also be causes of these injuries, even if they occur less often.

Figure 18. Number of cases of firearm-related injuries admitted to emergency services at Maputo Central Hospital by place of occurrence, Maputo city, Mozambique, 2000–2001



Data source: Bartolomeos et al, 2002

4. External causes of death in Mozambique

In this section, we analyse primary data gathered on injury-related mortality in Maputo city and Beira in order to gain an insight into the scope, magnitude and dimension of firearm-related mortality and patterns over the past decade (Box 3).

Box 3. Development of injury surveillance database at Maputo Central Hospital

Data collection

Information regarding all deaths registered at the Legal Medicine Department of Maputo Central Hospital (LMD–HCM) occurring from 1994 to 2003, was manually extracted from register books and autopsy reports to standardized pre-coded forms (Annex 3). These data were then introduced into a database specifically prepared for this purpose using Epi Info version 6. Epi Info is a statistical and data management software programme designed for public health professionals; it is ideal for epidemiological analyses.

Register books contain the key information from autopsy reports. Although the extent of information in the register books varies, some variables are constant. These include: name, age, sex and race of victim and the three causes of death – that is, basic, intermediate and immediate causes (see Glossary). The dates of death and autopsy, “referral of the deceased” (see Glossary) and classification of death are often noted in the books. In Beira, information was extracted from register books only, not autopsy reports.

A total of 12 634 cases were registered at LMD-HCM from 1994 to 2003. Their data were entered into the database. There were 11 717 external causes of death, 631 natural causes, and 286 fetal deaths. From Beira’s data, only external causes of death were entered into the database. A total of 610 cases occurred from January 2002 to September 2004.

Main constraints on data collection

The main constraints that affected our ability to collect data summarized below.

- Register books and autopsy reports are mostly handwritten, leading to difficulties in retrieving data. In some cases, the handwriting is illegible and information is lost.
- Autopsy reports are filed by month. There are more than 100 reports per month, and these, more often than not, are randomly filed. This means that considerable time was lost looking for reports. Also, some reports are missing; thus, to ensure the database covers all registered deaths, encoders had to look for information both in register books and autopsy reports.
- The causes of death are not coded, and different physicians use different terms for the same cause of death. This caused a twofold problem. On the one hand, it is while retrieving cause of death data that encoders were faced with difficulties regarding handwriting, which significantly slowed down data collection and entry. On the other hand, the lack of coding combined with the use of different terminologies, made the analysis of data on cause of death extremely difficult because it was presented in extensive lists.

Data set

The data set was developed under the guidance of expert staff from the WHO national office in collaboration with the LMD–HCM (Annex 3).

Some of the issues that arose while classifying and defining variables are described below.

- **Missing data:** Given that some reports were missing, it was thought appropriate to distinguish between data that were non-existent or classified as “undetermined” and data that were missing (where a cause of death had been determined but was now lost). Although for analysis the outcome is the same, it was thought that the LMD–HCM might use this information to assess gaps in their data collection and storage processes.
- **Classification of death:** It is important to note that classifying deaths has its own limits and refers only to the apparent manner of death. Intention or

neglect, or both, are difficult to ascertain by medical examination and need to be determined by further police investigation. All deaths from traffic injuries are considered to be unintentional deaths, despite the fact that cases of drink-driving or reckless driving resulting in death are prosecuted as homicide or manslaughter. At LMD–HMC, deaths caused by injuries related to firearms are classified as either suicide or homicide. As such, hunting accidents, for instance, would be considered homicides and not accidents.

- **Consistency:** For consistency purposes, cases where death was caused by an object both blunt and sharp or perforating were classified as being caused by a blunt object.
- **Prevention:** Given that the purpose of the injury surveillance system is to prevent deaths, those deaths caused by falls from a moving motor vehicle were classified as road traffic injuries, not falls.
- **Toxic substances:** For the purposes of this analysis, deaths caused by poisoning and intoxication were aggregated under the single mechanism of toxic substances.
- **Additional information:** No information was available on the relationship between the victim and perpetrator of violence or on the activity the victim was engaged in at the time of injury.

Quality control

Quality checks are essential to ascertain the validity of data entered into the database. In this case, given that data extraction was conducted by more than one person, quality checks were also essential to ensure consistency – that is, that the same mechanism of death was attributed to the same basic cause of death.

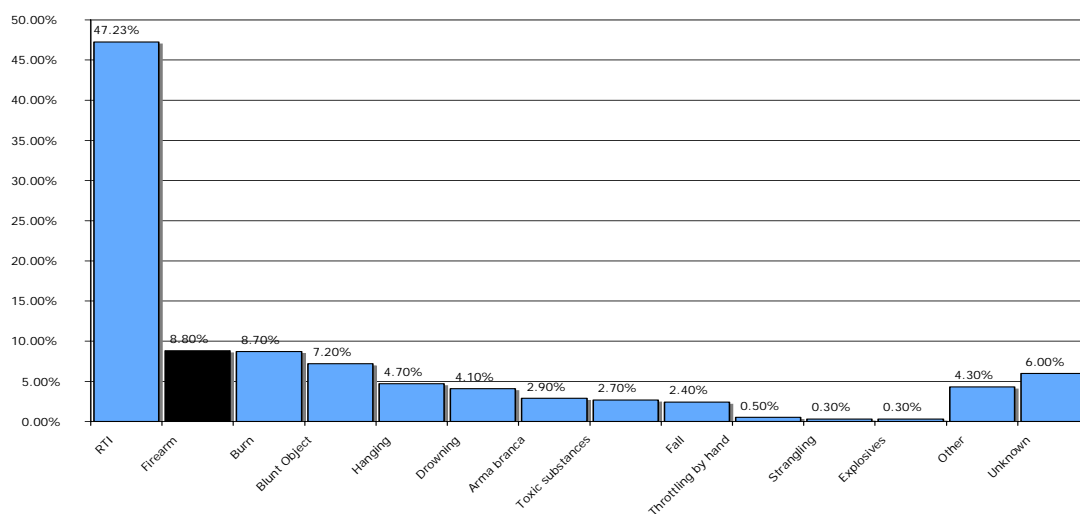
Quality checks on data extracted to the forms were conducted daily during the first 2 weeks of work and weekly thereafter. Once data were extracted from the forms to the database, a sample of 648 forms were selected and checked (5% of the database). Eleven (1.7%) of these forms had errors. The majority of errors (7 of the 11 forms) occurred in the entry of the date of death or injury. Before conducting our analyses, tables were compiled to check for consistency; corrections were made where necessary.

4.1 Firearm-related mortality in Maputo city

A total of 11 717 deaths associated with external causes were registered at the LMD–HCM from 1994 to 2003, of which 8 552 (73%) occurred among males and 2 969 (25%) among females. (For the remaining 196 (1.7%) deaths, the sex of the deceased was not stated on the medical records.) Although at times the LMD–HCM examines bodies referred from other provinces, approximately 99% of cases are referred from Maputo city and Maputo province.

The leading mechanisms of death registered during the reference period were road traffic injuries (47.2%), firearm-related injuries (8.8%), burns (8.7%) and injuries from blunt objects (7.2%) (Figure 19).

Figure 19. External causes of death by mechanism of death, data from Legal Medicine Department–Maputo Central Hospital, Maputo, Mozambique, 1994–2003



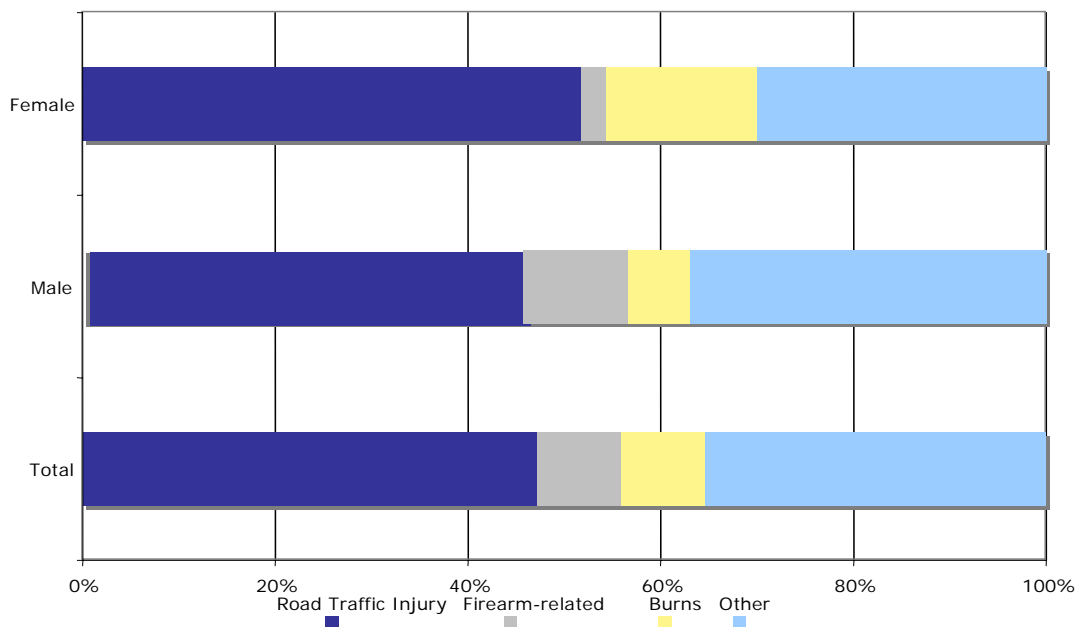
Firearms were responsible for 8.8% (1 028 deaths) of all external causes of death registered: 92% of those who died from all firearm-related injuries were male and 8% were female.

Landmines and other explosive devices were the mechanism of death in 33 cases, with males accounting for 73% of cases where sex was recorded. The majority of

landmine incidents (61%) took place between 1994 and 1996, the three years closest to the end of the armed struggle.

The three main external causes of death (road traffic injuries, firearm-related injuries and burns) together accounted for more than 60% of all deaths associated with external causes. Although traffic injuries are the leading external cause of death for both sexes, there is a significant difference in the proportion of deaths attributed to firearms and burns for males and females (Figure 20).

Figure 20. Proportion of external causes of death attributable to road traffic injuries, firearms, burns and others, by sex of victim, data from Legal Medicine Department—Maputo Central Hospital, Maputo, Mozambique, 1994–2003



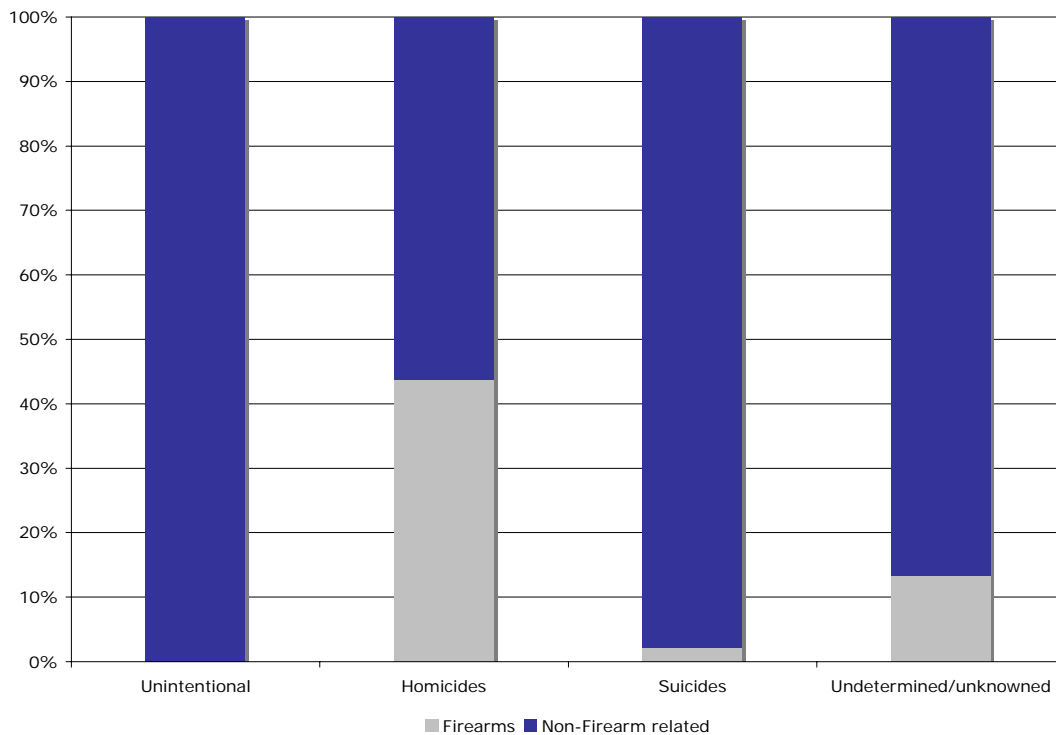
Firearm-related deaths accounted for 11% of all external causes of death among males (the second leading external cause of death among males); in contrast, it ranks sixth among the leading external causes of death among females, accounting for only 3% of cases. Burns, which ranked third among overall external causes of death, are the cause of death for 16% of females and 6% of males.

In Maputo city, 96% of firearm-related deaths were classified as homicides, 1% as suicides and 3% were not classified. Legal intervention is a classification of death routinely used in many countries to record deaths arising from police action. However the category of legal intervention is not used within legal medicine departments in

Mozambique; thus any such events are classified either as homicide or unintentional death. Information on deaths caused by legal intervention can only be gathered from the Ministry of the Interior. However, based on the LMD-HCM data, there were 8 firearm-related deaths (0.7% of all firearm-related deaths) that occurred either in jails or police stations, suggesting that these deaths may have occurred as the result of legal intervention or other action by security forces.

The data show that firearms were the mechanism of death in more than 40% of homicides (982/2 244) registered at LMD–HCM over the reporting period; however, they are used in only a small percentage of suicides (Figure 21).

Figure 21. Classification of external causes of death by proportion of firearm-related deaths, data from Legal Medicine Department–Maputo Central Hospital, Maputo, Mozambique, 1994–2003

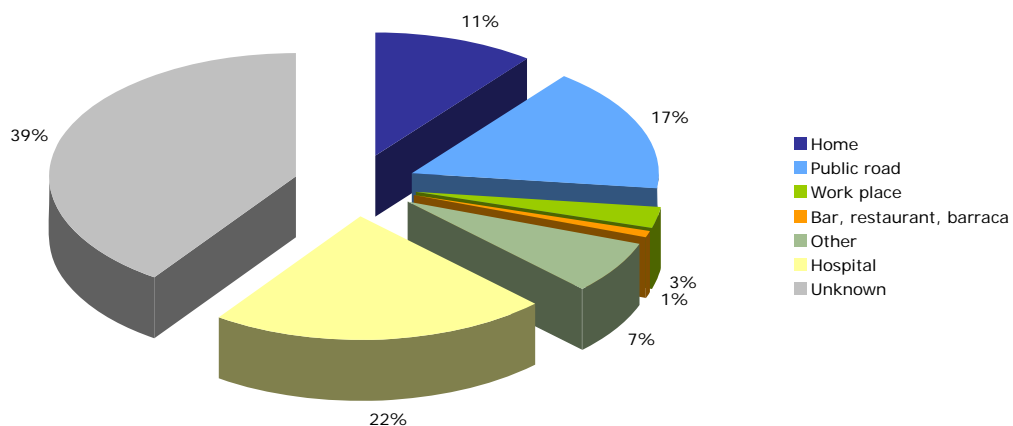


Cases in which the deceased was found dead or arrived lifeless at hospital are referred to the LMD either by the police or the Criminal Investigation Police, not by the hospital. Altogether, 74% of cases of firearm-related death were referred to hospital by the police. Another 23% were referred by Maputo Central Hospital or another health unit,

suggesting that less than 25% of those who died from firearm-related injuries received medical treatment.

For at least 85% of the data on firearm-related deaths, the place of injury was unknown. In 61% of all cases, however, the place of death (or the place where the deceased was found) was available. Consistent with data regarding the referral of the deceased, the data show that 22% of deaths caused by firearms occurred in hospital (Figure 22). The other most frequent sites of firearm-related violence or sites where the deceased were found were public roads (17%) and personal residences (11%).

