Community-Led Total Sanitation: Method of prophylactic control of intestinal parasitic infections in rural areas, Côte d’Ivoire
Gaoussou Coulibaly\textsuperscript{1} Fabien Zouzou\textsuperscript{2} Kouassi Dongo\textsuperscript{1} Mamadou Ouattara\textsuperscript{1} Eveline Hürlimann\textsuperscript{3} Clémence Esse\textsuperscript{1} Véronique Ahou Koffi\textsuperscript{4} Richard Brou Yapi\textsuperscript{5} Jürg Utzinger\textsuperscript{3} Giovanna Raso\textsuperscript{6} Eliézer Kouakou N'goran\textsuperscript{1}

\textsuperscript{1}Université Félix Houphouët-Boigny, Côte d'Ivoire, Centre Suisse de Recherches Scientifiques en Côte d'Ivoire (CSRS), Côte d'Ivoire, \\
\textsuperscript{2}Centre Suisse de Recherches Scientifiques en Côte d'Ivoire (CSRS), Côte d'Ivoire, FAIRMED, Switzerland, \\
\textsuperscript{3}Swiss Tropical and Public Health Institute (Swiss-TPH), Switzerland, University of Basel, Switzerland, \\
\textsuperscript{4}Centre Suisse de Recherches Scientifiques en Côte d'Ivoire (CSRS), Côte d'Ivoire, \\
\textsuperscript{5}Université Alassane Ouattara, Côte d'Ivoire, Centre Suisse de Recherches Scientifiques en Côte d'Ivoire (CSRS), Côte d'Ivoire, \\
\textsuperscript{6}Promotion Santé Suisse, Switzerland

The Global Health Network

Published on: Jun 16, 2023

URL: \url{https://tghncollections.pubpub.org/pub/43gbtfd2}

License: Creative Commons Attribution 4.0 International License (CC-BY 4.0)
The lack of appropriate sanitation, with poor hygiene and unsafe water, are sources of the spread of disease. Ongoing efforts to control neglected tropical diseases, including helminth and intestinal protozoan infections, must be maintained and strengthened with new approaches. The aim of this study was to test the adherence of communities to the Community-Led Total Sanitation (CLTS) approach. The study was conducted in three (3) sub-prefectures in south-central Côte d'Ivoire. In practice, the process of implementing CLTS involves 5 major steps: i) Mapping of defecation areas, ii) Calculating of human fecal matter quantity and medical costs, iii) Walk of shame, iv) Analysis of contamination pathways, v) Community decision making and latrine construction. Overall latrine coverage and usage rates have increased considerably in the intervention localities. In particular, out of the 26 localities, where the CLTS was applied, 11 of them reached a latrine coverage rate higher than 80%, 6 of which reached a 100% coverage rate. The results of this work should be used to raise awareness in rural communities about the possibility and necessity of building latrines.

Furthermore, CLTS implemented on a large scale can contribute to achieving Goal 6 of the Sustainable Development Goals (SDGs).