Assessment of Microbiological Quality of Drinking Water in Market Gardening Sites in the Centre-Ouest Region in Burkina Faso

Kaboré Aminata1*, Savadogo Boubacar2, Jacques Sawadogo1, Kafando Haoua3, Tarnagda Grissoum2, Savadogo Windipsidi Paul1 and Diagbouga Serge2

1Institut de l’Environnement et de Recherches Agricoles, 04 BP 8645, Ouagadougou, Burkina Faso.
2Institut de Recherche en Sciences de la Santé, 03 BP 7192, Ouagadougou, Burkina Faso.
3Université Joseph Ki-Zerbo, 03 BP 7021, Ouagadougou, Burkina Faso.

Authors’ contributions

This work was carried out in collaboration among all authors. Authors KA, KH and DS designed the study, performed the statistical analysis, wrote the protocol and wrote the first draft of the manuscript. Authors SB, TG, JS and SWP managed the analyses of the study and the literature searches. All authors read and approved the final manuscript.

ABSTRACT

Microbiological quality of drinking water in market gardening sites was assessed to understand the persistence of diarrhoeal diseases and malnutrition among children under five. Households with children under five (5) were selected in Dassa, Nebia, Nario and Tanguin-wobdo located in centre-ouest region in Burkina Faso. A total of 140 water samples were collected from storage containers in households (n=108), boreholes (n=7) and hand dug wells (n=25) during the month of February 2018. Faecal coliforms, Escherichia coli (E. coli) and faecal streptococci were isolated and enumerated according French standard methods. WHO standards guidelines for drinking water were used to assess water quality. Results showed that 100% of hand dug well water were contaminated with faecal bacteria whereas all water from boreholes were potables. 72% of hand
dug well water were contaminated with *E. coli*, 96.3% with faecal coliforms and 96% with faecal streptococci. In households, 95.9% of drinking water from boreholes were contaminated with faecal bacteria versus 100% of water from hand dug wells. This situation is related to the lack of safe drinking water infrastructures, unimproved sanitation and lack of hygiene in households. In fact, 78.12% of water infrastructures were hand dug wells located mostly in gardens. In these areas, contaminated hand dug well water are used for both irrigation and consumption. Regarding these results, a reinforcement of safe drinking water infrastructures such as boreholes, improved hygiene and sanitation and health education are necessary to improve the quality of drinking water to reduce diarrhoeal diseases and malnutrition among market gardeners’ children.

**Keywords:** Drinking water; hygiene; sanitation; waterborne diseases; bacteriology.

### 1. INTRODUCTION

Access to safe drinking water is a human right. However, 884 million people throughout the world do not have access to safe drinking water infrastructures and more than 2.6 billion people lack sanitation facilities [1]. Indeed, the consumption of non-drinkable water and the lack of hygiene and unimproved sanitation are at the root of many diseases [2;3]. In developing countries, 80% of all diseases are directly related to poor drinking water and unsanitary conditions [4]. 1.8 million people die each year from diarrhoeal diseases caused by the consumption of unsafe water [5]. Among them, ninety percent (90%) are children under five (5), mostly living in developing countries [5]. The diarrhoeal diseases are also a major cause of malnutrition which affect the growth and cognitive development of children [6]. In Burkina Faso, diarrhoeal diseases and malnutrition are the rank second in the causes of death of children under five after malaria [7]. According to World Health Organization (WHO), 94% of diarrhoeal episodes could be prevented by improving access to safe drinking water, hygiene and sanitation [8;9].

The access to safe drinking water in rural area remains a challenge to overcome for a sustainable development in Burkina Faso. Despite appreciable efforts undertaken to achieve the Millennium Development Goals (MDG), many people in rural areas are still suffering from the lack of access to safe drinking water [10]. The quality of water consumed by rural populations in Burkina Faso is a concern because of competition for traditional water sources such as hand dug wells. The lack of boreholes, inadequate hygiene and sanitation and lack of appropriate disinfection methods in households further worsens the problem [11;12].