Figure 22. Firearm-related deaths by place of death (%), Maputo city, Mozambique, 1994–2003

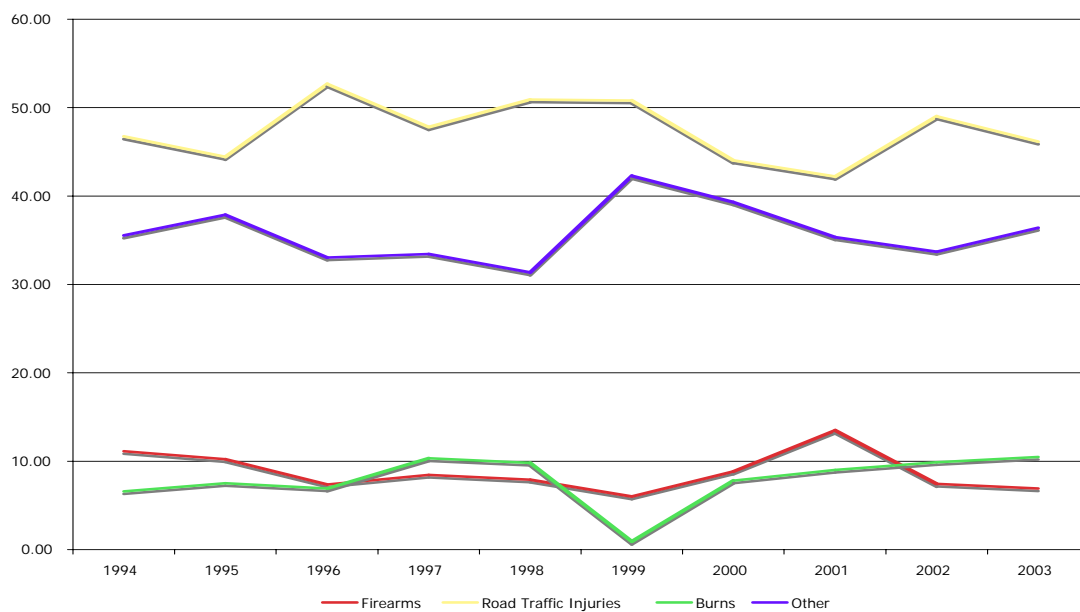


Evolution of firearm-related deaths in Maputo city: 1994–2003

Although the total number of registered cases did not vary much throughout the 10-year period, firearm-related deaths, traffic accidents and burns are not equally distributed over time (Figure 23). The proportion of deaths related to firearms varies greatly during the reference period: it decreased from 11.14% in 1994 to 6% in 1999, which was the

lowest recorded figure, although it still ranked as the second leading external cause of death that year. But it increased dramatically over the next 2 years, reaching its highest recorded level in 2001 (accounting for 13.46% of all external causes of death). Yet a significant decrease followed, and in 2002 and 2003 firearms were the third most common external cause of death registered at LMD–HMC.

Figure 23. External causes of death by mechanism of death (%) and year, Maputo city, Mozambique, 1994–2003



It is also worth noting that although in 1994 and 1995 the proportion of firearm-related deaths was high (11.14% in 1994 and 10.20% in 1995), firearms ranked third in terms of external causes of death after blunt objects, which accounted for only slightly higher proportions (13% in 1994 and 11% in 1995).

Looking at the annual proportion of external causes of death attributed to firearms and disaggregating them by sex, we found that the data across time were similar for both sexes (Figure 24). The proportion of firearm-related deaths among females during the 10-year period has grown slightly (from 2.25% in 1994 to 2.27% in 2003) but the number of males dying from firearm-related causes has decreased substantially from during the same period: from 14.66% in 1994 to 8.37% in 2003.

Figure 24. Proportion (%) of external causes of death attributed to firearms, by year and sex, data from Legal Medicine Department–Maputo Central Hospital, Maputo, Mozambique, 1994–2003

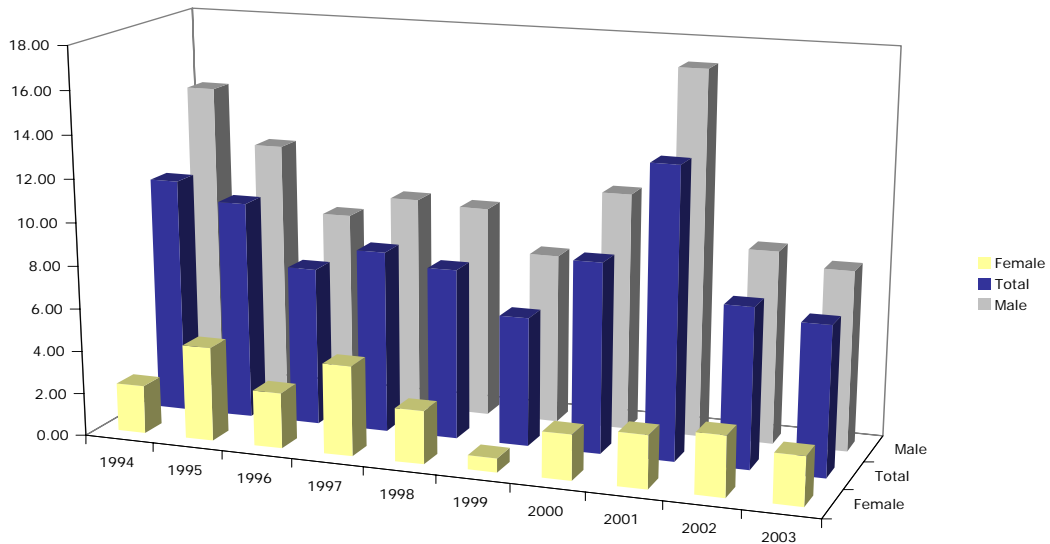
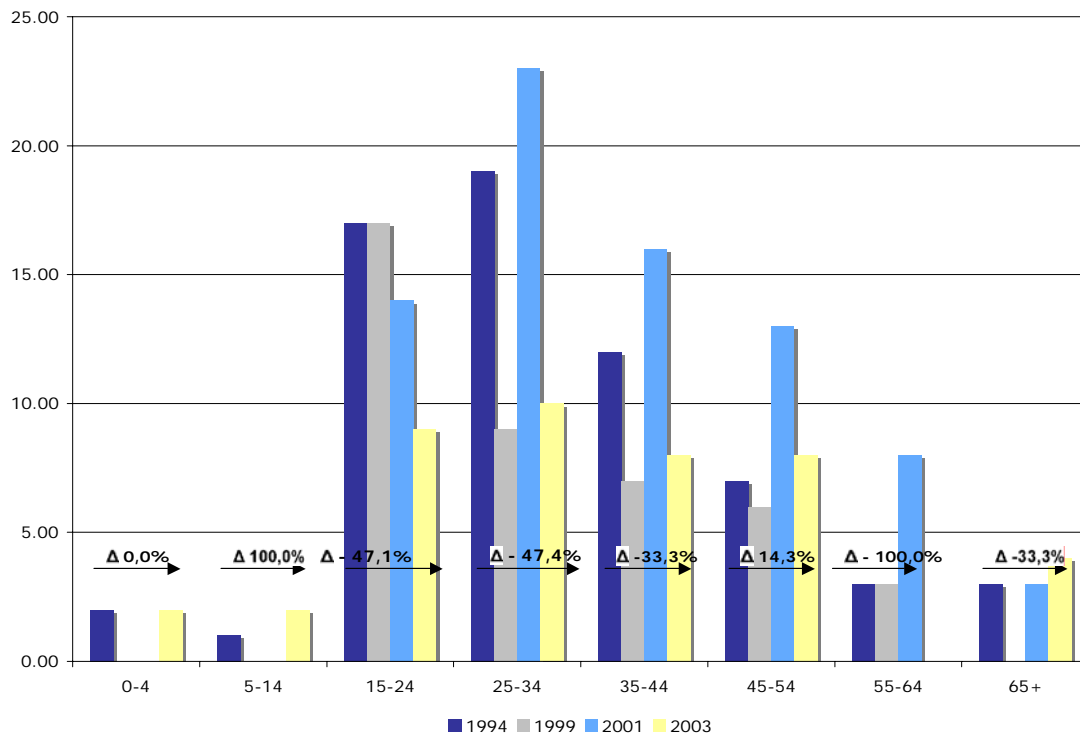


Figure 25 presents the annual proportion of firearm-related deaths stratified by age group for the years 1994, 1999, 2001 and 2003. Although the overall proportion of firearm-related deaths decreased from 11.14% to 6.94% between 1994 and 2003, the decrease varied among age groups.

Figure 25. Proportion (%) of external causes of death attributed to firearms by age group, Maputo City, 1994, 1999, 2001 and 2003



People aged between 15 and 54 years are most likely to be affected by firearm-related violence. Firearms accounted for 23% of all external causes of death among those aged 25–34 in 2001. In 2003, this age group was again most affected by firearm-related violence, although it accounted for a much lower proportion of cases (10%). The year with the lowest relative incidence of firearm-related deaths (1999) differs from other years, with a high percentage of deaths occurring among the 15–24 year age group.

Over the full period, the weight of firearm-related deaths has decreased in the three most affected age groups (those aged 15–44). However it has increased in two age groups (45–54 and > 65), and also has significantly risen among those aged 4–15.

Mortality rates¹ for external causes of death for the seven years between 1997 and 2003² are presented in Figure 26. Mortality from external causes decreased by 10%

¹ Mortality rates were calculated using population estimates for Maputo city. Yet approximately 10% of external causes of death registered at LMD–HCM were referred from Maputo province. As such, the mortality rates presented here for Maputo city are likely to be slightly inflated.

² In 1997, the first population census after the civil conflict was carried out. Population estimates for 1994–1996 were calculated in 1980. However, in 1986 there were significant administrative

from 1997 to 2003, apart from a single year's increase between 1998 and 1999. Despite variation over the period, both firearm-related mortality and mortality from traffic injuries decreased from 1997 to 2003, with firearm-related mortality showing a decrease of 26.1%. The year 2001 reveals an atypical increase in the weight of firearm-related mortality. It should be noted too that there seems to be a negative correlation between rates of firearm-related mortality and mortality from road traffic injuries.

Figure 26. Mortality rate for external causes of death (per 100 000 population), Maputo city, Mozambique, 1997–2003

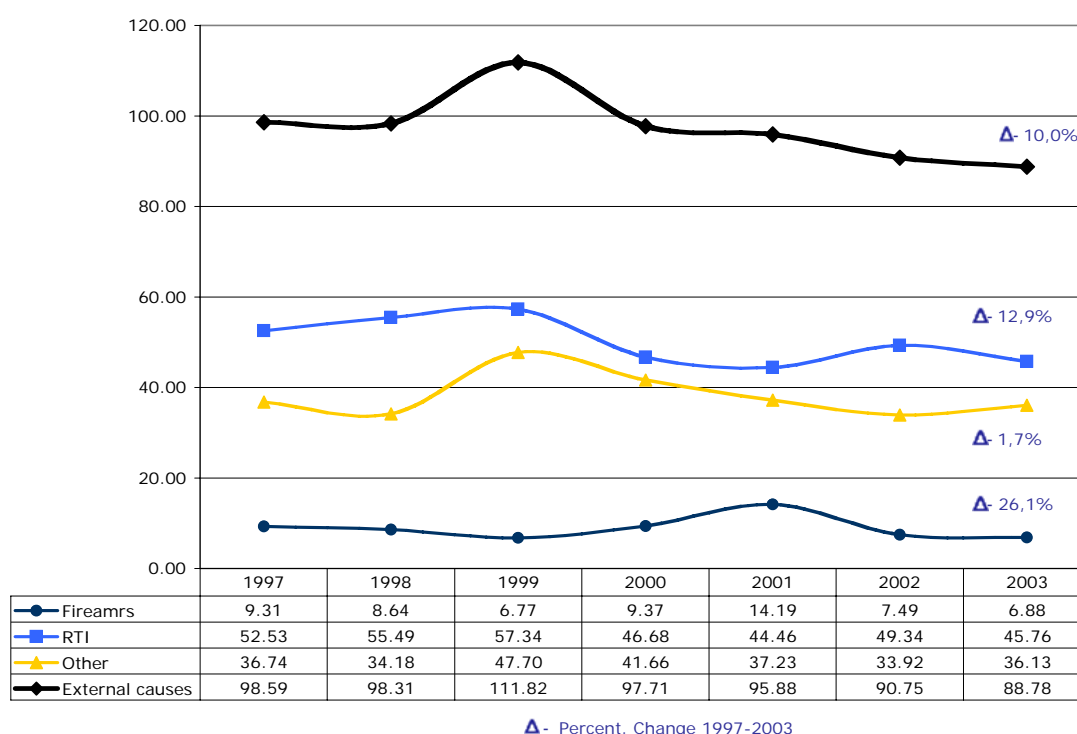


Figure 27 presents the mortality rate for firearm-related injury disaggregated by sex. The variation in firearm-related mortality shows clearly that firearm-related mortality is much higher among males than among females. Firearm-related mortality among females follows broadly the same curve, revealing a decrease of 50% occurring from 1997 to 2003, compared with a 21% decrease in males. It also becomes clear that the increase in firearm-related mortality in 2001 occurred mostly among males.

changes and it was only after 1980 that systematic fighting took place. The projections were never updated and using them here would be unhelpful.

Figure 27. Firearm-related mortality per 100 000 population by sex, Maputo city, Mozambique, 1997–2003

