

ABSTRACT

Access to safe sanitation facilities that effectively capture, and process human excreta and urine is essential for public health and socioeconomic improvement. The adoption and use of safe sanitation vary across countries and their development levels. Countries in Southeast Asia and Sub-Saharan Africa have low coverage of safe sanitation practices. Despite the efforts to achieve sanitation targets within recent global development frameworks, most of them face multi-scalar challenges and are left behind to meet these targets. Ethiopia is among the least performing countries in achieving the national sanitation targets of the Sustainable Development Goals (SDGs) by 2030. Ethiopia has made significant progress in reducing open defecation over the last two decades which is attributed to national sanitation strategies implemented under the health extension program. However, the sanitation facilities remain predominantly non-durable and fail to meet basic hygienic standards. Concerns thus arise that investments in sanitation may be wasted if upgrades to safe sanitation facilities are not realized and sustainability of the sanitation change ensured. This dissertation examines the barriers and drivers of such sustainable sanitation changes in rural households in Southern Ethiopia, using quantitative and qualitative case studies from 2019-2022. It systematically reviews primary evidence on household-level sanitation and investigates factors hindering latrine quality upgrades, household plans, and willingness to pay for hygienic latrine components. In addition, it explores demand- and supply-side challenges related to market-based sanitation, an approach aimed to facilitate improvement of sanitation infrastructure, drawing on qualitative data from semi-structured interviews and focus group discussions with various stakeholders. The research reveals that rural sanitation in Ethiopia is constrained by a socio-technical lock-in, characterized by the continued use of unhygienic latrines without significant adoption of sustainable sanitation practices. Despite the low standards of sanitation facilities, households expressed satisfaction with using them. Plans to upgrade latrines and willingness to pay for improved components are limited to regular maintenance rather than upgrading to functionally sustainable facilities due to poverty, material constraints and low purchasing power. Additionally, a lack of organized political and institutional support at lower administrative levels, coupled with multitasking and low remunerated change agents, adversely affects sanitation interventions. The study concludes that neither behavioral change nor market-based sanitation approaches alone will resolve the challenges to achieving safe sanitation in Ethiopia. Provision of subsidized sanitation products is required along with effective promotion to dispel the widespread belief that any latrine is inherently beneficial. Furthermore, structural economic advancements in rural households must be pursued to improve quality of life alongside the promotion of hygienic sanitation infrastructure.

Key words: Ethiopia, Sanitation, Latrine quality, Latrine upgrading, CLTS, MBS, Willingness to pay