In the centre-ouest region, 31.6% of population do not have access to safe drinking water infrastructures [13]. This region which is the 4th biggest producer of vegetables in Burkina Faso presents the highest prevalence of malnutrition despite the implementation of a strengthening program of food security and household incomes of market gardeners since 2015 [14;15]. In 2016, this prevalence was 9.7% among children under five (5) [14]. This situation could be linked to the consumption of non-drinkable water which could lead to diarrhoeal diseases and malnutrition among children. There is a lack of data concerning drinking water quality in these areas. In this study, we evaluated the microbiological quality of water from boreholes, hand dug wells and those stored in households, the access to safe drinking water infrastructures, hygiene and sanitation in households and contamination factors of drinking water in these market gardening sites.

### 2. MATERIALS AND METHODS

#### 2.1 Study Area

The centre-ouest region is located between latitude 10°58’N-12°50’N and longitude 1°18’W-2°55’W. It has a land area of about 21 752.48 km². The climate of this region is Sudano-Sahelian, marked by a long dry season lasting from October to May and a short rainy season between June and September [16]. Precipitation is irregular and scant with an annual average of 700 to 1200 mm [16]. In this region, agriculture and farming are the main economic activities of populations. These activities are organized around family farms and are traditional type. The market gardens are located around surface water reservoirs. In addition to agriculture, surface waters are used for recreational activities and animals watering. All these usage contribute to contaminate water. In these sites, drinking water access for populations is possible from various sources of supply, mainly from groundwater particularly from boreholeless and hand dug wells.
Four (4) villages were involved in this study. These are the villages of Dassa, Nebia, Nariou and Tanguin-wobdo. In Dassa and Nebia, 15.58% of market gardeners’ children suffered from acute malnutrition, 33.77% from underweight and 36.36% suffered from stunted growth [17]. Fig. 1 shows the location of the central-western region in Burkina Faso.

2.2 Water Sampling

In this study, only households with children under five (5) were selected. A total of 140 water samples were collected. 108 were collected from storage containers in households, 07 from boreholes and 25 from hand dug wells. Table 1 shows the distribution of samples in each site.

Water samples were collected aseptically in 500 mL glass bottles sterilized at 121°C during 15 minutes in the autoclave. The samples were transferred to the laboratory in cooled boxes and stored in a fridge at 4°C before analysis on the same day according to ISO 5667-3 standard. In addition to water sampling a questionnaire on the access to safe drinking water infrastructures, hygiene and sanitation were administered to women.

![Location of centre-ouest region in Burkina Faso](source)

Table 1. Distribution of samples by village

| Site           | Household | Borehole | Hand dug well |
|----------------|-----------|----------|---------------|
| Dassa          | 24        | 01       | 07            |
| Nariou         | 38        | 01       | 02            |
| Nebia          | 12        | 01       | 07            |
| Tanguin-wobdo  | 34        | 04       | 09            |
| Total          | 108       | 7        | 25            |
2.3 Microbiological Analysis of Water Samples

Three (3) bacterial indicators of faecal contamination namely *Escherichia coli* (*E. coli*), faecal coliforms, faecal streptococci were determined by the method of membrane filtration technique [18]. Bacterial cells were concentrated on a 0.2 μm millipore membrane filter followed by culture on the chromogenic RAPID *E. coli* 2 AGAR (BIO RAD) medium which contains 2 substrates specific to the β-D-Glucuronidase (Gluc) and β-D-Galactosidase (Gal) enzymes, respectively. Incubation was performed at 44.5°C for 24 hours. Colonies of *E. coli* (Gal+/Gluc+) appear violet to pink while other coliforms colonies stain blue. On the bile esculine azide medium, Gram positive cells able to reduce esculine as faecal streptococci stain black after 24 hours incubation period at 37°C, while Gram negative and other Gram positive cells are inhibited by sodium azide.

3. RESULTS AND DISCUSSION

3.1 Microbiological Quality of Boreholes and Hand Dug Well Waters

The results showed that all borehole water samples were free from faecal bacteria. This indicated good quality water and safe for drinking according to WHO standards [19]. Contrary to boreholes water samples, all hand dug well water samples were contaminated with at least one faecal group of bacteria. The means faecal coliforms were ranged from 1690 to 4965 CFU/100 mL, 30 to 245 CFU/100 mL for *E. coli* and 1440 to 4875 CFU/100 mL for faecal streptococci. Fig. 2 presents the results of the microbiological parameters of boreholes and hand dug wells water samples.