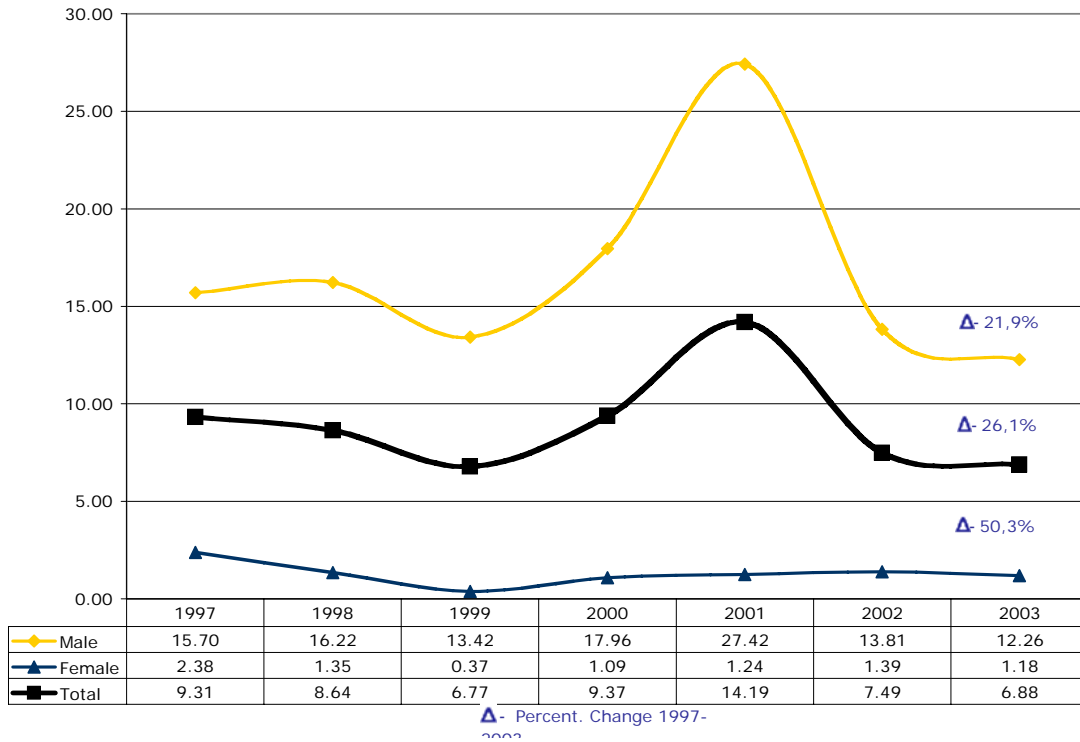
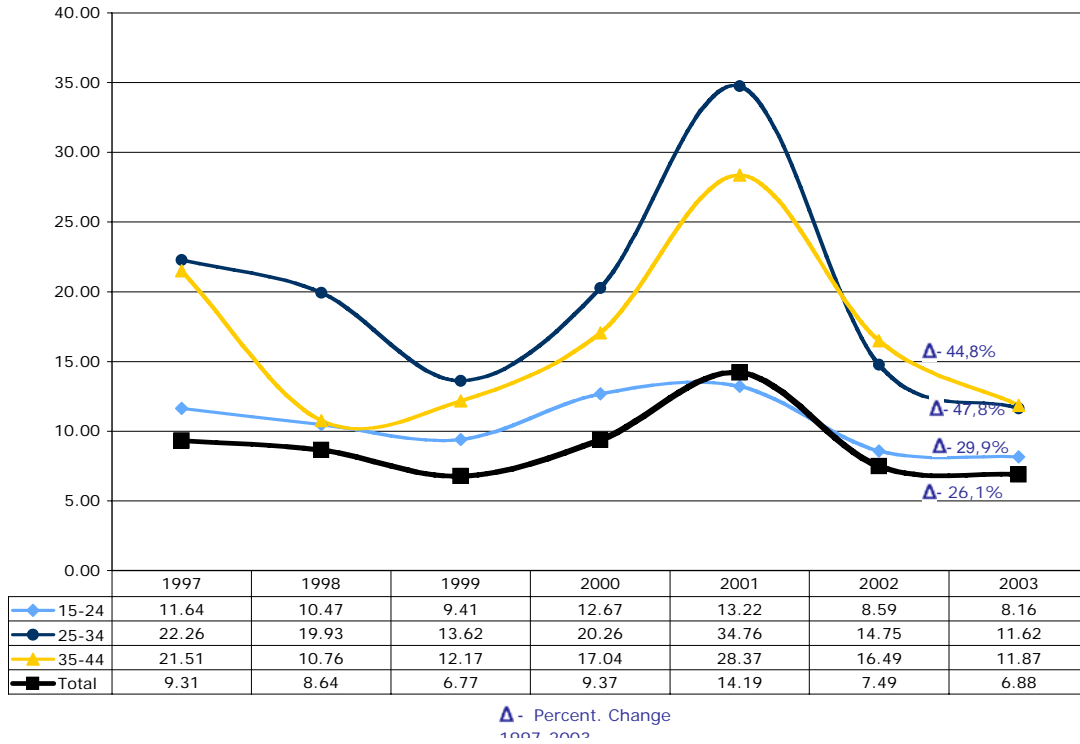


Figure 28 further disaggregates firearm-related mortality by the age groups most affected (those aged 15–24, 25–34 and 35–44 years). These three groups together accounted for 88% of deaths related to firearms occurring from 1994 to 2003.

Figure 28. Firearm-related mortality per 100 000 population by age group, Maputo city, Mozambique, 1997–2003

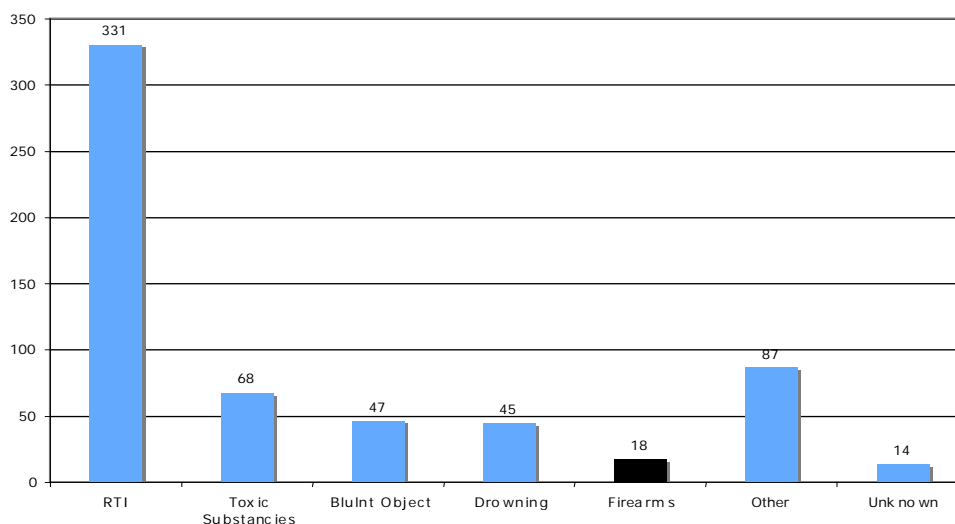


4.2 Firearm-related mortality in Beira

A total of 610 deaths were registered at LMD–Beira Central Hospital (HCB) from January 2002 to September 2004. Of these, 435 (71.3%) occurred among males and 170 (27.9%) occurred among females. There were five cases (0.8%) in which the sex of the deceased was unrecorded or unknown.

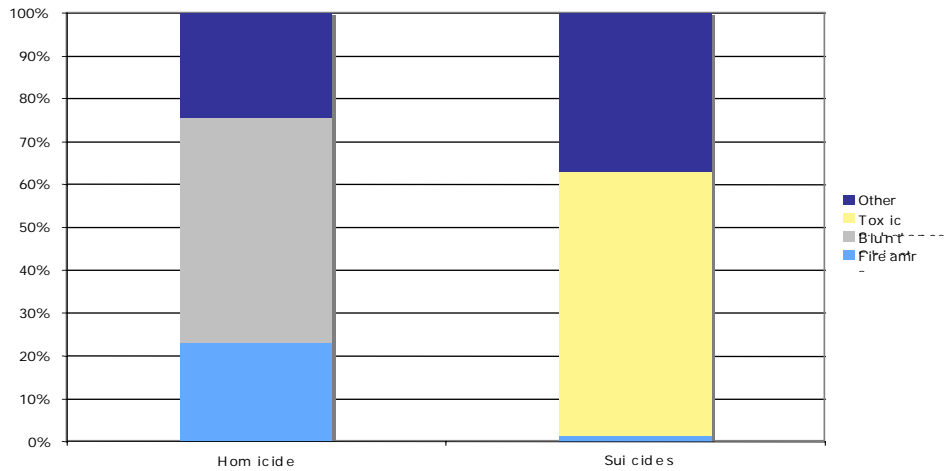
The three basic causes of death were road traffic injuries (54.3%), toxic substances (11.2%), and blunt objects (7.7%) (Figure 29). Unlike in Maputo city, firearms were not one of the leading external causes of death, ranking sixth and accounting for 3% (18 deaths) of all deaths from external causes.

Figure 29. Main causes of injury-related deaths registered at the Legal Medicine Department–Beira Central Hospital, Beira, Mozambique, January 2002–September 2004



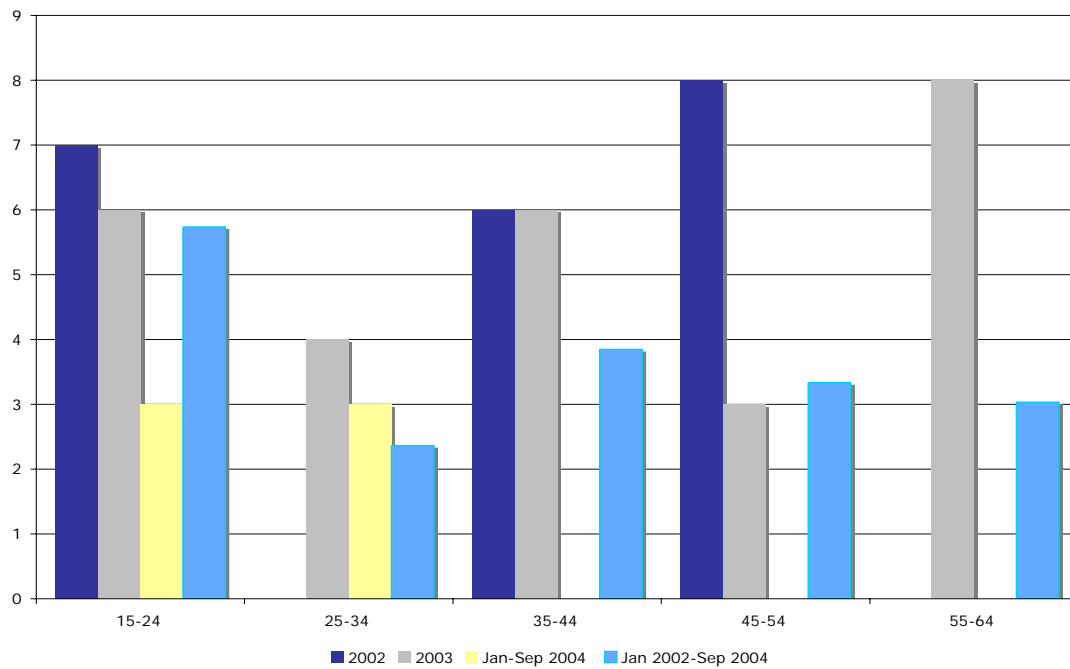
In common with the data from Maputo city, firearms-related deaths in Beira primarily affected males (88.9%), and the majority of these deaths were classified as homicides (94.4%). Yet firearms were used in less than 25% of homicides, compared with more than 40% in Maputo city, and were responsible for only one suicide (Figure 30).

Figure 30. Proportion (%) of external causes of death attributable to firearms, blunt objects and toxic substances by classification of intentional death, data from Legal Medicine Department–Beira Central Hospital, Beira, Mozambique, 2002–2004



Firearm-related deaths registered at LMD–HCB occurred exclusively among people aged 15–64 years. Figure 31 presents the annual proportion of firearm-related deaths by age group. Although more than 60% of fatal incidents involving firearms occurred among those aged 15–24 (38.9% of firearm-related deaths) and 45–54 (22.2% of firearm-related deaths), the relative weight of firearm-related death by age group varied during the 3 years. In 2002 firearms accounted for 8% of all external causes of death among those aged 45–54; in 2003 firearms were associated with 8% of all external causes of death among those aged 55–64; and in 2004 firearms accounted for 3% of all external causes of death among those aged 15–34. It is important to bear in mind that overall there were only 18 incidents of firearm-related violence registered at LDM–HCB, and as such these proportions have limited validity.

Figure 31. Proportion (%) of external causes of death attributable to firearms by age group and year, data from Legal Medicine Department–Beira Central Hospital, 2002–2004



4.3 Regional comparisons

In an effort to contextualize the data from Mozambique within southern Africa, data from other countries in the region were sought. Unfortunately, little data on firearm-related mortality in southern Africa were found. Figure 32 presents the proportion of deaths associated with external causes and attributed to violence and road traffic injuries in South Africa, the United Republic of Tanzania as well as Maputo city and Beira. It shows that South Africa has nearly twice as many violence-related deaths as the United Republic of Tanzania and the two Mozambican cities.

Figure 32. Proportion (%) of external causes of death attributable to violence and road traffic injuries in Beira and Maputo city, Mozambique, and South Africa, 2003, and the United Republic of Tanzania 2001

Firearm-related violence in Mozambique

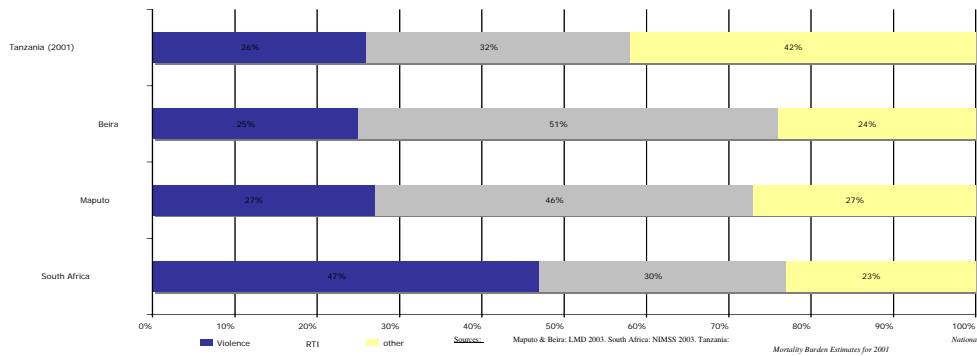
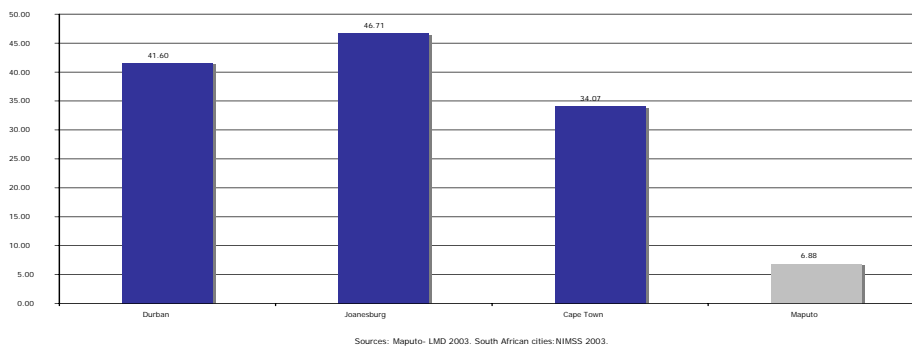


Figure 33 presents mortality rates for firearm-related violence in Maputo city and three South African cities in 2003. The difference between Maputo city and the South African cities is striking; the South African cities have mortality rates significantly higher than Maputo city. However, comparing Maputo city's firearm-related mortality rates with those of South African cities may be inaccurate because the data show that South Africa has a much higher rate of firearm-related death than its neighbours. It has been suggested that South Africa may have the second highest recorded firearm-related mortality rate in the world after Colombia (Small Arms Survey, 2004).

Figure 33. Firearm-related mortality (per 100 000 population) in Maputo city, Mozambique, and Cape Town, Durban and Johannesburg, South Africa, 2003



Levels of firearm-related mortality in Africa have been estimated at 5.9/100 000 population for homicides and 0.6/100 000 for suicides; Maputo city's rates are consistent with the average for the continent. However it is important to remember that Maputo city experiences higher rates of firearm-related deaths than other regions of Mozambique and thus national firearm-related mortality rates (at present impossible to estimate) are likely to be considerably lower than the estimated continental averages.

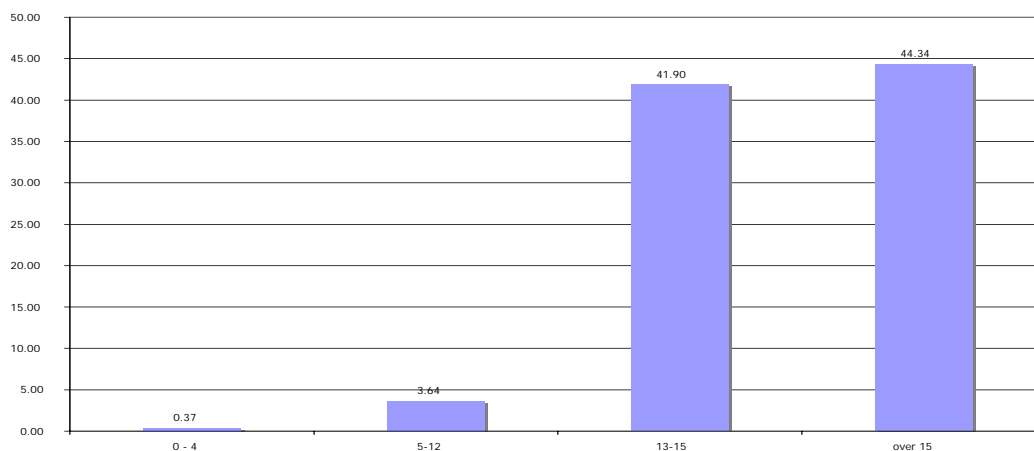
4.4 Injury morbidity in Beira and Nampula city

Beira Central Hospital

From January 2000 to September 2003 a total of 327 743 patients were admitted to the Emergency Unit of Beira Central Hospital, of these admissions 16 543 (5%) were injury-related.

