

**THE RIGHTS-BASED APPROACH TO DEVELOPMENT: ACCESS TO HEALTH  
CARE SERVICES AT RATSHAATSHA COMMUNITY HEALTH CENTRE IN  
BLOUBERG MUNICIPALITY OF LIMPOPO**

BY

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## DECLARATION

I declare that the dissertation hereby submitted to the University of Limpopo for the degree of Master of Development has not been previously submitted by me for the degree at this or any other University; that it is my own work in design and in execution; and that all materials contained herein had been duly acknowledged.

SIGNED.....

CW RAMMUTLA

DATE:

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## **ABSTRACT**

Section 27 of the Constitution of the Republic of South Africa, 1996 provides that everyone has a right to have access to health care. South Africa embraces the concept of universal health care coverage. Access to health care has four dimensions: geographic accessibility, availability, financial accessibility and acceptability. If there were barriers to access to health care, the stake-holders would be duty-bound to design interventions requisite to address those barriers. The aim of the study was to establish whether health care users enjoy the right to have access to health services at Ratshaatsha Community Health Centre (RCHC). The study used a combination of quantitative and qualitative research designs. While a questionnaire was used to collect quantitative data, focused group discussions and participant observations were employed to collect qualitative data. The following are the main findings of the study. Human rights instruments clearly spell out the indivisible and mutually supportive rights that persons have. There are barriers that often affect the rights to have access to health services at RCHC. For instance, the RCHC is not within a 25 km radius of some of the consumers of health care. The roads that link up the health care users and RCHC are in poor condition. The community is generally poverty-stricken. Many cannot afford, among others, the costs of basic needs, transport fares and opportunity costs. Travelling distance and time, scarce skills and lack of medication and equipment rank among demand-side and supply-side barriers to access to health care. Health care users often choose to consult churches and traditional healers. It is recommended that government should, among others, co-ordinate primary health care services in collaboration with churches and traditional healers; commission research into traditional health medicine and healing procedures and protocols of other health care providers; develop policy on cross-referral of patients; improve community participation; set minimum norms and standards for the delivery of alternative health care services; establish health care management guidelines for churches and traditional healers; integrate health care provisioning into IDPs; and provide health care in an integrated intergovernmental manner.

## **ABBREVIATIONS**

AU	African Union
CESCR	Committee on Economic, Social and Cultural Rights
EMS	Emergency Medical Services
ICESCR	International Covenant on Economic, Social and Cultural Rights
LMICS	Low-Middle-Income Countries
HICS	High-Income Countries
MDGS	Millennium Development Goals
MEC	Member of the Executive Council
NHS	National Health System
RCHC	Ratshaatsha Community Health Center
SADC	South Africa Development Community
SAHR	South African Human Rights Commission
UNDP	United Nations Development Program
UN	United Nations
UDHR	Universal Declaration of Human Rights
VDPA	Vienna Declaration and Plan of Action
WHO	World Health Organisation

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