The results also indicated that 72% of hang dug well water samples were contaminated with *E. coli*, 96% with both faecal coliforms and streptococci (Table 2). 76% of all hand dug well water samples were contaminated with both *E. coli*, faecal coliforms and streptococci (Table 2). The highest contents were found in hand dug well samples from Nebia, followed by those from Dassa, Tanghin-wobdo and Nariou (Fig. 2). Some studies confirm these results on the quality on hand dug well waters [20;21; 22].

The contamination of these waters is due to the poor quality of hand dug wells, the lack of hygiene around wells and the lack or unsuitability of sanitary infrastructures which lead to open defaecation [23]. Furthermore, most hand dug wells are located in vegetable gardens. In these sites, the contamination of water could come from animal excreta used for soil fertilization [24]. Regarding to the microbiological quality, these hand dug well waters consumption could cause a lot of diarrhoeal diseases among children. Unsafe drinking water contaminated with soil or faeces could act as a carrier of parasitic infections. For all these all sites, 62.5% of children who consume hand dug well waters were parasitized with *Giardia*, *Entamoeba coli* and whipworms in 2017 [17]. A study showed that household drinking water contaminated with faecal streptococci was associated with higher odds of total intestinal pathogenic protozoa infections in children [25].

![Fig. 2. Faecal coliforms (blues) and *E. coli* (violet) on chromogenic rapid *E. coli* 2 agar](image)
3.2 Microbiological Quality of Drinking Water Stored in Households

The results showed, a significant deterioration of microbiological quality of drinking water in households. 80% of drinking water samples presented higher contents of faecal bacteria than water from sources (boreholes or wells). The means faecal coliforms in water samples from households were ranged from 1267 to 3888 CFU/100 mL, 20 to 109 CFU/100 mL for *E. coli* and 479 to 4589 CFU/100 mL for faecal streptococci. For all drinking water samples from storage containers in households, 50% were contaminated with *E. coli* and 96.3% with faecal coliforms and 89.8% with streptococci (Table 2). Fig. 3 shows the means faecal bacteria in drinking water from households in Dassa, Nariou, Nebia and Tanguin-wobdo.

97.2% of drinking water samples from storage containers in households were contaminated with at least one faecal group of bacteria (Table 3). The contamination with two faecal groups of bacteria was observed in 91.45% water samples. In households, it also appears that 95.85% of drinking water from boreholes were contaminated with faecal bacteria versus 100% of those from hand dug wells. In Dassa, 91.7% of drinking water samples from storage containers in households were contaminated, 97.1% in Tanghin-wobdo and 100% in Nariou and Nebia. In households which are supplied by boreholes, the results show that only 4% of drinking water from storage containers were free from faecal bacteria. 11% were contaminated with one faecal group of bacteria, 41% with two faecal groups of bacteria and 44% were contaminated with both faecal coliforms, *E. coli* and faecal streptococci (Table 3). In households which get drinking water from hand dug wells, all samples from storage containers were contaminated. Thus, 34.3% were contaminated with two faecal groups of bacteria and 65.7% with both faecal coliforms, *E. coli* and faecal streptococci (Table 3). Table 3 shows the distribution of faecal bacteria in drinking water from storage containers in households.

Moreover, it appears that the contamination of drinking water from hand dug wells is more significant than those from boreholes. Hundred per cent (100%) of polycontamination has been observed for these water samples with *E. coli* as a recent indicator of faecal pollution (Table 4). The presence of faecal coliforms and *E. coli* in drinking water indicates recent faecal contamination and the possible presence of disease-causing pathogens, such as bacteria, viruses and parasites [19;26;27].

![Fig. 3. Means faecal bacteria in hand dug well waters in the different sites](image)

**Table 2. Distribution of faecal bacteria in water samples from hand dug wells**

| Fecal bacteria                  | Borehole         | Hand dug well | Household |
|---------------------------------|------------------|---------------|-----------|
| Faecal coliforms                | free from bacteria | 100.0%        | 4%        | 3.7%     |
|                                 | contaminated     | 0.0%          | 96%       | 96.3%    |
| *E. coli*                       | free from bacteria | 100.0%        | 28%       | 50%      |
|                                 | contaminated     | 0.0%          | 72%       | 50%      |
| Faecal streptococci             | free from bacteria | 100.0%        | 4%        | 10.2%    |
|                                 | contaminated     | 0.0%          | 96%       | 89.8%    |
Table 3. Contamination of drinking water from storage containers in households with faecal bacteria

| Sample                        | Potable | Contaminated with one faecal group of bacteria | Contaminated with two faecal groups of bacteria | Contaminated with three faecal groups of bacteria |
|-------------------------------|---------|-----------------------------------------------|-----------------------------------------------|-----------------------------------------------|
| Water from hand dug well      | 0.0%    | 0.0%                                          | 34.3%                                         | 65.7%                                         |
| Water from borehole           | 4.1%    | 11.0%                                         | 41.1%                                         | 43.8%                                         |
| All sources                   | 2.8%    | 7.4%                                          | 38.9%                                         | 50.9%                                         |