In 2000–2001, although the mechanism of injury is not fully disaggregated, the data show that a high proportion of injuries resulted from aggression (33%) when compared with the 22% of cases admitted to the Emergency Unit of Maputo Central Hospital. Figure 34 shows the proportion of injuries resulting from aggression by age group for the period 2000–2003. It reveals that there was a high proportion of intentional injury among patients aged older than 13 years. Altogether, 56% of injuries resulting from aggression occurred among males and 44% among females.

Figure 34. Proportion (%) of cases admitted to emergency services at Beira Central Hospital attributable to aggression by age group, Beira, Mozambique, 2000–2003

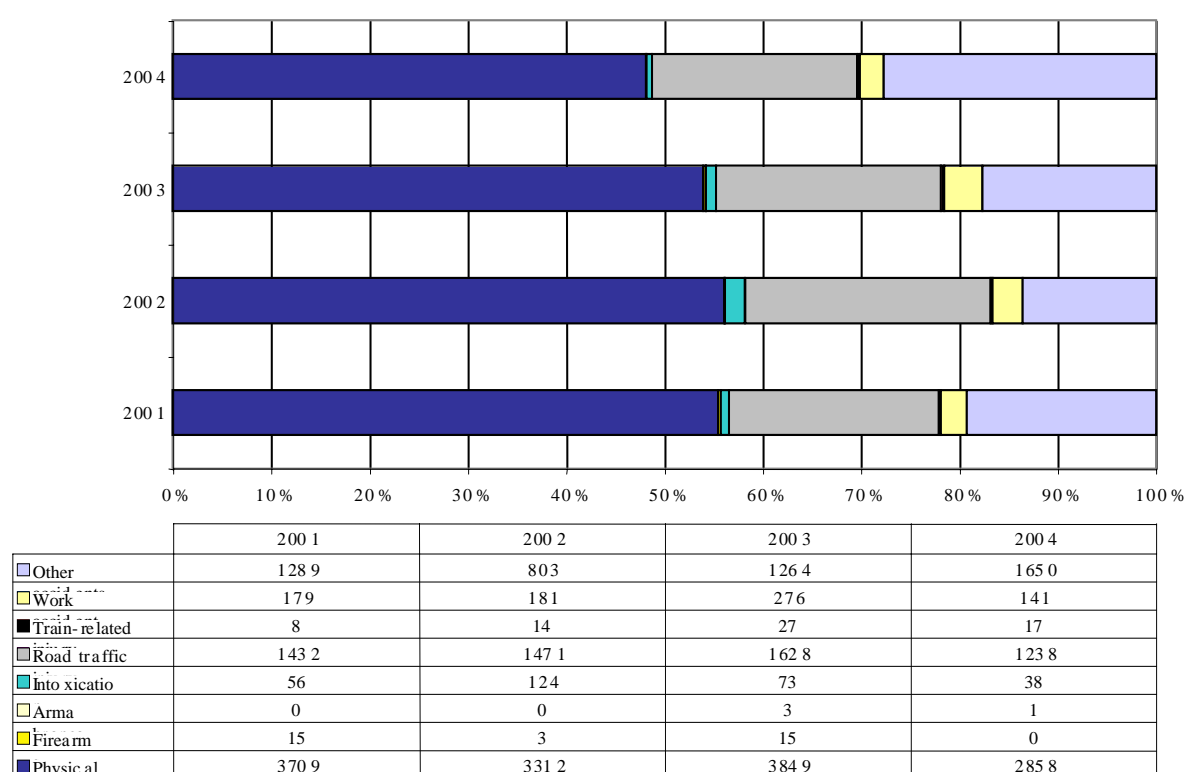


Nampula Central Hospital

Between 2001 and 2004, a total of 25 674 patients were admitted to the Emergency Unit of Nampula Central Hospital for treatment of injuries. The proportion of firearm-related injuries remained below 1%, indicating that firearm-related violence is limited in Nampula (Figure 35). Follow-up focus group discussions and interviews with key stakeholders have revealed that there are few firearms in the province and little misuse. Mortality data

would be useful to help confirm these perceptions. Given the poor transport and lack of pre-hospital care and emergency services, the likelihood of a person injured by a firearm arriving at hospital in time to receive medical care and treatment is low. Thus mortality data would help to more reliably assess the extent of firearm-related violence in the province.

Figure 35. Proportion of injury cases admitted to emergency services at Nampula Central Hospital by cause of injury and year, Nampula, Mozambique, 2001–2004



The proportion of injuries caused by physical assault is high, surpassing 50% annually with the exception of 2004. It seems, then, that while Nampula may not register a significant presence of firearms, it nevertheless has a high level of interpersonal violence.

4.5 Summary of main findings

Firearm-related violence is not evenly distributed throughout Mozambique. Maputo city has the highest rate of firearm-related violence in the country with 6.88 fatalities/100 000 inhabitants in 2003. National rates of firearm-related mortality, although difficult to

measure, are likely to be considerably lower than those estimated for Maputo city. Beira, in Sofala province, is Mozambique's second largest city. There, firearm-related deaths accounted for only 3% of all external causes of death. In Nampula, firearm-related injuries accounted for less than 1% of all cases of injury admitted to the Emergency Unit at Nampula Central Hospital.

When examining the distribution of firearm-related incidents (those leading to death and injury, or criminal activities involving firearms) by province, the provinces of Maputo city and Maputo province together accounted for nearly 70% of the total caseload recorded by the PRM survey. In the province of Tete firearms were used in 13.3% of crimes; in Gaza they were used in 12.8%; and in Manica they were used in 5.9%. These are the only other provinces where the use of firearms in crime is significant. However, these figures are not consistent with crime data from PRM's annual reports, in which the provinces of Gaza, Inhambane and Sofala report the highest number of firearm-assisted robberies after Maputo city and Maputo province. There are no mortality data available for those provinces, although it is not expected that they would have high rates of mortality related to firearm violence.

A review of the data indicates the following.

- Maputo city has the highest levels of firearm-related violence. The impact of firearm-related violence is felt in Maputo city and Maputo province, but its impact is comparatively low in Beira and Nampula city
- Most cities and rural areas in Mozambique have comparatively less firearm-related violence than the area surrounding Maputo city. During 2002–2004 in Beira there were 18 registered firearm-related deaths, accounting for 3% of external causes of death; firearms were the sixth most common cause of death in Beira.
- Most firearm-related deaths are classified as homicides. In Maputo and Beira, approximately 95% of firearm-related deaths were classified as homicides, although the proportion of homicides conducted with firearms is significantly higher in Maputo (more than 40% of homicides) than in Beira (25%).
- The majority of victims of firearm-related violence are male. In both cities, the majority of deaths related to firearms occurred among males (96% of deaths in Maputo and 89% in Beira).

- Firearms are often a leading external cause of death. In Maputo city in 2003 firearm-related violence was the third most common external cause of death. Yet firearm-related mortality in Maputo city has decreased significantly in the 10 years between 1994 and 2003.
- In Maputo, from 1994 to 2003 there was a total of 1 028 firearm-related deaths, representing 8.8% of all external causes of death, and ranking as the second leading cause of death.¹
- Firearm-related deaths in Maputo were not constant over time. They decreased by 26% from 1997 to 2003; the highest rate was recorded in 2001 (14.19/100 000 population).²
- Mortality from firearms varies by sex and age. In 2003 in Maputo the overall firearm-related mortality rate was 6.88/100 000 inhabitants. For males it was 12.26/100 000 inhabitants; for females it was 1.18/100 000 inhabitants. Among those aged 15–34 years, it was 11.62/100 000.

Based on this analysis, Mozambique does not appear to have a high prevalence of firearm-related violence. Yet the data reveal high levels of general violence-related trauma: 33% of all injury-related admissions at the Emergency Unit at Beira Central Hospital and more than 50% of those at the Emergency Unit of Nampula Central Hospital resulted from intentional violence. Such injuries may cause temporary or permanent disability and even death. Though the severity of injury will greatly determine the whether a person dies, recovers completely or develops a permanent disability, many other factors play an influential part as well. These factors include whether pre-hospital care is available; the patient has access to health-care facilities; health-care staff, equipment and medicine are available; and the type of health care available to patients.

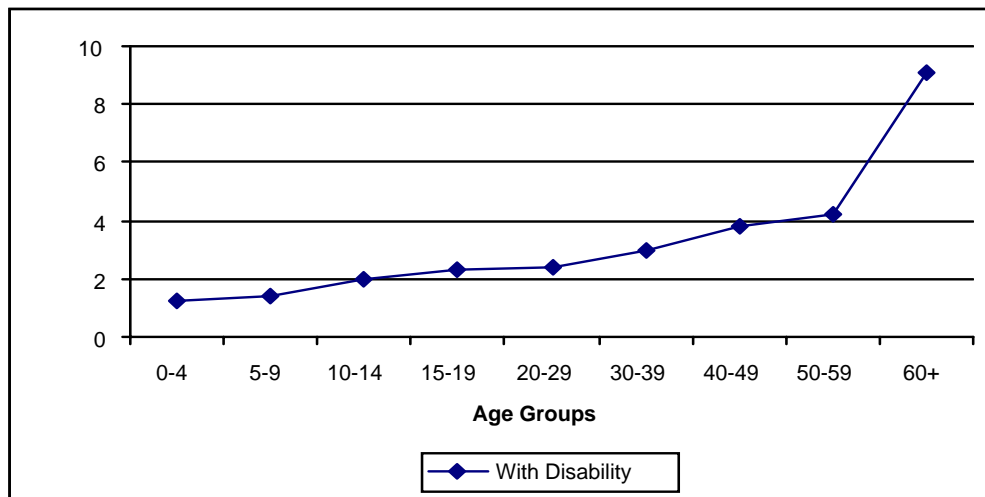
Figure 36 shows that the percentage of Mozambicans with a permanent mental or physical disability increases with age, suggesting that in Mozambique exogenous

¹ However, it is important to mention that while firearms are the second most common external cause of death, the main cause of death – road traffic injuries – accounts for more than 40% of injury-related deaths. The proportion of deaths caused by other external causes, such as burns, is not much smaller than those caused by firearms.

² In males it decreased by 22% and in females by 50%. The most affected age group was those aged 25–34 years, which in 2001 had a mortality rate of 34.7 deaths/100 000 inhabitants. However in this age group firearm-related mortality rates decreased by 44.8% from 1997 to 2003.

factors are a more significant cause of disability than endogenous ones. The significant increase seen in those who are older than 60 years may be explained by the fact that this age group survived both the colonial and civil wars in Mozambique: thus, not only are they more likely to have suffered war injuries but this is also the age group most affected by diseases, such as thromboses, sclerosis, and others, that often lead to permanent disability. Although the data are not disaggregated in a way that allows a better understanding of the causes of disability, it has been suggested that injury and violence are exogenous factors that most contribute to disability among other age groups (INE, 2001).

Figure 36. Percentage of population with permanent disability, Mozambique, 2000



Data Source: INE 2001

In Mozambique, in 2002–2003 only 36.1% of the population had easy access to a health facility. The percentage increases to 68.1% in urban areas and decreases to 20.9% in rural areas. Easy access is defined as being less than 30 minutes away from a facility (INE, 2004b). In most provinces less than 40% of the population has easy access to a health-care unit. However, in some areas more than half the population has easy access: in Gaza province 54.7% have easy access; in Maputo province 69.4% have easy access; and in Maputo city 75.2% have easy access.

In Mozambique, 36.9% of patients visit a health post for health care; 31.7% visit a health centre; and 14.5% visit a *curandeiro* (a traditional healer or spiritual guide). Hospitals are overcrowded and understaffed. The reasons most often given for

dissatisfaction with public care facilities are their long waiting times and lack of medicine (INE, 2004b). In Mozambique, death and disability due to injury could be reduced if appropriate health-care services were available (WHO, 2003). Further, Mozambique does not have any emergency services or a pre-hospital care system in place. A large proportion of people injured by firearms, road traffic accidents, interpersonal violence and burns die before receiving medical treatment; it is clear that some of these deaths could be avoided if effective emergency services were established.

4.6 Results from focus groups: youths and violence

Focus groups were conducted in marginalized urban neighbourhoods in Maputo city, Beira and Nampula city, and in one rural setting in Maputo province: Ilha Josina Machel. (See section 2 for methods used in the focus groups.) The intention was to give young people a voice and let them share their own experiences and thoughts on violence and crime.

Focus groups discussions in Maputo city, Beira and Nampula city were dynamic: participants were interested in the subject and keen to share their views and experiences. Some groups even expressed the will to continue to meet on their own to discuss issues and experiences that affect them. In Ilha Josina Machel (Maputo province) the experience was different. Participants were more restrained, and it soon became obvious that crime and violence were not major concerns for them.

The main findings of the focus group discussions are presented below. Other components of the discussions have been integrated in other sections of this study. Comparisons between the different locations are made where relevant.

In order to allow the research team to better understand the local meaning of violence, focus group participants first identified and discussed the kind of behaviours they considered to be violent and that were a feature of their lives (Box 4). The following were identified:

- domestic violence
- physical aggression and assault
- crime and robbery
- child abuse and neglect
- verbal insults and aggression, including threats
- any action taken against someone's right or will
- corruption and bribery.

Domestic violence, physical aggression and robbery emerged as the most prevalent types of violence in participants' neighbourhoods.

Box 4. Extracts from focus groups: what is violence?

“Violence ... I think it is an act of forcing someone to do something, I mean, something that is not in agreement with his will ... to force someone to deliver something. There are several types of violence, even fights.”

(Male focus group participant)

“I agree [that domestic violence predominates], but would like to add that [here in Mafalala violence], hum...there are things like, bandits right, they assault people, so that is an attitude of violence because the person has a strange attitude towards the other, ...assaulting him with words or even fighting, ...[threatening] people, [taking] their things ...” (Female focus group participant)

It is interesting that some behaviours identified by participants as constituting violence do not constitute violence as defined by WHO (see Glossary). For the purposes of this study, all of the behaviours mentioned by the groups are included here, but emphasis in the analysis is given to those acts that would constitute violence according to the WHO definition.

For participants violence was generally associated with any act that goes against someone’s rights or will, or both, and generally involves physical harm or material loss. Nonetheless, contrary to WHO’s definition, for focus group participants violence did not necessarily entail intent. When talking about what violence is, most violent acts discussed involved an intention on the part of the perpetrator. Yet participants also mentioned road traffic accidents and experiences of corruption or bribery when asked to narrate violent events they had witnessed or experienced.

Participants saw strong links between robbery and violence (Box 5). The prevalent assertion of robbery as violence (with or without personal threat or harm) reveals the economic vulnerability of the participants because even so-called petty theft has a highly negative impact on their lives. Indeed, the impact of robbery disproportionately affects low-income households. Recent statistics show that during one year the more economically advantaged proportion of the Mozambican population who are victims of crime lose in amounts equivalent to 2 months of their annual household expenses, while the poorer lose values that amount to 8 months of their household

expenses (INE, 2003).¹ This indicates that although the value of items stolen from poorer people is significantly lower than the value stolen from those who are well off,² the relative loss to household capital is four times worse.

Box 5. Robbery and theft

In Mozambique there are different definitions for robbery and theft – the main distinction being that robbery involves personal threat or harm. Yet in current language people tend to use the same word – *roubo* – to refer to robbery and to theft. Hence, in this analysis, robbery is the action of taking an item while threatening a person or without the owner's knowledge and consent, even if the latter would not constitute violence according to WHO's definition of violence.

Participants felt that robbery violates people's privacy and undermines their sense of security. Additionally, robbery, even if committed without a weapon, often entails physical aggression. Stories were told of thieves beating up people if they had nothing on them that was worth taking.

Domestic violence was believed by the participants to be the most prominent type of violence everywhere in Maputo city. A household that did not experience domestic violence was seen as the exception. For participants, domestic violence referred to all physical and verbal aggression occurring between household members, excluding that between young siblings who are close in age.

