



Joint Sector Statement on Access to Maternal Healthcare in National and County Government Facilities

For Immediate Release

02.07.23

We, the undersigned 18 Civil Society Organizations (CSOs) working on human rights in the country, are alarmed by the disturbing news that continue circulating in mainstream media concerning cases of maternal deaths and injuries due to medical negligence. In Late January 2023, a female patient identified as Rebecca Wangari, died at Naivasha Level 4 Hospital in Nakuru County due to excessive blood loss during delivery. According to a relative [who addressed the media](#) Wangari was not attended to by the medical staff for over 24 hours despite being in a critical condition. In the same news clip, [another eyewitness](#) alleged that sometime back, another female patient gave birth on the floor of the same facility and lost her newborn baby.

Such disturbing cases of medical negligence have been and continue to be reported over the years. In November 2022, Velma Anita Ochieng, a KCSE candidate aged 19, died after giving birth at Homa Bay County Teaching and Referral Hospital in what [her family claimed is negligence by health workers at the hospital](#). In September 2022, a patient identified as Maureen Anyango who had just given birth to twins, died at Mama Lucy Hospital. A Senate committee looking into cases of alleged medical negligence at the facility noted that Maureen's death [could have been avoided had the people that were taking charge acted with speed and professionalism](#). In August 2019, another patient identified as Stella Mutheu died at South B Hospital after being [transfused with the incorrect blood type](#).

There is also the case of Diana Mwikali, a woman with disability who died in March 2022 during childbirth at a private facility in Nairobi. A few days earlier, her water had broken and was booked for a caesarian section despite her blood pressure being so high. [Disability advocates believe that her death was due to negligence and exemplifies discrimination of persons with disability when it comes to accessing services.](#) These are just but few cases of preventable maternal deaths in the last five years, that have been brought into the limelight and most cases go unreported due to fear or lack of information on the part of aggrieved parties.

The Maternal injuries due to medical negligence are also at an all-time high and according to Kenya Medical Practitioners and Dentists Council (KMPDC) [expectant women filed the highest number of medical negligence cases against medics.](#) Specifically, pregnancy-related cases of medical negligence account for 27% of all the 1,301 complaints brought to KMPDC since its inception.

This can be exemplified by the case of [Josephine Majani, who was physically abused by medical staff at Bungoma Referral Hospital and deliberately left to deliver on the floor of the facility.](#) The despicable ordeal which happened in 2013, was captured live on camera. There is also the case of two women-Maimuna Awuor and Margaret Anyoso-who were [detained and abused at Pumwani Maternity hospital for not paying their maternity bills.](#) Both Maimuna and Margaret had just given birth and were confined in small, crowded, and unsanitary rooms with their babies and made to sleep on the floor in dirty clothes.

Women, especially those from low economic background are the most affected. They are physically and psychologically abused while seeking maternal health services. Access to quality, timely and affordable maternal health care is anchored in the Constitution of Kenya 2010. Article 43 guarantees the “right to the highest attainable standard of health, including reproductive health.” This implies clear set of legal obligations by the Government to ensure appropriate conditions for the enjoyment of health for all women without discrimination.

Health laws and policies in Kenya stipulate that medical practitioners ought to uphold the highest standards of health care while attending to patients. Such standards include treating a patient with utmost dignity, not infringing on a patient’s human rights or civil liberties, respecting the sanctity of a patient’s life, and considering the health state of a patient at the time of administering treatment.

Therefore, the Government’s failure to ensure medical practitioners uphold these high standards of health while handling patients enable obstetric violence against women. The Courts have made several landmark pronouncements holding the Government liable for the failure to ensure that women enjoy good health and well-being during pregnancy, delivery, and post-delivery.

We now call on the National and County Governments to:

1. Address the root causes of medical negligence so as to end the preventable maternal deaths and injuries.
2. Put in place mechanisms for holding medical practitioners and facilities accountable for maternal deaths and injuries due to medical negligence.
3. Ensure women-especially those from low economic backgrounds- are treated with utmost dignity and respect while seeking services.
4. Fulfill women’s right to health, life, dignity, and freedom from cruel and inhuman treatment, in the context of maternal health services.

5. Demonstrate fidelity to the rule of law and implement landmark court judgements on quality, accessible and safe maternal healthcare.
6. Develop clear guidelines and procedures for implementing the fee waiver system in all public health facilities.
7. Issue executive orders against mistreating and detaining patients who cannot afford maternal health care.
8. Proactively implement the 2013 Presidential directive abolishing all maternity service fees to ensure the sustainability of the directive.
9. Effect maternal health systems policies and directives that integrate the realities of women with disabilities. Aggregate data by type of disability at all health facilities to help capture the number of women with disabilities who seek various services to enhance visibility of women with disabilities.

Signed:

1. Association for the Physically Disabled of Kenya (APDK)
2. Center for Reproductive Rights
3. Domestic Workers Rights Spaces (DOWRIS)
4. Hidden Treasure
5. Kamukunji Youth Congress
6. Kenya Ethical and Legal Issues Network on HIV & AIDS
7. Kisumu Medical and Education Trust (KMET)
8. Maria Rosanna Community Centre
9. Network of Adolescents and Youth in Africa (NAYA)
10. Reproductive Health Champions Organization (RHCO)
11. Reproductive Health Network Kenya (RHNK)
12. Trust for Indigenous Culture and Health (TICAH)
13. TRANZURI
14. Unicorn Girls Resource Centre
15. Women Against Poverty Association (WAPA)
16. Women Collective Kenya
17. Women in Grassroots Uprising Initiative (WIGSUP)
18. Young Women Growing - Kenya
19. Zamara Foundation