**Violence in Ituri Province, DRC – BROLL**

**LOCATION :** Bunia, Djugu and Irumu territory, Democratic Republic of Congo

**SHOOTING DATE :** 18, 19 and 20th March 2018

**LENGTH :** 6'18''

**FORMAT :** HD

**SOUND :** Natural with French Soundites

**TITLE :** BROLL - Violence in Ituri Province – DRC

**For more footage**, please contact : py.bernard@geneva.msf.org

**For more information**: sara.chare@geneva.msf.org

**INTRO :**

Recent violence in Ituri Province, Democratic Republic of Congo (DRC), has displaced over 300,000 people from their homes, and awakened memories of the conflict that affected the region in the early 2000s. Houses have been burnt, around 200 people have been killed and scores of others wounded.

The displaced are living in informal sites, with host families or are sheltering in churches and schools. Some have been in these conditions for over a month now and there is a very real risk that their health could soon start to deteriorate and we will begin to start seeing cases of severe malnutrition, or a measles or cholera epidemic.

The situation in Ituri remains uncertain, and there continue to be incidents of violence pushing people to move quickly and in large numbers in search of safety. MSF is closely following what is happening, to ensure a timely response to an epidemic, large numbers of wounded or mass displacements of people.

SHOWS:

**00:00:00 Text Board**

00:00:03 General Views, Site 1, IDP camp in Bunia, close to the regional hospital.

00:30:22 **SOUNDBITE (IN FRENCH) – Jean-Pierre, Displaced in Bunia - Teacher**

 « *Je suis venu ici parce que le village a été incendié. Il n’y a pas moyen de continuer à vivre à la maison. La maison a été incendiée. »*

***ENGLISH :***

*” I came here because the village was burnt down. I can no longer live in my house because it was been burnt down.”*

00:30:22 **SOUNDBITE (IN FRENCH) – Jean-Pierre, Displaced in Bunia - Teacher**

 *« Le caractère de la guerre de 2003 était différent. Parce que là c’était visiblement les 2 ethnies en conflit. Maintenant on se rend compte qu’il y a autre chose.*

 *Derriere le peuple Lendu il y a certaines figures mal identifiées.* *Ils sont manipulés.»*

***ENGLISH :***

 *The nature of the 2003 war was different. At that time, it was clear that the two ethnicities were in conflict. We now realize that there is something else. There are certain figures behind the Lendu people who are not well identified. They are manipulated.*

01:09:11 Women cooking for the IDPs in Site 1

01:33:04 **SOUNDBITE (IN FRENCH) – Ignace Bingi, IDP camp coordinator**

 « *Nous avons besoin de au moins 1000 baches d’urgence ici sur le site. »*

***ENGLISH :***

 *We urgently need at least 1000 tarpaulins here on the site*

01:37:19 **SOUNDBITE (IN FRENCH) – Ignace Bingi, IDP camp coordinator**

 *« Parce qu nous sommes déjà devant les intempéries, et avec tout ce que nous connaissons comme la pluie, les enfants, les enfants risquent de developper des pneumonies graves et ça peut faire un problème de santé. »*

***ENGLISH :***

 *because we are already facing bad weather conditions and we know that children can develop severe pneumonia and it can causes health problems.*

01:49:16 MSF Water and sanitation infrastructures in the camps

02:05:13 Health Center of Bigo, Bunia, supported by MSF-supported

02:33:16 **SOUNDBITE (IN FRENCH) – Basile Kasimoto, Nurse**

« *Le volume, avant, c’était 10 à 15 consultations par jour, mais actuellement nous sommes dans les 100 à 150 nouveaux cas par jour. »*

**ENGLISH :**

*Before the crisis, we had 10 to 15 consultations per day but we currently receive 100 to 150 new cases daily.*

02:40:17 **SOUNDBITE (IN FRENCH) – Basile Kasimoto, Nurse**

« *La majorité qui arrive chez nous, ce sont des déplacés. La plupart des déplacés qui arrivent souffrent souvent de paludisme. Il y a les infections respiratoires, et puis nous avons les maladies diarrhéiques. »*

**ENGLISH :**

*Most of the patients who arrive at our hospital are displaced people. A majority of them suffer from malaria. They also come with respiratory infections and diarrheal disease.*

02:52:17 **SOUNDBITE (IN FRENCH) – Basile Kasimoto, Nurse**

« *Surtout les infections respiratoires et les maladies diarrhéiques, c’est dû à la situation de vie dans le camp.»*

**ENGLISH :**

 *Respiratory infections and diarrheal diseases are due to the living conditions in the camps.*

02:59:10 **SOUNDBITE (IN FRENCH) – Basile Kasimoto, Nurse**

« *Leurs conditions de vie, ils sont presque à l’extérieur. Il n’y a pas de couverture ni quoi que ce soit.*

 *C’est tous les enfants qui sont tellement exposés au froid.»*

**ENGLISH :**

 *In the camps, these people live outside without blankets or anything else to cover their bodies. Children are very much exposed to the cold.*

03:08:13 Patient receiving medicines in Bigo’s Health Center.