It should be noted that collective violence (for example, armed conflict) was never mentioned by participants during the course of the sessions.

Participants identified the following as the main causes of violence and crime.

- **Unemployment:** Unemployment was nearly always cited as the main cause of crime and also as a cause of violence. Unemployment is thought to generate an unstable life, both economically and emotionally, leading people to crime as a means of survival. Unemployment is also perceived to contribute to violence

¹ These data were drawn from INE's 2003 study, discussed in section 3.1. The study was carried out under the scope of the national Household Survey on Household Budgets.

² If wealth is measured by monthly household expenses, then the richest households in the top quintile of Mozambican society have expenses that are 10 times higher than those of the rest of the population (INE, 2003).

through lack of occupation and consequent increased likelihood of more drinking and drug abuse. But some group participants contested the validity of these arguments and raised the relevance of personal will in the discussions. Some participants rejected the implication that delinquency was confined exclusively to those who were poorer. Others pointed out that often violence and crime are the result of personal choices and not just the consequence of structural inequalities. A so-called easy life and envy or greed were thus given as other causes.

- **Poor (or lack of) formal schooling and civic education:** Participants believed that a lack of formal schooling and knowledge of one's rights were also among the causes of violence because they reduce the chances of becoming employed. Uneducated people, women in particular, are believed to be more likely to suffer violence and abuse because they do not know their rights and have to take their husband's word on everything. The issue of civil rights was also debated. Some of the youths claimed that knowing their rights was useful when the police harassed them; others claimed that revealing to the police that they were aware of their rights only brought them more problems.
- **Return of Mozambican emigrants from South Africa:** In Ilha Josina Machel, as in Maputo city, Mozambicans living in South Africa are seen as being mainly responsible for the increase in crime during the festive season. Participants claimed that the life in South Africa is "rough" and hence the returnees have become violent and aggressive. Returnees were also said to bring firearms with them for personal use.
- **Verbal abuse between individuals:** Verbal abuse was considered by participants to be, in itself, a form of violence. It can humiliate or denigrate a person, question his or her honour, offend, hurt someone's feelings, etc. But participants also said that verbal abuse often precedes physical interpersonal violence. Questions of honour and pride were very much attached to this issue.

-
- **Lack of understanding between generations and lack of communication between household members:** A lack of communication within the household was seen as a cause and consequence of domestic violence and also as a motivation for delinquency. Participants indicated they had little communication with their parents. As one participant said: “I don’t have conversations with my parents, I have more conversations with outsiders. It may happen that something frightens me. Instead of running to tell the people I live with, because I’m afraid, I go and tell outsiders.”
 - **Drugs and alcohol:** The notion that alcohol and drug abuse are problems limited to those who are marginalized by society was debated and refuted. Several examples were given of the sons of people who had high social status yet who were involved in crime and drug abuse. But all agreed that the use of alcohol and drugs increases the level of poverty, crime and violence both as a result of the amount of money spent on their consumption and by time lost from work. Both alcohol and drugs are said to be cheap and easy to find, although alcohol is seen as the bigger problem given its wider availability and lower price.¹

Poor impulse control was not given as one of the causes of violence, yet it was nearly always present in participants’ experiences of violence, regardless of whether these involved alcohol or drugs. For instance, while some female participants had a strong stance against domestic violence, others claimed that it has to be excused because such incidences happen when people lose control of themselves. People who lost control were described as becoming “nervous” and acting spontaneously, not intending to hurt their wives or husbands or children. The fear of becoming nervous and hurting someone was also given as one of the main reasons for not wanting to own a firearm.² The notion that being nervous, just like being under the influence of alcohol or drugs, is an alternative state of mind that takes control away is prevalent. It excuses the use of violence and removes accountability from the perpetrator.

The young people involved in the focus group sessions appeared to be exposed to high levels of violence and crime (Box 6 and Box 7). Personal experiences of crime

¹ In Mozambique, there is a variety of homebrewed alcoholic drinks, and more often than not they are very powerful and very cheap.

² Attitudes towards firearms are further explored in Section 5.

and violence were narrated in detail throughout the discussions to illustrate points and justify statements.

When asked about the most violent incident they had ever seen, more often than not the events that were described occurred only a few months previously. While this might suggest that violence has intensified recently, it seems more likely that exposure to violence is frequent and is seen as normal; more recent incidents are either remembered best or simply the first to come to mind. It also became clear that the experience of violence most often started at home. When asked about the first violent act they had witnessed, the majority of participants described incidents of domestic violence that had occurred during their childhood.

Incidents with firearms were rare. Participants from Maputo city claimed that in previous years it had been common to hear gunshots at night but that it was no longer the case. The types of violence and crime most commonly described were:

- interpersonal disputes resulting in severe injury or death. These were often associated with alcohol or drug consumption and occurred over “trivial matters”, such as being offered a glass of water that was not cold enough;
- being harassed or arrested by police officers for no apparent reason;
- robbery with the use of weapons or physical aggression;
- domestic violence;
- violence between unmarried couples. The notion that ex-boyfriends (and current boyfriends) are entitled to physically assault their ex-girlfriends is widespread. The same perception exists for unmarried teenage couples, where such violence is seen as an internal matter concerning the couple.

There seems to have been both a normalization and legitimization of violence within Mozambican society. This is not to say that participants do not see violence as a harmful act that negatively affects peoples’ lives but rather that violence has become integrated into their daily lives and has become accepted and tolerated.

Participants were asked how they dealt with violence and crime (Box 6). The most commonly accepted strategy was to do nothing. Experience has taught participants that if they try to help someone the aggressor will retaliate against them.

Box 6. Extracts from focus groups: reactions to violence and crime

“Sometimes [it] is not that we don’t react because we don’t care about that person, its just that fear...”

(Female focus group participant)

“When I see someone being beaten up or assaulted I run home and call someone older or I stand by the side and watch.”

(Female focus group participant)

“Me and my two brothers were at home talking to my mother and we heard screams. My mother, we wanted to go out right away but my mother said ‘No, don’t go out, you don’t know how people are these days’. But we could tell it was a girl screaming, we were choked and said ‘No, it might be one of our girlfriends, we have to go there’. We saw our neighbour beating this girl. He excused himself by saying she was his girlfriend, but the girl said she had never met him before, so we helped her. The guy started to try and make confusion with my brother and then he was so angry he broke the window of my house. We walked the girl to her boyfriend’s house and he thanked us.”

(Male focus group participant)

There is a generalized fear of helping others, and there is also the knowledge that others will fear helping you. This brings a sense of helplessness and vulnerability that increases the feeling of insecurity, which is in turn compounded by the fact that participants feel they have no one to complain to. As one participant said: “Sometimes there is nothing to do but to accept it and move on”.

Groups in Maputo city generally did not trust the police. They acknowledged that when the police really wanted to solve a crime they could, and they could do it well, but in general the police were perceived as corrupt, with relatively little interest in doing their job. Thus, the police were not seen as incapable or incompetent but rather as lacking the will to help citizens. In Beira and Nampula city participants acknowledged the perception of police corruption and its limitations but they still claimed to report incidents to the police and to have faith in their work. As one participant in Beira said: “The police do what they can do”.

In Ilha Josina Machel the difference in the perception of the performance of the police was striking. Participants said they trust the police and report to them often. They acknowledged there were issues of corruption but they also said that since the police

post was brought into service (a couple of years prior to the focus groups) they felt safer, and crime had decreased considerably.

For most participants, home was the place where they felt safest, and they felt least safe out on the streets at night. Participants reported that violence and crime restricted their activities. One participant commented: "I am going to say that violence steals our freedom because when someone wants to do something she has to think first [about] what might happen when she is going out".

Violence also affected participants in other ways. Although it is not within the scope of this study to analyse the possible psychological impacts of exposure to violence, it is worth mentioning that participants often revealed that they had had nightmares or insomnia after experiencing or witnessing violence. Other reactions that they mentioned were not eating, being afraid to go out, and having an increased sense of isolation.

In summary, the focus group results show that youths in Mozambique who live in marginalized urban areas are exposed to high levels of violence. Violence has become normalized, tolerated and, in some instances, legitimized (as in the case of domestic violence and violence between teenage couples). This situation is not exclusive to Mozambique:

In post-conflict situations and communities exposed to long-term, low-level violence, the values promoted by those in power replicate and insecurity perpetuates itself. Societal and group values and norms define the success or failure of peaceful conflict resolution methods. However, culture is ever-changing and highly adaptive. Far from being permanently embedded, the cycle of systemic violence can be broken by providing alternative power structures and conflict resolution methods (for youths, this may be as simple as providing after-school programmes that pre-empt gang activity) (Weiss, 2003).

The young people participating in the focus groups revealed that domestic violence, physical aggression and robbery are the types of violence they most frequently encounter; they identified unemployment, poor schooling and the use of drugs and alcohol as the main causes of it. Further, they also described how their first contact with violence took place at home but that they currently experience violence mainly in public places.

Box 7. Extracts from focus groups: experiences of armed crime

Participant: In the beginning of the year I lived [through] a dramatic situation. ... I went to Swazi with some friends [for] a weekend. ... We did some shopping, more to show to the others, you know. Coming back we got the *chapa* [a local form of public transport, usually a minivan] at the border. When we reached Boane, two guys and a lady that were in the *chapa* asked the driver to stop so they can get out. What happens? Instead of getting out they take out guns, the lady too. 'Give us everything you have.' We just felt like crying, others screamed, others I don't know, tried to hide. But you can't hide everything. I was there, with my plastic bags, I had done my little shopping too, and I had to drop them there. At the end all they left us with was our passports.

Facilitator: Was anyone hurt?

Participant: They took the driver. He tried to react. They shot him and he died right there. The conductor tried to react too. They hit him here in the head with [the barrel of] the gun. He lost consciousness and we all had to leave the *chapa*. ... Who had cell phones, they took it, who had products they took it. ... When I went back home, I was asked where I had been. I said I went to Swazi. 'You went to Swazi? You did not go to Swazi.' I said I did go to Swazi, I did my shopping and I started to tell the story. I spent two days without eating. I couldn't get any food in. All I said was, 'What did I do? What did I do?' In the end it was bad luck. I went there and came back without even a candy. Not even a candy. It was very shocking for me. After that I never wanted to go there by *chapa* again.

(Female focus group participant)

The literature has shown that children exposed to violence at home from an early age are more likely to engage in violent behaviour once they grow up; they are also more likely to do poorly at school (Williams, 2001). They also have a higher prevalence of a wide variety of negative health outcomes throughout their life-cycle (Felliti, 2002).

The impact of early exposure to domestic violence is felt in the long-term and contributes to the perpetuation of violence.

Violence is strongly associated with, and contributes towards establishing, power imbalances and it is used to maintain a relationship of subordination. It results from confrontation and competition for resources, be they social, political, economic or personal. Yet not all competition needs to be resolved by violent confrontation; indeed in many settings it is not. Cultural attitudes towards violence may change if access to education is increased and if accessible psychological counselling is provided both for victims and perpetrators of violence.

The use of domestic violence within a household allows domination and involves power imbalances. To a certain extent it entails a shared set of values between the person asserting power and the person being subordinated. It has been argued that political will and rhetoric condemning domestic violence will not alone change cultural attitudes but they are nonetheless vital to confronting its use and challenging its legitimacy (Silva, 2003).

The notion that being nervous, just like being under the influence of alcohol or drugs, is an alternative state of mind that removes control, is used to excuse violence and relieve the violent person of accountability. This is one cultural attitude towards violence that should be addressed in awareness initiatives and campaigns.

5. Context of firearm-related violence

5.1 Overview of contextual factors

The armed conflict

It is now over a decade since Mozambique last heard war-related gunfire. Post-conflict specialists believe that the possibility of renewed armed conflict lessens by almost 50% after the first decade of peace (Collier, 2000; Small Arms Survey, 2005).

Armed conflict in Mozambique began in the 1960s following the launch of an independence campaign by the Mozambican Liberation Front (Frelimo) against Portuguese colonial authorities. With independence in 1975, the Marxist-leaning Frelimo became the dominant power. In the late 1970s, Rhodesia (now Zimbabwe), and later South Africa, drawing on anti-Frelimo sentiments in Mozambique, launched and supported a destabilization campaign in the country through the Mozambican National Resistance (Renamo). By the 1980s, the country was plunged into civil war that lasted 16 years. In 1992 both factions signed the General Peace Agreement in Rome and, in 1994, Mozambique held its first democratic elections.

The war had devastating effects on all of Mozambican society. More than 1 million people died from direct or indirect effects of the conflict, and around 60% of the population was either externally or internally displaced at any one time (Luckham et al, 2001). Around 80% of the country's livestock was killed; and by 1992, 50% of urban households and 70% of rural households were living in acute poverty (Luckham et al, 2001). An estimated 1.5 million small arms and light weapons were distributed by both Frelimo and Renamo during the various conflicts (Leão, 2004a). By 1992, the country was believed to have more than 2 million antipersonnel landmines (Human Rights Watch, 1994), though current estimates suggest a considerably reduced number (Bottigliero, 2000; IND [National De-mining Institute], unpublished data, 2001). Mozambique nevertheless remains one of the African countries most affected by landmines and unexploded ordnance.

By 1994 Mozambique faced tremendous responsibilities and expectations for reconstruction, development and the upholding of peace and security. Predictably, soon after the first national elections and the withdrawal of the United Nations Operation in Mozambique (ONUMOZ) armed crime in urban areas and perceptions of insecurity increased (Leão 2004b). Weapons of war were feeding crime not only in Mozambique

but also across the border in South Africa, ultimately leading to the development of Operations Rachel, which will be discussed later in the report.

Firearm possession

Weak and depleted surveillance and registration systems for firearms combined with a lack of accessibility to firearm-related data constrain attempts to quantify the amount and distribution of firearms within the country.

The stockpiles of the country's security forces are generally considered to be a national security issue, and are thus kept confidential. Though disaggregated information on military and police stockpiles of firearms are unavailable it is likely that the Mozambican armed forces are nevertheless over-armed (Leão, 2004a; Leão, 2004b). Some researchers have raised the concern that arms stockpiles are not being effectively managed and maintained to avoid leakage (Leão, 2004b).

Data on the firearm stockpiles of private security companies are difficult to acquire. Although the activities of these firms are regulated, current laws are outdated and inadequate to meet present concerns. For instance, security guards are not required to prove that they are physically or mentally capable of handling a firearm. Moreover, the limited capacity of the public security sector has reduced their ability to monitor firearm use and the stockpiles held by private security companies (Leão, 2004a).

Box 8. Firearm possession in southern Africa

A research project undertaken by Gun Free South Africa and the Centre for Conflict Resolution released results in 2004 and sought to understand the demand for, use of and trade and control in small arms and light weapons in nine southern African countries. It was hoped that the findings would help in developing effective strategies to control the proliferation and misuse of firearms in the region.

Table 3. Legal ownership of firearms among civilians in southern Africa

Country	Firearms as % of population
Botswana	1.9
Malawi	0.26

Mozambique	0.04
Namibia	5.4
South Africa	8.4
Swaziland	0.95
Zambia	0.86
Zimbabwe	0.32

Source: Lamb, 2004

The study found that although the levels of civilian firearm ownership varied in the nine countries, the drivers of demand for firearms were similar: self-protection was the predominant reason given for wanting to or acquiring a firearm, especially in South Africa and Namibia. Hunting and recreational shooting were also given as reasons in Botswana, Namibia, South Africa, Zambia and Zimbabwe (Lamb, 2004). Data indicate that South Africa and Namibia have the most heavily armed populations in the region. With the exception of Botswana, none of the other countries surveyed reported that more than 1% of its civilian population had firearms. Mozambique stands apart as the least armed country in southern Africa. However, these rates of firearm ownership refer to legal possession only (Lamb, 2004).

Information on civilian holdings is similarly limited. Apart from weapons collected and destroyed, there is comparatively limited information on the whereabouts of the country's civilian stockpiles. There are few records documenting the type and number of firearms owned by civilians, and it is presumed that the majority were never registered or properly licensed (Leão, 2004a).

