Key Questions for Monitoring Health System Compliance with Human Rights Obligations

The questionnaire below provides a tool for assessing your health system’s compliance with human rights obligations regarding maternal health care.

There are many dimensions to ensuring safe pregnancy and childbirth. A human rights-based approach to maternal health care requires action across sectors, coordinated through dedicated and comprehensive policies, programs,1 strategic plans and campaigns2 that guarantee access to birth assistance,3 prenatal care,4 emergency obstetric care,5 and quality post-abortion care.6 Maternal health care should be provided in a manner that is respectful and ensures women’s autonomy in decision-making7

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5 See, e.g., CEDAW Committee, Gen. Recommendation No. 24, supra note 6, para. 31(c); ESCR Committee, Gen. Comment No. 14, supra note 6, para. 14.
Module 1

HUMAN RIGHTS STANDARDS ON MATERNAL HEALTH

1. Is quality maternal health care at functional health care facilities available as needed, physically accessible and affordable to all, including in remote areas?

   ALWAYS  |  OFTEN  |  SOMETIMES  |  RARELY  |  NEVER

2. Are communities accessing these services?

   ALWAYS  |  OFTEN  |  SOMETIMES  |  RARELY  |  NEVER

EXAMPLES OF IMPLEMENTATION

Engage with the drug regulation authority to ensure that all essential medicines for treating pregnancy-related complications (e.g., misoprostol to treat postpartum hemorrhage or incomplete abortion) are legally permitted, registered for obstetric use, and available in practice.9

Work with local health officials and health facilities to ensure that maternal health care is physically available by providing transportation, modifying buildings to ensure access for people with disabilities, and adequately staffing health centers, even in remote areas.

Engage national health officials to adopt policies guaranteeing free access to maternal health care and to allocate adequate budgets to implement this guarantee.

Ensure that facilities are well equipped with medicines and equipment and that personnel are available and adequately trained to provide quality, respectful, and nondiscriminatory maternity care.

Conduct participatory research with community members to identify social, geographic, economic or other barriers preventing them from accessing quality maternal health care.

KEY RESOURCES

UNFPA, AMDD, and University of Geneva, Implementation Manual for Developing a National Network of Maternity Units and Improving Emergency Obstetric and Newborn Care

OHCHR, Information Series on Sexual and Reproductive Health and Rights: Maternal Mortality and Morbidity


UNFPA, Elevating Rights and Choices for All: Guidance Note for Applying a Human Rights Based Approach to Programming, p. 35

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3. Is information on sexual and reproductive health and maternal health accessible and understandable to all (considering age, language, age, ability, etc.)?

ALWAYS   OFTEN   SOMETIMES   RARELY   NEVER

4. Is comprehensive sexuality education accessible and available?

ALWAYS   OFTEN   SOMETIMES   RARELY   NEVER

EXAMPLES OF IMPLEMENTATION

Develop and disseminate information and education materials on maternal health and rights in the most common local languages, Braille, and adolescent-friendly formats.

Work with national and subnational health officials to develop and implement a curriculum on comprehensive sexuality education that includes maternal health.

Develop culturally appropriate communication campaigns in collaboration with communities, faith-based organizations, and civil society organizations to raise awareness around stigmatized aspects of maternal health (such as abortion, mental health, and forms of maternal morbidity such as obstetric fistula and uterine prolapse) and where to seek treatment.

KEY RESOURCES

UNFPA, Elevating Rights and Choices for All: Guidance Note for Applying a Human Rights Based Approach to Programming, p. 34

See also questionnaire on “Comprehensive Sexuality Education”
5. Is the quality of maternal health services being maintained, including by ensuring skilled medical personnel, scientifically approved and unexpired drugs and hospital equipment, and respectful care?

| ALWAYS | OFTEN | SOMETIMES | RARELY | NEVER |

EXAMPLES OF IMPLEMENTATION

Support local health offices in developing oversight and monitoring programs for maternal health care, including how to follow standardized protocols for managing inventories of drugs and equipment, patient records, and patient care.

Ensure that health care providers are properly trained and their competencies are maintained through supportive supervision and mentoring to provide quality, respectful care to all patients.

Ensure the proper recording of maternal and newborn deaths and stillbirths, health worker training on how to conduct maternal death reviews, and feedback mechanisms for quality-related improvements in health facilities. Conduct patient satisfaction surveys.

