

**THE CONSUMPTION OF WATER IN OUR RURAL AREAS
MENEÉ IN THE CITY MOSITE, YAHUMA Territory, TSHOPO Province, CONGO
DEMOCRATIC REPUBLIC.**

Djuma Masudi Marcel, Boumo Lisagola Dep's and Lolima Atala Caleb

All Assistant to yaHUMA's Higher Educational and Technical Institute
(ISPT-YAHUMA)

Email: marcodjuma85@gmail.com

RESUME

The drinking waters in our rural areas study conducted in the city MOSITE, YaHUMA Territory, Province of TSHOPO, DEMOCRATIC REPUBLIC OF CONGO, was studied in order to determine the actions taken to improve access to drinking water in the city of MOSITE.

The results reveal that:

- 55.3% of the population say that their sources of supply are the source and especially undeveloped sources; This leads to the risk of contamination.
- 20.5% of respondents believe that abusive cutting of wood or incineration should be prohibited from originating.
- 70.5% of respondents are aware of an unsuitable water-in-law disease, especially all converged on cholera. Unfortunately, however, the population is not committed to the remediation of the sources.

In the end, we can say that the majority of the population of MOSITE city supplies water from undeveloped springs and rivers, which is why there are high rates of water morbidity in this environment.

ABSTRACT

The waters of the consumptions in our surroundings led farming survey in mentions it MOSITE, Territory of YAHUMA, Province of the TSHOPO, DEMOCRATIC REPUBLIC OF CONGO, has been studied in order to determine the actions to lead in order to improve the access to the drinking water in the city of MOSITE.

The gotten results reveal that:

- 55,3% of the population affirm that their sources of provision are the source and especially of the non-arranged sources; It entails risks of contamination.
- 20,5% of investigated think that one must forbid the abusive cuts of wood or the incineration upstream of source.

- 70,5% of them investigated have a knowledge of an illness caused by the unfit water, especially all converged toward the cholera. But unfortunately, the population doesn't begin for the purification of the sources.

Finally, we can say that the majority of the population of MOSITE city gets a stock in waters coming from the non-arranged sources and of river it is why has water morbidity rate presence raised in this middle.

KEYWORDS: water, consumption, rural, yahuma, territory, DRC.

1. INTRODUCTION

The Democratic Republic of Congo is rich important in water resources and aquatic ecosystems, whose management, protection and a development depend on new challenges imposed by sustainable development, the fight against poverty and climate change (Law 15 of 31/12/2015).

At the other end of the scale, people's access to safe drinking water remains a challenge. It is therefore necessary to establish new policies and management schemes that are efficient in both the area of the emergency department and the public service in order to promote water, not only as a social good, as one of the essential roles of water remains the preservation of life. To date, the legal arsenal of thee-sector consists of scattered texts, the majority of which deal with water management.

Access to clean water and sanitation has been on the agenda of several international meetings since 1992. Moreover, on March 22 of each year has been declared "World Water Day" all over the planet.

In Africa, the African Development Bank "AfDB" is mobilizing on this issue, notably through its initiatives for water supply and sanitation in rural areas (MENGHO BM,1,993,P.697).

Fortant potable water is indispensable to life, to itsnté, it is also the condition of fine qua any productive activity. Deprived of water, humans and animals wither and die (mail, 1985).

Drinking water is still a major problem, capable of slowing or blocking the development of our continent. Some 400 billion people in Africa are without access to safe drinking water.

Dr. Mavard Kwengeni, in 2014, head of the National Hygiene Service in the Democratic Republic of Congo, "calls on the population to manage water well. Half of Congo's population does not have access to water."

3.6 billion people use unsafe water and more than 1.8 billion consume dangerous water every day. Not to mention daily water cuts, a recurring nightmare in many countries. There are more people today who don't have a tap in their homes than in the 20th century (Gérard Payen,, 2013).

In 2005, at the global level, more than one billion people still do not have access to safe drinking water, in rural and urban peripheries, and 2.6 billion do not have sanitary latrines. (MDG, 201 5.P.49).

It is no secret that without a drinking water supply in the community, the health of the population is affected.

More than 70% of hospital beds in Africa are occupied by people suffering from preventable diseases, related to water quality and sanitization (Africa Hope, 2016).

As a result, drinking water supply is severely restricted. This is why, since 1980, the Congolese state has undertaken the follow-up work, in order to improve the release of drinking water with the aim of reducing the rate of water-borne diseases.

On the other hand, for populations in third world cities, such as YAHUMA territory, drinking water remains a particularly acute problem and is, on the other hand, one of the causes of the high mortality rate.