03:26:01 **SOUNDBITE (IN FRENCH) – Assime Olivier, Head of Pediatrician Unit, Bunia Regional Hospital**

« *La capacité d’accueil a presque triplé par rapport a ce que nous avons toujours dans notre service. »*

**ENGLISH :**

 *The hosting capacity almost tripled compared to what we usually offer in our service.*

03:31:14 **SOUNDBITE (IN FRENCH) – Assime Olivier, Head of Pediatrician Unit, Bunia Regional Hospital**

« *Nous n'avons pas assez de materiel pour prendre ne charge tous ces enfants. »*

**ENGLISH :**

*We don’t have enough equipment to treat all these children.*

03:36:13 **SOUNDBITE (IN FRENCH) – Assime Olivier, Head of Pediatrician Unit, Bunia Regional Hospital**

« *Dans le cadre de la malnutrition: Nous n'avons pas de lait thérapeutique, de plumpy nut. Il n'y en a pas.»*

**ENGLISH :**

*We don’t have therapeutic milk or plumpy nut to address malnutrition.*

03:42:08 **SOUNDBITE (IN FRENCH) – Assime Olivier, Head of Pediatrician Unit, Bunia Regional Hospital**

« *Nous n'avons que 3 couveuses pour les nouveaux nés qui sont au nombre de 13, 14, 15. On ne sait pas comment les gérer.»*

**ENGLISH :**

*We only have 3 incubators for the 13, 14 to 15 newborns. We don’t know how to manage all this.*

03:49:12 **SOUNDBITE (IN FRENCH) – Assime Olivier, Head of Pediatrician Unit, Bunia Regional Hospital**

« *Vraiment c'est urgent. pour la prise en charge, vraiment c'est l'urgence.»*

**ENGLISH :**

*It is really an emergency.*

03:54:05 **SOUNDBITE (IN FRENCH) – Assime Olivier, Head of Pediatrician Unit, Bunia Regional Hospital**

« *Hier, J'avais 4 enfants sous oxygene, mais nous n'avons que l'unique oxygene (concentrateur) qui est là.»*

**ENGLISH :**

*Yesterday, 4 children were on oxygen support but the concentrator right here is the only one that we have.*

03:59:01 **SOUNDBITE (IN FRENCH) – Assime Olivier, Head of Pediatrician Unit, Bunia Regional Hospital**

« *Sur le même concentrateur, on met 4 enfants. Est-ce que c'est la norme standard? C'est possible? Non, ça nous aide pas. Il faut que chaque enfant aie son concentrateur pour couvrir les besoins.»*

**ENGLISH :**

*4 children use the same concentrator. Is this normal? Is it possible? No, it doesn’t help. Ideally, each child should have their own concentrator, to meet their needs.*

04:21:13 Shots of Intensive Care Unit of the Pediatrician department.

04:21:13 **SOUNDBITE (IN FRENCH) – Assime Olivier, Head of Pediatrician Unit, Bunia Regional Hospital**

« *Comme nous n'avons pas assez de place, on a mis deux enfants sur le même lit. Il y a un risque d'exposition. Si une infection atteint un des enfants, ça peut être une autre complication.»*

**ENGLISH :**

*Since we don’t have enough space, we put two children in the same bed. This creates a risk of contamination. If one of the children is affected, this could lead to further complications.*

04:30:09 Shots of two chidren sharing one bed in the Intensive Care Unit

04:59:20Kasenyi, Lake Albert shore, fishermen

05:07:15Water and sanitation infrastructure in the camp of Kasenyi

05:11:01 General Views of the camp and shelters construction

05:40:24 MSF truck and cars on the road going to do a distribution

06:01:03 Distribution of Non Food Items to populations of remote areas of Bunia.

06:18:17***END OF BROLL***

Médecins Sans Frontières (MSF) teams are working in and around Bunia, and also around Mahagi, further to the north. In Bunia, in the two camps housing approximately 1,700 internally displaced families, teams have built toilets and showers and are also helping to ensure the camps have a safe water supply. Conditions inside the camps remain worrying, and people are living tightly packed together with little space for new arrivals.

MSF is also supporting three health centres in Bunia – Bigo, Lembabo and Kindia – with personnel, including nurses, midwives and psychologists. Many people are traumatised by the violence they have witnessed or been victim of, and there are children who have lost their families in the chaos. More than 30 per cent of the patients MSF sees are suffering from malaria, whilst others have respiratory infections and diarrhoea. Around 600 women have benefited from prenatal care, and 84 women have given birth in MSF-supported health centres. Since MSF arrived in February, teams have undertaken over 5,000 outpatient consultations, and helped treat 77 people wounded as a result of violence.

As many people left their homes with nothing, or have been living with host families for weeks now, MSF has been distributing family kits containing basic necessities such as blankets, soap and mosquito nets in and around the areas where teams are working. Recently, 1,350 family kits were distributed to people living in an informal settlement in Kasenyi, on the lakeside, and over 700 kits to people living in school buildings in the village of Lopa.

Around the areas of Tchomia, Kasenyi, Angumu and Mahagi Port in DRC, MSF is focussing its efforts on cholera prevention and treatment for displaced and local populations. Teams are ensuring access to clean water and are preparing in case of an outbreak.