Work with national health officials and medical schools to develop and implement national guidelines on respectful maternal health care, and integrate these guidelines into the medical school training curriculum.

Engage with national health officials and civil society organizations to ensure adherence to guidelines on the prevention of disrespect and abuse in maternal health care (such as regulations prohibiting the shackling of incarcerated people in labor, or detention in hospitals postpartum due to inability to pay medical fees). Ensure that redress mechanisms for complaints are clearly established and guarantee confidentiality.

KEY RESOURCES


UNFPA, Elevating Rights and Choices for All: Guidance Note for Applying a Human Rights Based Approach to Programming, p. 35
5. Is maternal health care provided in a manner that is culturally appropriate?

- ALWAYS
- OFTEN
- SOMETIMES
- RARELY
- NEVER

6. Are confidentiality and privacy guaranteed in the provision of maternal health care?10

- ALWAYS
- OFTEN
- SOMETIMES
- RARELY
- NEVER

EXAMPLES OF IMPLEMENTATION

Facilitate participatory inclusion audits or reviews of maternal and adolescent health policies and action plans to gather views on how well these instruments meet the needs of indigenous women, women of African descent, women with disabilities, people with actual or perceived diverse SOGIESC, and adolescent girls.

Support national and subnational health officials in designing health facilities that include private spaces for confidential counseling, examination, and treatment, and in implementing policies that clarify that counseling sessions and examinations should include only the patient, unless they request the presence of a spouse or another person.

Work with national law and justice officials to ensure that laws on mandatory reporting (including as they relate to sexual violence and abortion) comply with human rights standards on confidentiality and privacy.

KEY RESOURCES

UNFPA, UNICEF, and UN Women, Fact Sheet on Indigenous Women’s Maternal Health

UNFPA, Elevating Rights and Choices for All: Guidance Note for Applying a Human Rights Based Approach to Programming, p. 34

10 CEDAW Committee, Gen. Recommendation No. 24, supra note 6, para. 31(e); ESCR Committee, Gen. Comment 14, supra note 6, para. 27.
7. Do legal and professional regulations respect service users’ autonomy and support informed consent, including by providing counseling?\(^\text{11}\)

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**EXAMPLES OF IMPLEMENTATION**

Partner with legal experts on sexual and reproductive rights to review restrictions on the disclosure of health-related information to pregnant individuals, such as provisions that prohibit informing pregnant individuals about conditions that may pose a risk to their lives or health, or laws that place restrictions on maternity care based on marital status. Facilitate consultations on these findings with law and justice officials.

Engage with professional societies of obstetricians and gynecologists to adopt ethical guidance concerning informed consent in maternal health care, including to prevent unnecessary cesarean sections and forced or coercive sterilization or intrauterine device insertion after childbirth.

**KEY RESOURCES**

UNFPA, *Ensure Universal Access to Sexual and Reproductive Health and Reproductive Rights: Measuring SDG Target 5.6*, p. 20

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\(^{11}\) CEDAW Committee, Gen. Recommendation No. 24, supra note 6, para. 31(e).
8. Has the state taken steps to ensure that goods and services essential to maternal health, as defined in the WHO Model List of Essential Medicines (such as misoprostol and comprehensive abortion care), are legally available and accessible to all?12

EXAMPLES OF IMPLEMENTATION

Work with national law and justice officials and regulatory authorities to review laws and policies to modify or eliminate legal barriers to accessing uterotonic drugs (including the failure to register misoprostol as an essential medicine for multiple obstetric uses).

Work with national law and justice officials and women's legal associations to review laws and policies related to comprehensive abortion care and to develop strategies to modify or eliminate legal barriers to accessing care, including the criminalization of abortion.

Host capacity-building programs with legislators, government officials (including public health officials and health care providers), and the judiciary concerning human rights standards and state obligations relating to the provision of abortion care.

Engage with national and local health officials to adopt policies and programs guaranteeing legal access to humane, dignified post-abortion care, even where abortion is illegal or restricted, and to remove any policies requiring that individuals suspected of having an abortion be reported or requiring that individuals attest to having an abortion before being able to receive care.

