Research on drought in the Borana Region, Ethiopia: A researcher's perspective

By Gelila Abraham

Conducting this study in Borana, Ethiopia, was both a professional and personal learning experience. Borana is a drought-prone pastoralist area where climate shocks are not abstract events, but part of everyday life. Through this research, I spent time with community members, elders, health extension workers, agricultural development agents, and local leaders to understand how drought affects health and how people respond.

This study explored how communities engage and respond to health emergencies related to drought in selected districts of Borana Zone in southern Ethiopia. It is part of the PARES project, a collaborative effort led by a consortium of African universities and supported by the National Institute for Health and Care Research (NIHR). The aim was to better understand how communities experience these challenges and how their knowledge and systems can inform more effective responses.

One of the most striking lessons was the depth of local knowledge within the community. In Borana, traditional systems such as the *Gadaa* governance structure help guide how people understand environmental changes. Elders read signs from livestock, vegetation, and even the sky to anticipate drought. These ways of knowing are trusted and widely used. Listening to them reminded me that good health responses should not replace local knowledge, but work alongside it.

I also saw how strong community networks are. Systems like *Buusaa Gonofaa*, where people support each other in times of need, play a big role during drought. Women's groups, in particular, are central to keeping households going, managing food, water, and caring for family members. These everyday efforts are often invisible, but they are essential.

Experience in the field: a personal perspective

Working in Borana also meant navigating my position as someone who was not from the local community. Although I share the same ethnic background, I come from a different area, and this became clear in the way I spoke. The Borana

community uses a distinct accent and, in some cases, different terms and expressions. At first, this made it difficult to fully understand certain discussions, especially when people spoke quickly or used locally specific language.

To address this, I took time to learn key terms before discussions and relied on the support of local facilitators and community members to clarify meanings when needed. Over time, as I became more familiar with the language and expressions, communication became easier and more natural. This experience reminded me that even when there is a shared language or identity, there can still be important differences that require attention and humility.

At the same time, being both an insider and an outsider shaped how I engaged. While sharing a broader cultural background helped create some initial connection, I was still new to the local context. In many settings, discussions were led by elders, who are mostly men, and it took time to be included in deeper conversations. I learned to be patient, to observe, and to listen before speaking. Building relationships through local facilitators and health extension workers was especially important, as they helped bridge these gaps.

At the same time, the strong culture of hospitality within the Borana community played an important role in making engagement possible. As an outsider, I was often welcomed warmly, which helped create a sense of openness from the beginning. This hospitality made it easier to start conversations and spend time with community members, and it supported the gradual process of building trust.

Being a woman also created both challenges and opportunities. In some formal settings, it limited how quickly I could engage, but in other situations, it made it easier to connect with women in the community. These smaller, informal conversations allowed women to share their experiences more openly and provided insights that might not have emerged in larger group discussions.

Over time, trust developed not because of my role as a researcher, but because of how I showed up, returning to the same communities, being respectful, and taking people's time and perspectives seriously. These experiences reminded me that research is not only about methods, but also about relationships and how we position ourselves in the field.

Our approach to working with communities

What shaped this research most was how we approached people and built trust over time.

- **We started by identifying the right people to engage:** We worked first with local health officials and health extension workers, who know the communities well. They helped us identify which villages to visit and who we should speak to, especially elders, community leaders, and active community members such as women's group representatives.
- **We used introductions rather than approaching people directly:** Instead of going into communities on our own, we were introduced by people who were already trusted. Health extension workers and local leaders played an important role in this. Being introduced in this way made a clear difference in how people received us.
- **We followed community structures to reach others:** After meeting elders and leaders, they guided us on who else we should speak to. In some cases, they suggested specific individuals; in others, they helped bring groups of people together. This helped us reach not only leaders, but also women, young individuals, and other community members whose voices are not always heard in formal settings.
- **We created the conditions for people to open up:** People were more willing to share when conversations felt relaxed and respectful. We avoided rushing into questions and instead started with general discussions about their experiences, especially on the last devastating drought happened in the area between 2020 and 2023. Taking time, listening carefully, and not interrupting made a big difference.
- **We spoke in ways that felt familiar:** Using *Afaan Oromoo* and working with local facilitators helped make conversations more natural. It reduced distance between us and participants, and people were more comfortable expressing themselves in their own words.
- **We built trust by returning and following up:** People opened up more over time, not in the first meeting. By returning to the same communities and showing consistency, relationships became stronger. Sharing back what we learned also helped people feel that their contributions were valued.

Validation workshop: A shared process

A particularly meaningful part of the study was the validation workshop, where community representatives reviewed and discussed the findings. This was only possible because of the relationships built during earlier visits, which made participants more comfortable speaking openly.

To make the workshop inclusive, we worked with local leaders and health extension workers to identify and invite a diverse group of participants, including elders, women, agricultural development agents, and other community members. The session was conducted in *Afaan Oromoo* and designed as a conversation rather than a formal presentation. Instead of presenting all findings at once, we shared them in simple, clear points and paused frequently to ask for reactions.

Participants were encouraged to reflect on whether the findings matched their experiences, to correct us where needed, and to suggest what we might have misunderstood. In some cases, smaller group discussions helped people feel more comfortable sharing their views, especially those who might not speak in larger groups.

Because of this approach, the discussions were open and thoughtful. The workshop became a space where people felt able to speak honestly, question the findings, and add their own perspectives. This showed how research can become a shared learning process, rather than a one-way exchange of information, and highlighted the importance of creating space for community voices in shaping both interpretation and action.

Lessons for other researchers

From this experience, a few practical lessons stand out:

- **Enter communities through trusted channels** – Work with local health workers and community leaders from the start.
- **Respect local dynamics** – Take time to meet elders and allow communities to decide at their own pace.
- **Be aware of differences, even within shared identities** – Language, accent, and local expressions matter more than expected.
- **Listen more than you speak** – People are more willing to share when they feel heard.
- **Create opportunities for real and open conversations** – Avoid rigid interviews, allow space for flexible dialogue.
- **Show up consistently** – Trust grows when people see you more than once.
- **Close the loop** – Go back and share findings with the community.

Final reflections

Overall, this experience reaffirmed that responding to drought-related health challenges is not only about technical solutions. It is about relationships, trust, and respect. In places like Borana, where people have long histories of managing difficult environments, researchers have as much to learn as they have to offer.

This experience continues to shape how I think about research, not as a process of collecting information, but as a process of working alongside communities to find practical and lasting solutions.