Table 4. Prevalence of polycontamination in drinking water samples

| Water sample | Faecal streptococci + faecal coliforms | E. coli + faecal streptococci + faecal coliforms |
|--------------|----------------------------------------|-----------------------------------------------|
| Source       | 12.5%                                  | 49.1%                                         |
| Household    | 39.8%                                  | 59.4%                                         |

The contamination of water in household is mainly due to the lack of hygiene. In fact, the transportation of water in households is mainly done in open containers or plastic cans which are not regularly cleaned. That is the first step of drinking water contamination. Moreover, during the drawing and storage, the good hygiene practices are not applied.

3.3 Causes of the Consumption of Unsafe Drinking Water in Market Gardening Sites

3.3.1 The lack of safe drinking water infrastructures

For all sites, hand dug wells represent 78.12% of water sources. In Dassa and Nébia, boreholes are only 12.5%, 33.3% in Nariou and 30.76% in Tanghin-wobodo (Table 5). Comparatively, hand dug wells represent 87.5% of water sources in Dassa and Nébia, 66.7% in Nariou and 69.2% in Tanghin Wobodo (Table 5). This disparity and the lack of boreholes are challenge for authorities to improve the access of safe drinking water in rural areas in Burkina Faso [10,12]. The results of the counting of boreholes and hand dug wells in each site are presented in Table 5.

3.3.2 Inaccessibility to safe drinking water infrastructures

In Dassa and Tanghin-wobodo, 95.8 and 79.4% of households get drinking water mainly from boreholes respectively, versus 57.9% in Nariou and 8.3% in Nebia (Table 6). In Nebia, 91.7% of households are mainly supplied from hand dug wells because of they are more accessible. Moreover, the usage depends on a particular moment of the day. Thus, for all sites, results showed that 93.8% of children drink hand dug well waters when mothers work in market gardens because of these are the closest. However, at home, 67.6% drink water from boreholes versus 32.4% from hang dug wells waters. So, the use of boreholes and hand dug wells depends on their accessibility and organoleptic parameters of waters. Table 6 presents the usage rate of boreholes and hand dug wells by households in each site.

3.3.3 Drinking water storage in households

The deterioration of microbiological quality of drinking water store in households is mainly due to the lack of hygiene and the inadequacy of storage containers and improper water handling [24]. The extended storage of drinking water in traditional containers could also be a factor of degradation of microbiological quality of drinking water (Fig. 4). These containers are not regularly cleaned and the accumulation of organic matter stimulate bacterial growth in water [24]. This poor quality of drinking water stored in households also reflects a lack of domestic treatment as disinfection of drinking water.

Regarding to this situation it necessary to implement some disinfection methods of drinking water as chlorination for borehole water or the usage of local plant as Moringa oleifera seeds to treat wells water. It is also advisable to develop preventive measures at land management and soil occupation nearby water sources, and at hygiene and basic sanitation levels as well.
3.3.4 Hygiene and sanitary conditions in households

Assessment of hygiene and sanitary conditions was based on the presence/absence of latrines and domestic animals in households. Based on the findings of the questionnaires conducted with women, it appears that 68.5% of households had access to latrines versus 31.5% which did not own latrines, in all sites combined. All households in Dassa had access to latrine versus 55.3% in Nariou, 83.3% in Nébia and 55.9% in Tanguin-wobgo (Fig. 5). It appears also that 33.3% of households in Dassa breed domestic animals, 13.2% in Nariou, 8.3% in Nébia and 17.6% in Tanguin wobdo. These poor hygiene and sanitation conditions negatively impact drinking water quality in households. Fig. 5 shows the results of the possession of latrines in each village.

The results showed that drinking water from households which did not own latrines was more contaminated with faecal bacteria than those from households which had access to latrines (Table 7). Table 7 shows the means faecal bacteria in drinking water according to the possession or not of latrines and domestic animals in households.