Work with training institutions, medical schools, and medical professional associations to strengthen pre-service and in-service education on comprehensive abortion care to build health care providers’ capacities to deliver such care.

KEY RESOURCES

UNFPA, Ensure Universal Access to Sexual and Reproductive Health and Reproductive Rights: Measuring SDG Target 5.6, p. 20


UNFPA, Elevating Rights and Choices for All: Guidance Note for Applying a Human Rights Based Approach to Programming, p. 35

See also questionnaire on "Comprehensive Abortion Care”

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12 Human Rights Committee, General Comment No. 36, supra note 13, para. 8; ESCR Committee, Gen. Comment No. 14, supra note 6, para. 12(a); ESCR Committee, Gen. Comment No. 22, supra note 5, para. 13.
9. Are the underlying determinants of healthy pregnancy (including adequate nutrition, potable water, education, sanitation, and transportation) guaranteed to pregnant and postpartum individuals?¹³

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**EXAMPLES OF IMPLEMENTATION**

Engage with government officials overseeing social welfare programs to ensure that pregnant and postpartum individuals are guaranteed access to nutrition benefits, shelter homes, transportation and potable water.

Work with the Ministry of Education to develop policy guidance to ensure that pregnant students are not expelled from schools and that accommodations are made to allow them to continue their education.

Work with the Ministries of Health and Water and Sanitation to ensure that all health care facilities have a safe and accessible water supply, adequate sanitation, handwashing facilities at points of care and at toilets, and appropriate waste disposal systems.

**KEY RESOURCES**

CRR, *From Risk to Rights: Realizing States’ Obligations to Prevent and Address Maternal Mortality*, p. 8

UNFPA, *Elevating Rights and Choices for All: Guidance Note for Applying a Human Rights Based Approach to Programming*, p. 35

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¹³ See, e.g., ESCR Committee, Gen. Comment No. 14, supra note 6, para. 12(a).
10. Are targeted measures in place to address maternal health among marginalized groups that have disproportionately elevated rates of maternal mortality and face additional obstacles in accessing reproductive health care, including adolescents, poor women, indigenous women, women from discriminated-against racial or ethnic groups, rural women, migrant women, and women with disabilities?\(^\text{14}\)

**EXAMPLES OF IMPLEMENTATION**

Partner with district-level health offices to collect disaggregated data on maternal mortality among individuals experiencing intersectional discrimination that can hinder access to maternal health care services, such as adolescents, women from ethnic and racial groups facing discrimination, displaced and conflict-affected women, and women living in underserved areas.

Engage with the Ministry of Health and medical schools to develop and implement health education modules to address the linkages between discriminatory stereotyping by health providers (by gender and other factors) and negative maternal health outcomes. These modules should be mainstreamed in pre-service education and imparted through in-service training.

Explore options for addressing attitudinal biases against marginalized groups through mass media and special targeted programs that aim to educate and expose health care workers to the views, perspectives and rights of these groups.

Support national and local health officials in the introduction of a system of maternal death audits (a nonjudicial review that goes beyond medical reasons to identify the social, economic and cultural reasons that led or contributed to a maternal death).\(^\text{15}\)

**KEY RESOURCES**

UNFPA, UNICEF, and UN Women, *Fact Sheet on Indigenous Women’s Maternal Health*

UNFPA, *Elevating Rights and Choices for All: Guidance Note for Applying a Human Rights Based Approach to Programming*, p. 34

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11. Are confidential and unbiased accountability processes to address and provide remedies for complaints of violence, disrespect, and abuse in maternal health care in place and accessible to all in a timely manner?

ALWAYS  OFTEN  SOMETIMES  RARELY  NEVER

EXAMPLES OF IMPLEMENTATION

Support local health officials and civil society organizations in developing facility- or district-level mechanisms that allow individuals to file complaints and have grievances redressed after experiencing violence, disrespect, or abuse. Provide the necessary information and resources (including free legal assistance where appropriate) to help individuals seek redress for violations.

Work with national judicial academies and national human rights institutions to develop and implement capacity-building programs on maternal health as a human rights concern.

Provide free legal assistance as needed to women whose rights are violated. Support social accountability mechanisms such as citizen score cards.

KEY RESOURCES


CRR, From Risk to Rights: Realizing States’ Obligations to Prevent and Address Maternal Mortality, p. 28