Community participation in the Botswana Healthcare system

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INTRODUCTION
Community participation in healthcare systems has recently become a growing theme in healthcare reforms (Youde, 2009). However, there has been much speculation concerning the importance of community participation and whether countries have the structures and resources to successfully seek and incorporate the views and opinions of the populace in the design and implementation of healthcare projects and programs. For purposes of this research, community participation refers to the active engagement of the populace in discussing their health concerns and ideas for improved healthcare delivery. It also refers to the communities’ ownership of health projects and their enthusiastic patronage in community oriented health programs such as Home – based care programs and participate in the process available to them. While some do not believe in the incorporation of local opinions and involvement in healthcare provision other nations such as .One study by Abelson, discussed that countries have begun to realize the importance of community participation in health care provision yet do not have the required infrastructure and resources to effectively engage the public. On the other hand, other countries have learned to effectively incorporate the community and citizens in way that is geared toward seeking a more productive and purposeful information – sharing approach (Abelson, 2008). I wanted to know whether Botswana, especially with the enormous stress of the HIV epidemic, has some structure in place to facilitate the effective flow of information and ideas concerning healthcare between healthcare providers, policy makers and the respective communities.

METHODS
I made a questionnaire to guide the interview/ conversations I had with the people I interacted with at the Ministry of Health. For the specificity of my project, I spoke with the professionals I could contact who had information and experience relevant for my research as opposed to a more conventional random sampling of people. I met with each of them in their respective offices for an average of 30 minutes.

CONCLUSION
Deducing from the results of my research it is obvious that the government and health sector of Botswana do have measures in place to garner community support and opinions for health projects. By providing these avenues and structures for the community to assume better engagement in the healthcare system, Botswana shows an understanding for an integrated approach to catering for the health needs of its citizens that involves its health professionals, communities and governments. As a follow-up to this research, further investigation should be conducted into whether the people of Botswana are actually aware and utilize the structures established for community involvement.

CITED SOURCES

ACKNOWLEDGEMENTS
I express much gratitude to the workers and staff of The Ministry of Health in Gaborone, Botswana for the information I received and their generous assistance. I also extend my gratitude to The World Health Organization, Gaborone Botswana, for their kind assistance in linking me with the Ministry of Health. I thank Prof. Phoebe Lostroh for her constant guidance and input throughout the course of my study. I appreciate the efforts of The University of Botswana in helping me secure permission to conduct this research. Lastly I thank my fellow ACM class mates and friends at the University of Botswana, who have been a tremendous source of help and motivation.

Figure 1: This is a visual representation of the structure in place to facilitate community participation and information sharing between policy makers, health service providers and the populace.

Figure 2: The Ministry of Health of Gaborone, Botswana.