Overall, in households which had access to latrines, 4.05% of drinking water were potable, 8.11% were contaminated with one faecal group of bacteria, 41.89% were contaminated with two faecal groups of bacteria and 45.95% were contaminated with both faecal coliforms, *E. coli* and faecal streptococci. In households which did not have access to latrines, all water samples were contaminated. Indeed, 5.88% of drinking water were contaminated with one faecal group of bacteria, 32.35% were contaminated with two...
faecal groups of bacteria and 61.76% were contaminated with both faecal coliforms, *E. coli* and faecal streptococci. These results indicate that the absence of latrines has a negative impact on microbiological quality of drinking water stored in households. This situation leads to open defaecation which has an impact on faecal contamination (absence of water and cleansing tissues/paper), and thus exposure to intestinal parasitic infections. These results corroborate with those of Yoni [28] which showed a correlation between the access to latrines and the contamination of drinking water with faecal bacteria in households.

Concerning the possession of domestic animals, it appears that the contamination of drinking water is significantly higher in households which breed than those which do not (Table 7). Fig. 6 presents the drinking water quality relating to the access to latrines in households.

### Table 7. Means faecal bacteria in drinking water according to the possession or not of latrines and domestic animals in households

| Faecal bacteria (CFU/100mL) | Latrines | Domestic animals |
|-----------------------------|----------|------------------|
|                             | Absence  | Presence         | Absence | Presence |
| **Faecal coliforms**        | 3909     | 2818             | 3094    | 3459     |
| *E. coli*                   | 114      | 65               | 70      | 124      |
| **Faecal streptococci**     | 2115     | 1694             | 1738    | 2218     |

![Fig. 5. Drinking water storage in households](image-url)

![Fig. 6. Rate of access to latrines in households](image-url)
In households which breed domestic animals, only 2.05% of drinking water were potables versus 5% for those which did not breed. 9.09% of drinking water were contaminated with one faecal group of bacteria, 39.77% were contaminated with two faecal groups of bacteria and 48.89% were contaminated with both faecal coliforms, \( E.\ coli \) and faecal streptococci. In households without domestic animals, 35% of drinking water were contaminated with two faecal groups of bacteria and 60% with both faecal coliforms, \( E.\ coli \) and faecal streptococci. These results show that the presence of domestic animals in households is a major source of contamination of drinking water.

Overall, in households without sanitation facilities, the proportion of parasitized children was 57.14% versus 45% for those with sanitation facilities [17]. Thus, the absence of latrines, unimproved sanitation and lack of hygiene, particularly hand washing after defaecation, lead to the contamination of drinking water and increase the risk of waterborne diseases. Fig. 7 presents the drinking water quality relating to the possession of domestic animals in households.

This cross-sectional study showed that various interventions have to implement for an effective consumption of safe drinking water to fight against waterborne diseases and children malnutrition in market garden sites. First, it is required to take account the realization of water supply infrastructures in development projects and programs in the field of food safety in these sites. Secondly, our findings call for international and local action to provide funding to build latrines and other sanitation facilities. WASH and health education interventions like hand washing should be implemented to reduce transmission of pathogenic germs. In household level, the treatment of drinking water is necessary. For that, some disinfection methods like sand filtration, boiling, and chlorination with bench should help to get safe drinking water.

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![Fig. 7. Drinking water quality relating to the access of latrines in households](image1)

![Fig. 8. Drinking water quality relating to domestic animals breeding in households](image2)
4. CONCLUSION

Unsafe drinking water, unimproved sanitation and lack of hygiene pose health risks, particularly to children in low and middle-income countries. The poor quality of water consumed by market gardeners in the centre-ouest region is related to water source quality, poor hygiene and sanitation conditions and inadequate storage in households. The high contents of faecal bacteria in drinking water increases the risk of diarrhoeal diseases and malnutrition in children under 5. Regarding to these results, it is necessary to build more boreholes and sanitation infrastructures and associated health education in all development program in market gardening sites for an effective access to safe drinking water. This could help to fight diarrhoeal diseases and malnutrition among children under 5.

CONSENT

As per international standard written participant consent has been collected and preserved by the authors

ETHICAL APPROVAL

It is not applicable.

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COMPETING INTERESTS

Authors have declared that no competing interests exist.

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