At the national level, especially in the YAHUMA Territory, drinking water consumption remains a delicate problem, however, in recent decades a lack of water is felt in the city MOSITE especially in the dry season. This is justified by: the reasons for ecological interest, anthropogenic activities at the source head, abusive cutting of trees, bushfires, ... which justifies the lack of drinking water in the city. Therefore, action must be taken to improve access to safe drinking water in the city of MOSITE.

II. MEDIUM, MATERIAL AND METHOD

Our research was conducted in the YAHUMA Territory precisely in the city of MOSITE located 250 km from the city of KISANGANI, in the province of TSHOPO.

It is limited:

- North by LOKUTU area community
- Southwest by BOLINGA area community
- To the east by the city BANDU and it makes the border with the community sector of LUETE in The Territory of ISANGI.

The city is divided into five (5) neighborhoods and 33 camps for workers of the Plantations and Huileries society in Congo (PHC), it is:

1. YaOLIA Ward
2. MoSITE District
3. BAYOLO District

4. Quartier BOLEA
5. YaLIKITO Neighborhood.

As for our study, we targeted the MOSITE district which has four (4) camps and we have selected 3 camps.

Characterized by the tropical climate, with a short dry season and a long rainy season, the temperature is constantly high.

"The water that makes up our study material is a liquid colorless body under atmospheric pressure from 0 to 100 degrees its chemical formula is "H₂O"(George P. et all, 2009).

The blue planet is the name given to the earth because of the color of the water that opens three-fifths of its surface area. But only 3% of all this water is drinkable and therefore usable by man for whom, it is absolutely vital. For if turning a tap to get water is a banal gesture that the inhabitants of developed countries mechanically perform dozens of times a day, the water supply of third world families is still a very painful task that requires women (usually they are the ones who do it) several hours of daily hard work. (The Mail, 1986).

As far as international standards are concerned, food water must be clear, fresh, free of toxic substances. Any drinking water, whether treated or not, does not contain faecal gam mes. One of the principles adopted by WHO is that "the quality of drinking water must never endanger the health of users or consumers."

As part of our work, we used the descriptive method that allowed us to examine in an objective, accurate and detailed way the precise situation of water in the city of MOSITE.

The collection of information from this research was made possible by a survey of the population of the city MOSITE, constituting our field of investigation.

The interview and systematic observation of social phenomena, the documentary analysis, were also the subject of our study.

To achieve data tingling and interpretation of results we used statistical analysis and quantified the responses developed according to their frequencies.

III. RESULTS

The results of our investigations are presented in the form of the paintings and interpreted as they are presented.

Table 1: Sex of respondents by Targeted Camp.

Camp	Men	%	Women	%	Boys	%	Girls	%	Total
KIMBASEKE	9	5,2	16	9,4	10	5,8	6	3,5	41
LOMBOTO	13	7,6	30	17,6	8	4,7	21	12,3	72
Liese	8	4,7	21	12,3	13	7,6	15	8,8	57
Total	30	17,6	67	39,4	31	18,2	42	24,7	170

Source: field survey.

The analysis of Table 1 indicates that out of a total of 170 subjects surveyed, women lead the way with 109 subjects or 64.11% and 61 male subjects or 35.88%. This is because in our survey, there were more women and girls compared to men and boys. And while household activities are more reserved for women and not men in our rural areas.

Table 2 A source of drinking water supply.

Answers	KIMBASEKE	LOMBOTO	Liese	TOTAL	%
Undeveloped					
source	25	45	24	94	55,3
River	0	12	0	12	7,1
Borne	16	15	33	64	37,6
Fountain					
Other	0	0	0	0	0
Total	41	72	57	170	100

Source: field survey.

The analysis of this table above is sufficient that despite the presence of Borne Fountain the population sources itself from unamused springs and river waters.

Indeed, for a population of 170 subjects, 25 respondents from **KIMBASEKE** Neighborhood, 14.7%, 45 **lombOTO** residents or 26.4% and 24 **LIESE** or 14.1%; for a total of 55.3% of the population say that

their sources of viewing are the un-developed source, while 16 **KIMBASEKE** respondents or 9.4%, 9.4% 15 inhabitants of **LOMBOTO** or 8.82% and 33 of **LIESE** or 19.41% which drives 37.6% of the total population draw drinking water at the fountain level and so 12 inhabitants of **LOMBOTO** or 7.1% support only forcefully that they source the river **LOLEKA**. From all of the above we believe that the population of the city **MOSITE** is exposed to water-borne diseases.