In 2003, in Mozambique there were an estimated 7 000 legal owners of firearms (Leão, 2004a), accounting for less than 0.04% of the population, compared with 8.4% of the population who legally own firearms in South Africa and 0.26% who legally own firearms in Malawi (Gould & Lamb, 2004) (Box 8). Thus, Mozambique may well be the least armed country in southern Africa. These figures, however, do not include firearms obtained and possessed illegally.

Victimization studies by the police in Mozambique (PRM, 2003) and the Institute for Security Studies (ISS), (Leão, 2004b) have explored the issue of firearm ownership in more detail.¹ The PRM survey concluded that 2.9% of Mozambican households owned a firearm. However, of these more than half of the respondents were not civilians: they

¹ See Section 3.1 for details of both surveys.

possessed a firearm because they were members either of the army or the police, and 13.2% of those who owned a firearm claimed to have it for hunting purposes. This suggests that of the 2.9% of households that own a firearm, less than a quarter of these have it for security reasons. Of the total number of households claiming to own a firearm, 1.1% claimed to have used the weapon for self-defence at least once in the past 5 years, and of these, one quarter said they had actually fired the weapon in self-defence.

Recognizing the limitations of asking direct questions concerning firearm ownership, the ISS pilot survey in Chimoio adopted a different approach. It posed the question indirectly: “Do you know of a close friend or family member who has a gun?” Even so, few respondents claimed to know anyone who owned a firearm.

Moreover, findings from the focus groups¹ with young people suggested that levels of firearm possession were low. No participant in the focus groups claimed to own or have owned a firearm, and less than a quarter knew a civilian who owned a firearm either legally or illegally.

The ISS pilot survey also found that most respondents claimed they did not wish to have a firearm nor did they know how to gain access to one. Those who claimed they wanted a firearm cited personal security as the primary motivation driving their demand. A number of reasons were advanced for the low demand for weapons, including fear of having and handling a firearm, fear of using it, and the simple fact that it was perceived as unnecessary (Leão, 2004b).

Firearms and crime

There is an overwhelming perception, particularly among representatives of the public security sector and civil society, that organized crime is primarily responsible for high rates of firearm-related mortality and injury in Maputo city. The data suggest that this relation may indeed be the case. It is widely acknowledged that criminality, like other social concepts, is socially constructed and varies from place to place (Brito 2002).

Though it is beyond the scope of this study to determine the factors that underpin criminality, we nevertheless sought to identify what the public generally regarded as the main causes of crime.

¹ For more information on the methods used in the focus groups, see Section 2. For more details on the findings of the focus groups, see Section 3.2.

This section seeks to explore public perceptions of crime and what motivates people to commit crime; attitudes towards firearms in particular will be explored later. Data were drawn from literature, interviews and focus groups.

Organized greed versus economic need

The common perception in Mozambique is that there are two types of crime affecting the country: organized crime and economic crime. These two are also divided into crime motivated by greed and crime motivated by need (Leão, 2004; Brito, 2002).

Organized and economic crime are distinguished by their perpetrators, the motivations behind them and their relative levels of violence. Organized crime is perceived to entail the use of firearms, be committed by professionals and to involve people of a particular social and financial standing; it is also seen as being motivated by greed (or predatory behaviour) and committed to increase personal material gain. Carjacking is an obvious example of organized crime.

Economic crime – including pickpocketing and crop theft – is perceived as being synonymous with petty crime and to be committed by people with few means of survival (or access to entitlements); people who commit these crimes are seen as being motivated by necessity and as having few options. Economic crime is often correlated with social or horizontal exclusion and a lack of education and opportunities (Stewart & Fitzgerald, 2001). In contexts such as Mozambique, economic crime predominates.

Crime and structural ills

Poverty and unemployment

Unemployment¹ and poverty appear to be the primary factors motivating crime in Mozambique. This perception emerged from interviews with key informants – both civilians and public security employees – as well as focus groups, the literature (CG-

¹ To use the term unemployment is problematic because economic vulnerability is what is really meant. Unemployment is, however, the term used in Mozambique in both literature and interviews, and as such we chose to use it for consistency. It should be noted that in Mozambique the majority of the economically active population works, although few are actually employed. More than 80% of the economically active population does not receive a salary in money or in kind (50.6% of the population is self-employed, mainly in agriculture and the informal sector, and 36% work for their household without remuneration [INE, 2004]). Further, households headed by those working in agriculture and the informal sector are the ones that have lower per capita expenses – around 254.000 *meticaís* per month (about US\$ 12.00) (INE, 2004). Working for oneself is generally perceived to be an irregular source of income, to provide a low income and to be a temporary situation until a proper job comes along (especially in urban areas).

PRM, 2003; Brito, 2002; Gaspar, 2003) (CG-PRM, unpublished data, 1999–2002) and previously administered victimization surveys.

PRM's survey¹ for example, found that 82% of respondents believed unemployment was a cause of crime, and 33.2% believed it was the principal cause. Poverty was singled out as the main cause of crime by 16% of respondents, but identified as one of the causes of crime by 41%. Respondents to the ISS pilot survey also identified unemployment and poverty as the principal factors motivating criminal activity. Unemployment also appears as the leading factor contributing to crime in the annual reports published by PRM from 1999 to 2003.

Linked to this perception is the association among unemployment, idle youth, and crime, implying that young people are vulnerable to co-option by criminals as a means of survival. This perception is not particular to Mozambique and can be found in neighbouring countries, such as Malawi and the United Republic of Tanzania (Pelser, Burton & Gondwe, 2004; Stavrou & O'Riordan, 2004).

For example, a study of prisoners in Maputo (Brito, 2002) found that there is an overrepresentation of youth in prisons when compared with their proportion in the general population. The same study also found that the link between unemployment and crime is strongest when the prevalence of economic crime is considered but it is less important in the context of organized crime.

The themes of greed and envy emerged during focus group sessions in Maputo city. Participants discussed the situation of many youth – both those dropping out of school and those completing their studies – who “want everything with little effort”. Though participants were sympathetic, since they faced similar constraints and desires (for example, wanting a cellular phone, nice clothing, a well paying job), they were nevertheless critical of the fact that most young people seek the “easy” path and do not want to struggle. They mentioned that while they look for reasonable employment they are willing to take on any legitimate work, whereas most young people in Maputo city consider physical labour demeaning. Many participants believed that young people engage in crime because it is simply a faster and easier path. Though many participants attributed this behaviour to greed, envy and idleness, it seems clear that social exclusion and the lack of opportunity also play a significant part in motivating predatory behaviour.

Respondents to the ISS survey also ranked wanting an easy living as the third most common cause of crime. Indeed, it has been suggested that in Mozambique crime

¹ See Section 3.1 for more detail on the surveys by PRM, ISS and INE.

pays: weakness in the police and judicial system mean that the likelihood of criminals being caught is low and the likelihood of being brought to trial is even lower.¹ However, the interview with Jorge suggested it is seldom that armed offenders reach the age of 30: either they are caught or killed by the police or they retire from crime before either of these events occur.

Penal system

Detention is also believed to contribute to increased levels of crime. The Mozambican prison system faces many constraints. It lacks capacity, resources and adequately trained staff; thus there are breaches in the basic rules of treatment of detainees and their human rights. There are not enough beds and food, and sanitary conditions are poor (SCF, 2003). Furthermore, there is a lack of an organized approach to reintegrating prisoners into society, as well as a lack of recreational activities and media and information on prisoners' rights, all of which are generally perceived as essential to prevent reoffending.

Prison is regarded as a "school for crime", where criminal knowledge and skills are shared (Brito, 2002; SCF–Norway, 2003; interviews with stakeholders by IH). The conditions of the penal system in Mozambique accelerate the transmission of criminal knowledge. For example, prisons are overcrowded, and prisoners are not separated according to their age or the type of crime committed. Nationally, children (that is, those younger than 21 years) are the second largest age group of detainees. Moreover, a significant number of children detained in prisons are repeat offenders, and although the majority of them attended school at the time of their first detention, most were no longer in school at the time of their most recent detention (SCF–Norway, unpublished data, 2003, translated by IH). This phenomenon suggests there is an important relationship between detention and dropping out of school or absenteeism, although this remains to be empirically tested. However, an additional aspect to consider is that there are barriers to leaving criminal activity. For example, the stigma attached to children who have been detained is well documented and thought to contribute to the perpetuation of delinquency. According to Save the Children–Norway:

¹ Interview by IH with staff from the Ministry of the Interior, January 2005.

[I]n reality, children's detention assumes the role of a rite of passage, after which an ever more tighter link is established between the child and the world of delinquency, leading to the cyclical and frequent engagement in situations of conflict with the law, in general, and the prison system in particular. (SCF–Norway, unpublished data, 2003, translation by IH).

Drugs

Another factor believed to contribute to criminal activity is the production, sale, trafficking and use of drugs, including narcotics. In fact, in the PRM survey drugs were identified as a cause of crime by 55% of respondents and as the main cause by 22%. Drugs ranked fourth in the ISS survey. In focus groups the issue of drugs was always discussed and linked to violence and crime, although seldom did it emerge spontaneously.

Other

The migration from rural to urban areas has also been identified as a factor increasing the incidence of crime. However, Brito (2002) has noted that the data do not necessarily support this assertion. Other reasons identified by PRM annual reports include the degradation of the social fabric, conjugal infidelity, insufficient police coverage and lack of resources. All of these are potentially important independent variables requiring further study.

Sources of firearms used in crimes

Sixteen years of intense civil conflict resulted in a proliferation of firearms caches throughout the country (Box 9). Despite ONUMOZ's efforts to disarm the various factions and civilians, the existing stockpiles and distribution of weapons were not carefully documented. Although there appeared to be a direct connection between the presence of arms caches and the onset of criminality in the years following the peace agreement (1995–1997) – not only in Mozambique but also in South Africa – the prevailing perception is that today the firearms used in crimes come predominantly from the security forces. Since 1995, the majority of weapons in arms caches from the war have been collected and destroyed by Operations Rachel and Tools for Arms (TAE). However, this is not to say there are no more arms caches in Mozambique.

Evidence suggests that some members of the public security forces, both military and police, have rented or sold their firearms. Interviews with representatives from the Ministry of Justice have revealed that weapons seized by the police during the course of

legitimate investigations often never make it to court. Illegal firearms thus reappear on the streets. Also, key informants such as Jorge have indicated that gangs purchase bullets from prison guards and acquire firearms from the police, though these are not necessarily police firearms but rather firearms in police custody. Representatives from the Ministry of the Interior recognize this problem but also state that firearms used in crimes are only partially sourced this way. We were told that firearms acquired legally are often sold or stolen.

In focus group discussions, some participants suggested that Mozambican immigrants in South Africa bring firearms back into the country. However, representatives from the Ministry of the Interior have expressed concern about their lack of capacity to adequately monitor the country's extensive borders but they have not expressed any particular concern about firearms trafficking from South Africa. There is no evidence to substantiate this claim.

Box 9. Firearms in southern Africa

Southern Africa has experienced a considerable amount of armed conflict during the past century. In the aftermath of armed conflict, accumulated weapons, if not properly destroyed or registered and controlled, pose a threat to social stability and economic development not only in the country that experienced the conflict but also in the region as a whole (Gamba, 2000; Muggah, 2005). Africa accounts for approximately 18% of all firearm-related homicides and suicides worldwide, suggesting that firearm use in violent crime is significant across the continent (Small Arms Survey, 2004). In Africa, two of the primary factors contributing to continued armed crime and regional conflicts are weapons remaining from armed conflicts (either as a result of inadequate disarmament or hidden arms caches) and lack of governance. The widespread availability of weapons combined with insufficient police services, the impunity and the lack of accountability of the security forces are said to directly affect rates of armed crime (Small Arms Survey, 2004; Small Arms Survey, 2005).

Given the comparatively limited firearms manufacturing capacity in southern Africa, it stands to reason that most firearms in the region are imported. Only 3% of the total global small arms industry is situated in southern Africa, with South Africa being the

main producer in the region (Lamb, 2004; Small Arms Survey, 2004). Two further sources of firearms in southern Africa have been identified, both of which are illegal: the surplus of state weapons and weapons caches that remained hidden in the aftermath of armed struggle (as is the case with arms from Mozambican caches finding their way to South Africa and other neighbouring countries) and the illegal transfer of small arms from outside the region (with South Africa being the major entry point and market) (Lamb, 2004).

5.2 Drivers of the demand for firearms

When assessing the drivers of firearm demand in a given population at a given time, several questions need to be answered.

- How do people feel about firearms?
- Is it socially and morally acceptable to own a firearm?
- Why do people want to own a firearm?
- Why is it that others do not want to own one?

Data on the possession of firearms allows us to gain an understanding of the number and type of firearms owned by civilians and the general profile of those who use firearms, but it does not provide an insight into why people choose to acquire firearms or use them in perpetrating violence. To understand people's attitudes towards firearms one must understand their fears and also what motivates them to possess these weapons. It is also important to examine how they acquire them (Muggah, 2004).

In Mozambique, the main reason that people give for wanting to own a firearm is security. Hunting and recreation are other documented reasons behind the demand. The development of game reserves in Mozambique will likely be followed by an increase in hunting for sport and a consequent rise in the use of firearms for leisure purposes. At the moment, however, the demand for firearms for hunting and recreation is limited.

It should be noted that interviews and focus groups suggest that the demand for firearms in Mozambique is modest. This study found that perceptions of firearms are partly conditioned by age. Specifically, while the older members of the Mozambican

population link firearms to war and wish to forget about war (Leão 2004b), younger generations who have not experienced war to the same extent, identify firearms with crime. Either way, firearms are associated first with violence, not with security and protection.

This study also found that in Mozambique social acceptance of firearm possession is ambiguous (Box 10). On the one hand, most people agree that civilians should not own firearms. On the other hand, people also understand the motives that lead people to acquire weapons. However, there is a double standard in terms of the socioeconomic profile of individuals who wish to acquire firearms: people understand that members of society with high social status who have acquired significant material wealth need to protect it, but they are suspicious of firearm ownership among those who lead a more precarious existence. Thus, people wish to see a reduction in the number of firearms owned by civilians but they understand that the current crime situation, which affects all members of society, brings a sense of insecurity that justifies firearm ownership among some.

The availability and proliferation of firearms is thought to contribute to crime. The perception is that people commit crimes because they have firearms and not that they have firearms because they are dedicated to illegal activities. Causality is perceived to be unidirectional. In focus groups the reason most frequently given for not wanting to own a firearm was the fear of using it. In this case, however, it is not so much the fear of shooting someone in self-defence but rather the fear of using it against someone close if a discussion arises and the firearm owner gets nervous. This suggests that firearms influence people's behaviour and choices, particularly when the behaviours are likely to be ones of impulse. It should also be noted that only a small number of participants knew where they could obtain (legally or illegally) or rent a firearm and how much it would cost.

Box 10. Extracts from focus groups: firearm ownership

Female focus group

Facilitator: Why do you not wish to have a firearm?

Participant 1: For fear.

Facilitator: Fear of the gun? Fear of you holding it?

Participant 1: Because I might ... I might kill someone. I, no, one day I might kill someone with that gun. To avoid using it on the wrong direction one day I'd rather not have one.

Participant 2: But what about knives? You are not afraid of knives and they kill too.

Participant 1: Yes, but the knife it different. I've always been in the kitchen, but a gun ... depends. Let's suppose I work and have access to take large amounts in *meticaís* [local currency], large sums of money that have to stay at home with me ... I'm an important person, have this job, that house and all sorts, everything with, with a tendency to money. I need to have a gun, I mean, self-defence, I have to defend myself.

Participant 3: It's more because our main goal is to defend ourselves, right. But imagine an argument starts and the person in that moment gets irritated, stressed, nervous and picks up the gun without thinking and uses it in the wrong place. We have to count on all that, so the best thing is to stay and leave it, leave it, no, no.

Facilitator: [To fourth participant] What about you?

Participant 4: To me, like she said it is a matter of security for people in high positions. It's important and it's a security issue. And because of what she said, you can stress yourself and do something.

Male focus group

Participant A: To defend myself. Here in Chamanculo you know how it is. Chamanculo is worse than ever. It is terrible, so I needed a gun to defend myself.

Facilitator: And the three of you who said you wouldn't like to own a firearm. Why is that?

Participant B: So far no ... I think that ... I wouldn't like to have one. I don't even like weapons because I am a very complicated being that I have not yet discovered how I am, but I only know that I am very nervous, so I would not like to go around with guns. ... Now I think that in this path we are walking and having the power to own a firearm for defence, I think criminality might even increase more because ... I can have it for protection and after I start using it for work. No one will know I'm a criminal or that I am using the gun for other purposes.

Participant C: Yes [he would like to have a firearm]. I mean, not to do any harm, but for defence, for personal safety.

Participant D: If I become rich I will want one [a firearm] to defend myself.

Participants also feared being tempted to search out easier means of survival, revealing not only the vulnerability of their economic situation but again that possessing a firearm would influence their behaviour.

The possession of firearms brings a sense of empowerment that no other weapon does. It makes clear that the person holding the weapon could kill with just one movement of the finger; the person facing the weapon knows this just as the one holding the firearm knows that the victim knows (Cock, 1999). Firearms allow threat and harm to happen from a safe distance without any physical contact between victim and aggressor. This common understanding is likely to have an important effect on individuals, particularly young people, who choose to engage in illegal activities if they gain access to a firearm. Firearms give them the necessary confidence and security, and the likelihood of them encountering resistance is significantly reduced.¹

The ISS pilot study in Chimoio supported these ideas and reached similar conclusions:

It seems that respondents in this sample feel that weapons can have an impact on one's behaviour and sense of self. Some respondents said that weapons "bring disobedience" and they were asked to explain what they meant. According to them, if you have a weapon you feel empowered to do more of what you want and less of what you have to. It is easier to disobey the norm (Leão 2004:81)

Possessing a firearm is thus believed to influence one's behaviour. The fact there is some reluctance to own a firearm, which is allied to the perception that it is not right or appropriate to own a firearm, suggests that Mozambique does not have a culture of weapons.²

¹ The interview with Jorge was revealing: those who are dedicated to organized crime also use firearms for their own security. A firearm is intimidating enough to quash any thought of resistance, and it protects them from the police. Also, the police are thought to shoot first and ask questions later, indicating a serious breach of police responsibility and the appropriate use of force. The indiscriminate use of firearms and force by the police has been regularly denounced in interviews with NGO staff working in the fields of human rights and conflict resolution (LDH, 2005).

² The social meanings of firearms change over time and in different contexts. The concepts of a "culture of arms" or a "weapons culture" have generated controversy. Here the idea is used to refer to contexts in which firearms (or a particular type of firearm) carry a symbolic weight that is integral and indispensable to one's social or political identity and place in society. For instance, Jacklyn Cock illustrates how in South Africa the Kalashnikov is more than a firearm: it has

5.3 Factors affecting firearms control

The 2003 ISS survey found that in Chimoio in Manica province, there was a general perception that the availability of firearms had decreased. Only a third of the respondents believed that the level of availability had remained the same or increased. When asked why this availability had changed, respondents pointed to discrete interventions introduced by international and domestic actors. The main reasons identified were the implementation of arms collection programmes, efforts by police, demobilization and the end of war (Leão, 2004b). Because the drivers of firearms control in Mozambique have already been documented elsewhere, only a brief summary is presented here. (See Chachua, 1999; Leão, 2004a & 2004b; ICBL, 2004.)

Licensing procedures

Since the late 1990s, in an effort to reduce the number of weapons owned by civilians, the government of Mozambique has significantly reduced the number of firearm licenses made available to individuals. The process itself also discourages those who want to own a weapon. There are no legal dealers of firearms in Mozambique, so anyone who wishes to obtain a firearm has to travel to a neighbouring country, buy it and then go through the necessary bureaucracy to transport and import the firearm to Mozambique and apply for a license. Notwithstanding the efforts of the Ministry of the Interior to curb the ownership of firearms among civilians, weaknesses in legislation and a lack of resources make it difficult to monitor the use and whereabouts of licensed firearms (Leão, 2004a).

The Southern African Development Community protocol

Mozambique is a signatory to the Southern African Development Community (SADC) Protocol on the Control of Firearms, Ammunition and Other Related Materials.¹ The protocol aims to control and regulate the import and export of legal small arms and to

become a “marker of group identity serving as a kind of code to assert one’s political allegiance” (1999). Also, in Nuer society in the mid-1980s “the display and use of weapons confirmed masculine identity and Nuer-historic identification as proud warriors. ... Weapons ranged high in value and status, and the symbolic meaning was in line with the general ethic of the society” (Skedsmo, Danhier & Gor Luak, 2003).

¹ Mozambique signed the protocol in August 2001 and ratified it in September 2002.

reduce their flow into the region. It also seeks to prevent, combat and eliminate the illicit manufacture of firearms, ammunition and related materials (Stott, 2003).

Mozambique has created a Committee for the Prevention and Control of Small Arms and Light Weapons (known as COPRECAL) to monitor the implementation of the protocol. COPRECAL, under the guidance of the Ministry of the Interior, is composed of members of the Ministry of the Interior, the Ministry of Defence, the Ministry of Justice, the Ministry of Foreign Affairs, the armed forces, Customs and Migration Departments, an academic institution and two NGOs (Propaz and the Mozambican Christian Council–Tools for Arms project). Its main responsibilities are to supervise the implementation of national legislation on firearms and regional and international treaties, to coordinate research and to disseminate information (Leão, 2004b). But implementation of the protocol faces many challenges and constraints, not only in Mozambique, but in the region as well:

Outdated national legislation, obsolete regulatory measures, precarious peace processes, pervious borders and the lack of capacity on the part of both governments and civil society to effectively monitor the legal and illegal movement of firearms, present enormous challenges not only in effectively addressing the general problem of the trade of small arms and light weapons in the southern African region but more specifically in implementing the SADC Protocol. In addition, there is little, if any, reliable baseline data from which to access the improvements that may result from the effective implementation of the SADC Protocol (Stott, 2003).

In Mozambique, the main challenges faced by COPRECAL were identified during a workshop organized by the ISS. The aim was to bring together all of the key stakeholders to assess each institution's capacity to curb firearms proliferation (Leão, 2004b). Key stakeholders identified the following obstacles to their work:

- the lack of reliable data on firearm stockpiles;
- the fact that stakeholders lack a common vision for the security sector in Mozambique;
- the lack of clear guidelines on the role of COPRECAL;
- the existence of overlapping responsibilities and the fact that roles for each entity that is part of COPRECAL are ambiguously defined;
- a lack of donor support to increase the capacity of the security sector; and

- the extensive inland and coastal borders coupled with a lack of resources and capacity to effectively patrol them.

Firearms collection and destruction programmes

As previously mentioned, the majority of illicit firearms circulating in Mozambique and South Africa after the 1994 peace agreement were thought to be remnants of the civil war. In the aftermath of a conflict, hidden arms caches present a danger not only to those living nearby but also to national security. The impact may be felt across borders as well. Programmes in Mozambique have successfully managed to collect and destroy the majority of arms caches.

Operations Rachel

Operations Rachel were a joint effort between the governments of Mozambique and South Africa to curb the increasing levels of armed criminality that were being felt in both countries throughout the mid-1990s. South African intelligence reports revealed that weapons caches in Mozambique were feeding crime in South Africa. Operations Rachel, involving police staff from both South Africa and Mozambique, was set up to identify and destroy arms caches in Mozambique (Chachiuva, 1999). Operations Rachel is popularly regarded as a success. In nine operations between 1995 and 2003, more than 600 arms caches were identified and their weapons destroyed.

Tools for Arms

In 1995, one year after the first democratic elections in Mozambique, the Mozambican Christian Council launched the Tools for Arms project. The main goals of the project are to identify arms caches and collect and destroy weapons and war artefacts (such as explosive remnants of war) that are owned illegally. Those who reveal the whereabouts of hidden caches or arms in their possession receive sewing machines, bicycles, farming tools, construction materials and other goods, which help them rebuild their livelihoods (TAE, unpublished data, 2003). The project has been seen as a success story and is often quoted in the media as an example of successful civil society engagement in disarmament initiatives.

The project also incorporates civic education activities within its initiatives. These include a presentation of the project's goals and the way it works, as well as lectures on

the dangers of the illicit circulation of firearms. Issues of peace and reconciliation are also raised.

Despite being independent of the government, the project has worked closely with government initiatives because it does not have the capacity to transport, store and destroy large numbers of weapons.

From 1995 to 2003, the project collected 732 529 war artefacts (such as rifles and ammunition) and eventually had activities taking place in more than 40% of national territory. In 2003, the project collected a record 352 529 war artefacts. Although the bulk of the collections consisted of ammunition, they also included more than 38 000 assault rifles (of the type known as Automat Kalashnikova Modernized), 200 pistols and 10 000 TNT explosives (TAE, unpublished data, 2003). The success of the project's operations in 2003 indicated that citizens were willing to cooperate but also showed how much weaponry remains hidden. It should be noted that arms caches still hidden today are believed to belong to people of high political standing who, at the time of national disarmament by ONUMOZ, faced an uncertain future and chose to hold on to their arms to provide them with a safety net. The project has been making efforts to gain permission from these leaders to collect and destroy the arms caches, always guaranteeing the anonymity of the people holding the cache. These caches are generally well protected and war artefacts are no longer thought to be circulating in the country.¹

¹ According to Tools for Arms, the war artefacts owned by former combatants or civilians are generally obsolete and in poor condition (as a result of being buried), and more often than not they are not functional. Their owners are usually keen to give them to the project.

6. Conclusion and recommendations

6.1 Conclusions

This study found that firearm-related violence in Mozambique is not as significant as might be suspected. Its impact on public health is most notable in Maputo city and Maputo province, but it has substantially less impact in other areas of the country. Overall trends indicate that firearm-related mortality may be decreasing: it declined by 26% between 1997 and 2003. However, crime data suggest that the incidence of robbery committed with firearms increased during the same period.

A study that looked at the availability of small arms and the demand for them in southern Africa, suggested that Mozambique may well be the country with the least firearms in the region (Gould & Lamb, 2004). Although the illegal possession of firearms is difficult to quantify, it is estimated that 0.04% of the population in Mozambique has access to legal firearms compared with 8.4% in South Africa and 0.26% in Malawi. The number of firearms is not directly correlated with levels of use. Yet this study found that Mozambique does not appear to have a weapons culture even if violence seems to be permeating the social fabric of urban populations. Qualitative and quantitative data presented in this report show that Mozambicans are exposed to comparatively high levels of interpersonal violence. Though the factors that influence this violence are likely to be wide ranging and only partially illuminated by this study, it is nevertheless vitally important that they be addressed if violence is to be prevented.

Recognizing the context and the demands that drive firearm acquisition and use is essential if prevention strategies are to be developed. We have found that “perceived insecurity” is the central motivation driving people to acquire firearms. The inefficiency of the police, social and economic vulnerability, and other factors act as drivers of both demand and control. Specifically, economic instability is strongly correlated with crime, and it is in the context of crime that most firearm-related violence is thought to occur. Informants have revealed that even though an increased sense of insecurity may enhance the demand for firearms, economic vulnerability and the consequent temptation to use them for illicit purposes also acts as a check on acquisition. Firearms are believed to influence personal behaviour, and in an already violent society, informants were wary of the relationship between acquiring weapons and interpersonal violence.

Primary data on crime and primary data on injury mortality showed that in Mozambique although men and women are equally likely to be victims of crime, men are more likely to be the victims and perpetrators of violence. Some population groups are more at risk than others: in 2003 the mortality rate for firearm-related violence for women was 1.18/100 000 population, the rate for males was 12.26 /100 000. Those aged 15–34 were also more at risk of firearm-related violence (11.62/100 000 in 2003). One aspect not explored in detail by this study was the reason why men, particularly young men, are more at risk of firearm-related mortality than women and girls. The relationship between perpetrators and victims is also missing, suggesting an important avenue of research for future studies in Mozambique.

Maputo city has the highest rate of firearm-related violence in Mozambique. In Beira (Sofala province), which is Mozambique's second largest city, firearm-related deaths accounted for just 3% of all external causes of death. In Nampula city, firearm-related injuries accounted for less than 1% of all cases of injury admitted to the Emergency Unit and Nampula Central Hospital. But while firearm-related mortality rates have been decreasing in Maputo city, it is important to note that firearms are still one of the leading external causes of death in the province, even if they represent a small proportion of the total number of injury-related deaths.

Crime data indicate that although the overall crime rate may be decreasing, robberies committed with firearms have increased in recent years. The incidence of crime committed with a firearm is significant only in the southern provinces, and is mostly concentrated in Maputo city and Maputo province. In 2003, the incidence of crime committed with a firearm was 48.77/100 000 population in Maputo city; in Maputo province it was 26.06/100 000. Although an increase in the incidence of robberies committed with firearms is of concern, the fact that in Maputo city such a tendency has not been compounded by an increase in firearm-related mortality may suggest that armed crime in Mozambique is increasingly more professionalized, and perpetrators are more at ease and are not easily panicked. It is also possible that the increase shown by the crime data may be partly due to increased reporting rates, yet there are no data available to validate either of these hypotheses. Further research should look into these issues.

Of special concern is the increase in violent crime in Maputo province. Crime data suggest homicide rates increased by 22% during the period 1999–2003 and robberies in which a firearm was used increased by 120% between 1998 and 2003.

Thus far there is no explanation as to why Maputo province is experiencing increased levels of violent crime. Informants believe that a better understanding of migration might shed light on the matter.

This study has presented an overview of data on firearm-related violence in Mozambique. It has attempted to provide as accurate an understanding as possible of the impact and dynamics of such violence on the country and to inform possible prevention policies. Yet a better understanding of interpersonal violence in Mozambique and the context in which it occurs is needed if strategies to prevent such violence are to be successful.

6.2 Recommendations

Based on the research conducted for this study and the subsequent analysis of the data, the following recommendations are put forward as a means of addressing the impact of firearms and firearm-related violence in Mozambique (Box 11).

Box 11. **Recommendations for addressing firearm-related violence in Mozambique**

- Develop prevention strategies to reduce the incidence of armed crime
 - Promote coordination among and within government departments and nongovernmental organizations
 - Enhance the capacity for data collection and analysis and support further research on violence, its contexts, impacts and costs
 - Improve public health response to violence
 - Monitor the use of firearms in crime and the patterns of deaths and injuries from firearms
-

Develop prevention strategies to reduce the incidence of armed crime

It is widely believed that the use of firearms in crime in the first years after the end of the civil conflict was a legacy of weapons use during the civil war. Respondents – both in focus groups and interviews – claimed that the majority of weapons in Mozambican society today are nevertheless sourced from the public security sector – that is, staff

from the security forces either rent out their own firearms or sell those that were confiscated during the course of police investigations. Also, legally owned firearms are often said to fall into criminals' hands. It seems that a stricter regulatory regimen, particularly for weapons confiscated by police, could contribute towards reducing the use of firearms during crimes and the perceived insecurity in society.¹

Another strategy, which would decrease the likelihood of young people gaining access to household weapons and prevent weapons being stolen in the event of a robbery, would be to introduce and enforce legislation detailing the safe storage of legally owned weapons (Krug et al, 2002).

Becoming a victim of a crime or armed violence is sensitive to the season and the time of day. For example, data presented in this report indicate that the majority of reported crimes, particularly homicides, occur during holiday periods and between 18:00 and midnight. The context is also important: it seems that most crimes occur either on public roads or in homes. Interventions that could potentially decrease the incidence of crime include increasing the number of police patrols during these hours, introducing more effective interventions to prevent carjackings and installing better lighting in public areas.

Promote coordination

Controlling the availability of firearms is an important part of efforts to reduce firearm-related violence, but it is just one of many initiatives needed to maintain security. A multisector approach must be taken if initiatives to prevent firearm-related violence in particular, and violence in general, are to be successful.