Table 3. Knowledge of a water-caused disease.

Disease	KIMBASEKE	LOMBOTO	Liese	TOTAL	%
Cholera	27	54	39	120	70,5
Amoebiasis	5	11	6	22	12,9
Typhoid fever	2	5	3	10	5,8
Schistosomiasis	7	2	9	18	10,5
Total	41	72	57	170	100

Table 3 shows that 70.5% of the population cited cholera as a disease caused by the consumption of unsuitable water, 12.9% rated the amibiase; 10.5% pointed to Typhoid fever and so 5.8% supported bilziharosis.

Table 4 Continuous Procurement Strategies.

Answers	KIMBASEKE	LOMBOTO	Liese	TOTAL	%
Borne Fountain Facilities	29	20	14	63	37,0
Prohibition of agricultural activities upstream of sources	13	7	15	35	20,5
Development of existing sources	17	12	11	40	23,5
Drilling wells	12	11	9	32	18,8
Total	71	50	49	170	100

Source: field survey.

From Table 4, we note that 63 respondents or 37.0% want it to have the installation of Borne Fountain in order to allow the permanence of water throughout the period of the year, 35 people or 20.5% believe that excessive logging or incineration upstream of spring should be prohibited, 23.5% believe that existing sources should be developed and 18.8% say that wells should be drilled for continuous and secure water cover.

Table 5 Annual Frequency of Diarrhea Cases Over the Past Five Years in the MOSITE Health Centre

Years	Frequencies	%
2015	710	43,53
2016	391	23,97
2017	189	11,58
2018	180	11,03
2019	161	9,87
Total	1631	99,98

Source: MOSITE Annual Health Centre Report from 2015 to 2019.

In all the years selected for our study, more cases of diarrhoea were reported during, the period from 2015 to 2017, during which there was almost total absence of the fountains on the city of MOSITE.

IV. DISCUSSIONS AND COMMENTS OF THE RESULTS

After analysing our results s à l'issu from this research, we realize that the drinking water used by the inhabitants of the moSITE city in the YAHUMA Territory poses health problems. While the African Development Bank, the United Nations has met several times on this issue, including water supply and sanitation in rural areas, and to halve by 2015, the proportion of people who do not have access to safe drinking water and aim to reduce child mortality.

Despite these multiple meetings or meetings, the results on the ground are slow and unsatisfactory. s This is why people are at risk of contamination of waterborne diseases.

During our investigation, we found that the population of the city MOSITE uses water from undeveloped rivers l'eau de sourcand rivers. Unfortunately, this water of bad qualities is at the origin of many hydriq ues diseases.

In view of the following, we believe that some solutions can be considered to contribute to water access.

- To train and raise awareness about the relationship between water points and household waste, microbes and diseases, the risks of contamination associated with the consumption of poor quality water.
- And the protection of springs, fountains and wells installed at their service.

In this state of the matter it is also found that the local authorities control only the hygienic facilities and the plots without however also controlling the water sources where the population supplies. And yet, it is part of the elements of environmental sanitation.

This situation creates the high rate of cases of contagion of waterborne diseases and finally causes the development in the city of MOSITE. Therefore, we insist that water be included in the priorities of economic and social development programmes. Because water is life, they say.

V. CONCLUSION

At the end of this research, which focused on the waters of consumptions in our rural areas, a study conducted in the city of MOSITE during the period from 2015 to 2019.

The objective of this work was to identify sources of drinking water and actions to improve access to safe water.

At the end of our investigations, the following results were selected:

- 55.3% of the population say that their sources of supply are the source and especially undeveloped sources; This leads to the risk of contamination.
- 37.6% of all our respondents draw drinking water from the fountain terminal level.
- 7.1% of the population strongly supports sourcing from the LOLEKA River.
- 70.5% of respondents are aware of an unsuitable water-in-law disease, especially all converged on cholera. Unfortunately, however, the population is not getting involved in their mediation of the springs.
- 37.0% of the population want it to have a fountain installation to allow water to be permanent throughout the year.
- 20.5% of respondents believe that excessive logging or upstream incineration should be prohibited from springs.
- 23.5% of the population are calling for existing sources to be added.
- 18.8% of respondents want the well drilling project to be considered.

In view of these results we can say that the majority of the population of MOSITE city supplies water from undeveloped springs and rivers, which is why there are high rates of water morbidity in this environment.

In terms of all of the above, we suggest:

- The political-administrative authorities are involved not only for the construction or installation of Borne Fountain but also for the drilling of wells in this entity.
- The population must ensure the protection of existing works and the community mobilization for the increase of water works.

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