A major impediment to the design and implementation of effective violence prevention policies and initiatives is the lack of coordination within and between the different departments. These types of challenges are not unique to Mozambique but they must be overcome. Efforts to overcome them are under way. For example, in a workshop organized by the WHO national office (15–16 April 2004), representatives from the government of Mozambique and NGOs met to discuss violence prevention. One of the primary constraints identified during the workshop was the lack of effective documentation and dissemination of activities being developed by individual agencies,

¹ Police forces are regularly accused of using excessive and indiscriminate armed force. It has been suggested by a researcher in southern Africa that if a certain calibre of firearm were to be used exclusively by national security forces it would become possible to effectively monitor their use of firearms.

which led to the concomitant duplication of efforts. The importance of coordinating violence prevention schemes was emphasized by the workshop participants (WHO Mozambique, unpublished data, 2004).

A number of interventions could potentially contribute to reducing firearm-related violence, though marginal returns are likely given the already low levels of this type of violence in Mozambican society. For example, continuing efforts to eradicate poverty and income inequality in the country may be paramount to reducing both crime and violence (Krug et al, 2002; Peres, unpublished data, 2004). Social stability may be increased if programmes to reduce social marginalization and economic inequalities are allied to programmes to increase support for vocational training for at -risk male youth.

Furthermore, the introduction of peace education and alcohol- and drug-awareness initiatives in school curricula could be combined with increased access to education more generally, and these interventions may change cultural attitudes towards violence and firearms. We also suggest that greater support should be given to local community associations in marginalized urban areas. They may have a role to play in changing behaviour and motivation, especially among young men. The success of such strategies in Mozambique has been documented (Krug et al, 2002), and participants in our focus groups who have been involved in extracurricular activities developed by their neighbourhood associations (such as theatre, football, traditional music and dancing, and fashion shows) stated that such activities are not entertainment but rather give them the opportunity to express themselves as well as providing a sense of achievement.

The importance of encouraging public debate on how to reduce violence must also be emphasized. Political will and discussion alone will not change cultural attitudes. It is vital to confront cultural attitudes towards the use of violence in order to challenge its legitimacy (Silva, 2003). As in other countries in the region, public communication and awareness campaigns can promote alternative approaches to conflict resolution and address, or perhaps challenge, the notion that being nervous, just like being under the influence of alcohol or drugs, is an alternative state of mind that takes control away; then this idea may no longer be used to excuse the use of violence and remove accountability for it.

Enhance the capacity for data collection and analysis

Data collection and analysis in Mozambique is underresourced, undervalued, and there are many constraints. The present policy and bureaucratic environments do not prioritize

the use of data collection and analysis to inform policies and interventions. There is an urgent need to devise appropriate legislation to regulate the collection of data and access to it. Mozambican researchers and injury prevention practitioners should also be encouraged to better disseminate their work and ensure that it is available at key resource centres.

A series of efforts are already under way to improve data collection systems; providing continuing support for the implementation and monitoring of these initiatives is vital. Such initiatives, currently being undertaken by the Ministry of Health in collaboration with WHO, include measures to improve and standardize hospital register books, which will allow for injury surveillance at the provincial level; to ensure compatibility between hospital and police register books; and to document existing efforts in violence prevention in Mozambique.

Yet there are still many gaps that need to be addressed. Future research projects on violence should aim to close existing gaps. The most important of these gaps is the lack of information on the relationship between the victims and perpetrators of violence and the possible influence of migration patterns on the incidence of crime. Further research on the context of violence, its impacts and costs should also be supported.

Crimes are underreported and the data are inconsistent. Even where the political will exists to improve the accuracy of crime data, the Ministry of the Interior lacks the technical expertise to process and analyse it. Additionally, data on injuries and mortality allow for only a limited understanding of the scope and magnitude of violence. Reliable crime data are thus paramount to allowing researchers to assess the extent of violence in general, and firearm-related violence in particular. The importance of training police staff, creating incentives to accumulate and process information, and creating a surveillance database in the Ministry of the Interior cannot be overstated. Enhanced collaboration and improved information flow between the police and legal medicine departments have been called for by both parties.

The importance of national surveillance also cannot be overstated. Injury mortality data are restricted to Maputo province, Maputo city and Beira. Deaths are underreported and thus the accumulated data at Civil Registry Offices are not

representative of national mortality trends. Incentives should therefore be introduced to motivate households to register not only births but also deaths.¹

Improve the public health response to violence

In addition to controls on possessing, trading and using weapons, reducing the impact of armed violence requires public health interventions (Krug et al, 2002). For example, establishing appropriate pre-hospital care systems as well as enhancing emergency unit facilities and staff competencies could reduce some of the long-term impact of firearm-related and other injuries (Krug et al, 2002). Mortality data suggest that only 23% of victims of fatal firearm-related violence received medical care. A first-aid module could be taught in schools, since passers-by are usually the first ones to provide help and to transport the victims to health-care facilities (Raman, 2001).

Improved coordination and cooperation between police services, hospital employees and counselling services are also important in expanding care for both victims and perpetrators. It is vital that both police and health staff be trained to identify signs of violence and how to respond to them (Krug et al, 2002).

Monitor the use of firearms

One of the key findings of this study has been the significant impact firearms have on young men. While the country overall has low rates of death and injuries from firearms, adolescents and young people, especially males, are disproportionately killed by firearms. From the focus group discussions it is evident that young men feel competing pressures; these influence their choices in terms of income, security and interpersonal relationships. It will be important to continue to monitor data on firearm use and deaths from firearms in order to identify changes in patterns that may indicate an increased risk for certain groups and to develop interventions that can lessen the use of firearms among those who are most at risk.

¹ It has been suggested by an informant that mobile registration brigades be set up once again. These existed prior to the armed struggle and travelled around the country, registering new events (births, marriages, deaths, etc).

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Annex 1. List of institutions and departments contacted

Maputo city

- Ministry of Health
 - Documentation Centre
 - Epidemiology Unit for non-Communicable Diseases
 - Maputo Central Hospital
 - Legal Medicine Department, Maputo Central Hospital
- University Eduardo Mondlane
 - Centre for African Studies
 - Medicine Faculty
- Ministry of Women and Social Welfare
- Ministry of Justice
 - Escola de Formação Jurídica
- Ministry of the Interior
 - Police of the Republic of Mozambique
 - Department of Data and Planning
 - External Relations
- National Institute of Statistics
- UN Security Office
- United Nations Development Programme
 - Various programmes
- Nongovernmental organizations
 - Todos Contra a Violência (TVC) [All Against Violence]
 - Kulaya
 - Transformação de Armas em Enchadas (TAE) [Tools for Arms]
 - Reconstruindo a Esperança (RE) [Rebuilding Hope]
 - ProPaz
 - Associação Moçambicana para o Desenvolvimento Consertado (AMDC) [Mozambican Association for Sustainable Development]
 - Eссор
 - Save the Children Fund (SCF)
 - Associação Comunitária De Chamanculo (ASSCODECHA) [Chamanculo Community Association]
 - Nhleco
 - Associação Dambo da Mafalala [Mafalala Community Association]
 - Liga Moçambicana para os Direitos Humanos (LDH) [Mozambican League for Human Rights]
 - Organização para a Resolução de Conflitos (OREC) [Organisation for Conflict Resolution]

Beira

- Ministry of Health

-
- Beira Central Hospital
 - Management department
 - Department for Data and Planning
 - Emergency Unit
 - Legal Medicine Department
 - Provincial Health Department, Sofala Province
 - Police of the Republic of Mozambique
 - Nongovernmental organizations
 - Videmo
 - Essor
 - Liga Moçambicana para os Direitos Humanos (LDH) [Mozambican League for Human Rights]

Nampula city

- Ministry of Health
 - Provincial Health Department, Nampula Province
- Nampula Central Hospital
 - Management department
 - Department of Data and Planning
- Nongovernmental organizations
 - Organização para a Resolução de Conflitos [Organisation for Conflict Resolution]/ Liga Moçambicana para os Direitos Humanos (LDH) [Mozambican League for Human Rights]
 - Concelho Cristão Moçambicano (CCM) [Mozambican Christian Council]
 - Mozambican Network of AIDS Service Organization (MONASO)

Annex 2. Focus group question set

Violence and youth in Mozambique

- A. What is violence? Which actions and behaviours do you consider to be violent?
- B. What are the main causes of violence and crime?
- C. Exposure to violence
 - 1. Please describe the most violent incident you have ever seen with your own eyes.
 - 2. Please describe the very first violent incident you have seen with your own eyes.
 - 3. Please describe the most recent violent incident you have seen with your eyes.
- D. Attitudes towards firearms
 - 1. Do you know anyone, who is not in the security forces, who owns a firearm?
 - 2. If so, why do you think that person wished to have one?
 - 3. Do you wish to have a firearm? Why? Why not?
 - 4. Is it easy to access a firearm here? Do you know how to do it?
- E. How do you react to violence and crime?
- F. How does violence and crime affect you?
 - 1. Is there anything you don't do because of crime and violence?
 - 2. Where do you feel safest? And the least safe?
- G. What do you think could be done to reduce crime and violence?
- H. Life expectations
 - 1. Imagine that we are now in 2014. How do wish your life to be?
 - 2. What are the main obstacles you'll have to face in order to achieve it?
- I. What questions do you think I should have asked?
- J. Is there any other thing that you would like to comment on or talk about?

Annex 3. Injury surveillance system: data set

Record# _____

Registry N°: _____ (Order n°/year)	
Date of Death: ____/____/____	
Date of Injury: ____/____/____	
Age: Years: _____ (if < 1) Months _____ Days _____	Sex
	1 Male
	2 Female
	9 Lack of data
Place where injury occurred:	Referral of the deceased:
1 Home	1 Hospital Central de Maputo
2 Public Road	2 Other Health Unit _____
3 Work Place	3 PRM, Station _____
4 Bar, Restaurant, <i>Barraca</i>	4 PIC (Province) _____
5 Sea, River, Lake-Lagoon, Swimming pool	7 Other _____
7 Other _____	9 Lack of data
8 Unknown	Referral of the deceased (City/neighborhood)
9 Lack of data	
Place of Death (where body was found):	Mechanism/basic cause of death:
1 Home	1 Road Traffic Injury
2 Hospital (admission date: _____)	2 Fall
3 Public Road	3 Blunt Object
4 Work Place	4 <i>Arma branca</i> (cutting/perforating): _____
5 Bar, Restaurant, <i>Barraca</i>	5 Firearm _____
6 Sea, River, Lake-Lagoon, Swimming pool	6 Explosives (landmine, bomb)
7 Other _____	7 Burn (Fire/ liquid/ hot object)
8 Unknown	8 Hanging
9 Lack of data	9 Throttling by hand
Cause of Death	10 Strangling
A Disease or condition that caused death (<i>Immediate Cause of Death</i>)	11 Drowning
	12 Intoxication
	Substance: _____
	13 Poisoning
	Substance: _____
B Due to (or as consequence of) (<i>Intermediate Cause of Death</i>)	14 Feticide
	15 Natural
	77 Other _____
C Due to (or as consequence of) (<i>Basic Cause of Death</i>)	88 Unknown
	99 Lack of data
Classification of Death	Diagnosis confirmed through
1 Unintentional	1 Autopsy

Firearm-related violence in Mozambique

2	Homicide	2	Reconnaissance
3	Suicide	7	Other _____
4	Under Investigation	9	Lack of data
5	Natural		
9	Lack of data		

Glossary

Arma branca: The Portuguese term used to refer to all cutting and/or perforating objects. A knife is the typical example of an *arma branca* – it both cuts and perforates – as is a broken bottle. A screwdriver (perforating only) and a shaving razor (cutting only) are two other types of *arma brancas*. Sharp object would be the closest English translation.

Barraca: Mozambican jargon for an informal bar or drinking establishment.

Basic cause of death: How the victim was hurt; the mechanism of injury.

Chapa: Local type of public transport, usually a minivan.

Curandeiro: Traditional healer, spiritual guide.

Epidemiology: Defined by Holder et al (2000) as “the study of all factors that interact with each other to account for the presence or absence of disease or injury”..

External causes of death: External causes of death are those in which death results from an external cause, circumstance or event, such as a road traffic injury, a homicide, drowning, fire, etc.

International Classification of Disease (ICD): A system for classifying disease designed to allow comparisons between countries and world regions. ICD divides causes of death into three main groups. Group I incorporates all deaths resulting from communicable diseases and nutritional, maternal and perinatal disorders. Group II comprises all death resulting from noncommunicable diseases (cancer, diabetes, heart disease, etc.) and Group III comprises deaths due to injury (Peden, McGee & Krug, 2002). When necessary a Group 0 may be created in order to account for ill-defined causes of death.

Immediate cause of death: Condition that directly led to death.

Intermediate cause of death: Nature of injury.

Intoxication: Death by unintentional exposure to one or more toxic substances, either by inhalation or ingestion.

Machamba: Vegetable garden; land being used for domestic agriculture.

Morbidity: Incidence of a particular disease or injury.

Mortality: Incidence of death in a population during a given period of time.

Mortality rate: The ratio of deaths occurring in a given location to the population of that location. In this study it is expressed as number of deaths/100 000 inhabitants per year.

Poisoning: Death by intentional exposure to one or more toxic substances, either by inhalation or ingestion.

Strangling: Suffocation resulting from pressure in the neck with a rope, scarf or any other object.

Referral of the deceased: Maputo Central Hospital refers to the Legal Medicine Department (LMD) all cases of violent death or those cases where the cause of

death is not determined. When the deceased are brought to hospital, the referral is made by the police station located at the hospital. The Criminal Investigation Police refer to the LMD all cases of suspected violent death or those in which the cause of death was undetermined. Nongovernmental organizations also refer deaths to LMD, although this is rare.

Throttling by hand: Suffocation resulting from hand pressure around the neck.

Victimization rate: The percentage of households where a household member has been a victim of crime during a certain period in a certain place. In INE's survey, the reference period is the 12 months prior to the interview; for the PRM it is 5 years prior.

Violence: WHO has defined violence as: "the intentional use of physical force or power, threatened or actual, against oneself, another person or against a group or community, that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment or deprivation" (Krug et al, 2002:5)

Abbreviations

AMDC	Mozambican Association for Sustainable Development [Associação Moçambicana para o Desenvolvimento Consertado]
ASSCODECHA	Chamanculo Community Association (Associação Comunitaria de Chamanculo)
CCM	Christian Council of Mozambique (Concelho Cristão Moçambicano)
COPRECAL	Committee for the Prevention and Control of Small Arms and Light Weapons [Comissão para a Prevenção e Controle de Armas Ligeiras]
CRO	Civil Registry Office
DHS	Demographic and Health Survey
FRELIMO	Mozambican Liberation Front [Frente de Libertação de Moçambique]
HCB	Beira Central Hospital [Hospital Central da Beira]
HCM	Maputo Central Hospital [Hospital Central de Maputo]
IND	National Demining Institute
INE	National Institute for Statistics [Instituto Nacional de Estatística]
ISS	Institute for Security Studies
LDH	Mozambican League for Human Rights nongovernmental organization [Liga Moçambicana para os Direitos Humanos]
LMD	Legal Medicine Department
MISAU	Ministry of Health [Ministério da Saúde]
MONASO	Mozambican Network of AIDS Service Organization
ONUMOZ	United Nations Operation in Mozambique (1992–1994)
PRM	Police of the Republic of Mozambique [Policia da República de Moçambique]
RENAMO	Mozambique National Resistance [Resistência Nacional Moçambicana]
RTI	Road traffic injury
SADC	Southern African Development Community
SARPPCO	Southern African Regional Police Chiefs Cooperation Organization
SUR	Emergency Unit [Serviço de Urgências e Reanimação]
TAE	Tools for Arms Project, a project of CCM [Transformação de Armas em Enxadas]
UNPoA	United Nations Programme of Action to Prevent, Combat and Eradicate the Illicit Trade in Small Arms and Light Weapons in All Its Aspects
WHO	World Health Organization

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