Dora Nginza Regional Hospital: responses to Daily Maverick.

1. **Were you made aware of this letter when it was received, and what response or intervention, if any, have you given the department or Dora Nginza management since?**

The initial letter had been sent to the then Head of Department, Dr Rolene Wagner, on 15 July 2026. The MEC was only copied into the correspondence two weeks later, on 31 July 2026. When the MEC noted that there had been no progress on the matters raised, she instructed her Head of Office, Ms Nomsa Mabanga, and the Acting Head of Department, Dr Mthandeki Xamlashe, to immediately convene a meeting with the relevant officials. A virtual meeting was subsequently convened on 31 July 2026, involving the MEC's Head of Office, the Acting HOD, the Department's Infrastructure team and Dora Nginza Regional Hospital CEO, Dr ZR Nxiweni. The MEC directed that the matters raised in the letter be attended to without further delay. Following this, when the MEC was not satisfied with the pace of progress, she instructed the Acting HOD to personally convene a formal engagement at hospital level. On 11 August 2026, the Acting HOD held a virtual meeting with the Heads of Department at Dora Nginza to address the concerns raised and the interventions required.

It is important to correct the suggestion that there has been no response or intervention from the Eastern Cape Department of Health. This is inaccurate.

It is important to place the current interventions in their proper context. Dora NginzaRegional Hospital was already identified by the Department as a special intervention site, with a defined intervention plan and programme of action, before the letter was received.

The MEC in June had already established a dedicated intervention programme for the Nelson Mandela Bay Health District, supported by a task team led by the Chief Director for Quality Health Assurance, Ms Sindi Tywabi**.**

The task team was appointed prior to the correspondence in question, with a mandate to address pressures across the Nelson Mandela Bay health system, including Dora Nginza and Livingstone hospitals. Subsequent to this, the MEC held a meeting with top management, unions, the task team and the Premier in East London on the 20th of April 2026 when it was decided that a task team would be appointed to deal with issues emanating from the Nelson Mandela Bay District.

The task team has since taken shape and the central objective of this work is to reduce the inappropriate burden of Level 1 patients on Dora Nginza and Livingstone hospitals**,**strengthen services at the appropriate levels of care and improve referral pathways across the Metro.

The intervention is being implemented through five pillars:

1. Repurposing Empilweni Hospital into a District Hospital

Work on Empilweni commenced at the beginning of August and is being undertaken through a phased programme. Plans leading to this started early in the year.

This is not merely a conceptual proposal. Physical works are already underway at Empilweni.Site handover for fast-track renovations to Themba Ward took place on 3 August 2026**,** with contractors appointed for general building works and mechanical and electrical services.

The Department is simultaneously progressing a R32 million Phase 1 general infrastructure overhaul, with R16 million provided for in the 2026/27 expenditure phasing. The scope includes security and perimeter infrastructure, roads and ambulance access, stormwater and sewer systems, refurbishment of wards, water storage, mortuary refrigeration and catering equipment.

The longer-term intervention is the conversion of Empilweni into a fully functional District Hospital**,** with an estimated capital requirement of R210.36 million**.**

The master plan provides for, among other services, a new theatre and CSSD, Accident and Emergency/Casualty, Outpatient Department, pharmacy and rehabilitation services, maternity, labour and delivery services, postnatal wards, paediatric wards, Kangaroo Mother Care and antenatal care**.**

The Department is also progressing in the formal processes required for Empilweni to be gazetted and classified as a District Hospital**.**

This is a significant component of the Department's strategy to ensure that Level 1 services are provided at the appropriate level of care rather than continuing to place unnecessary pressure on Dora Nginza and Livingstone leading to overcrowded clinical service areas.

2. Strengthening 24-hour Community Health Centre services

The Department is working to strengthen 24-hour services across Nelson Mandela Bay so that Community Health Centres are increasingly able to manage patients who do not require higher-level hospital care. This includes strengthening access to Trauma and Midwife Obstetric Unit services**,** thereby improving access closer to communities and reducing avoidable pressure on referral hospitals.

3. Strengthening the referral system

The intervention includes strengthening referral pathways across the Metro to ensure that patients are treated at the appropriate level of care**.**

The objective is to prevent higher-level hospitals from carrying patient volumes for services that can safely and appropriately be delivered at primary or district level.

4. Decomplexing Dora Nginza and Livingstone hospitals

The Department is deliberately working towards the decomplexing of Dora Nginza and Livingstone, so that each hospital is able to focus on the level and package of services it is designated to provide.

The following interconnected projects are central to the primary healthcare reform in the NMB

- The re-commissioning of 24 hour Community Health Centres
- Conversion of Empilweni into a District HoHospital
- Repurposing of Orsmond Hospital to a Psychiatry Unit
- Redesign of referral pathways
- Expansion of Maternity and Neonatal Beds at Uitenhage Provincial Hospital

This broader Nelson Mandela Bay intervention must also be understood alongside the work already underway within Dora Nginza itself**,** including recruitment, infrastructure and support services such as laundry, kitchen and security.

All the above measures are linked to reduction of inappropriate referrals from Sarah Baartman District. Outreach programmes to Humansdorp, Andries Vosloo and Settlers Hospitals will, over time create permanence to the stabilisation of Dora Nginza Hospital.

The relocation of tertiary components of maternity and paediatrics to Livingstone hospital sites has been initiated. The renovation of ICU complex at PEPH is underway. This will fully align Dora with its legislated classification and further reduce overcrowding in these units.

The doctors' concerns are being taken seriously and have been incorporated into the Department's continuing work, but they must be understood within the context of an intervention programme that predates the letter**.**

The Department's response to the pressures at Dora Nginza is therefore neither new nor reactive. The MEC had already established a structured intervention for Nelson Mandela Bay, with a dedicated task team and a defined five-pillar programme of action, before the correspondence in question was received.

Premier or that there has been no visible progress since the concerns were raised.

There are a number of interventions at different stages of implementation specifically for Dora Nginza.

Staffing and recruitment

6 Medical Officers commenced duty on 3 August 2026.

Further clinical appointments are being processed for assumption of duty from 1 September 2026, including:

- Medical Officers- 2
- 10 Professional Nurses – General;
- 6 Professional Nurses – Speciality;
- 2 psych speciality nurses nursing staff; and 2 nursing assistants (advanced midwives)
- 1 theatre specialty nurse
- 1 paedatric speciality nurse
- 2 enrolled nurses:
- 3 enrolled nursing assistants- ENA

Clinical staff: Progress on recruitment remains underway for:

- 1 Clinical Psychologist; interviews have been concluded and final processes await.
- 2 Operational Managers – Speciality

Nonclinical staff- still in the recruitment phase.

- 23 general assistants

These interventions are intended to strengthen clinical and operational capacity at Dora Nginza and respond directly to staffing pressures that have been identified.

Infrastructure management

The Department is also strengthening dedicated infrastructure management capacity at the hospital. An Infrastructure Manager has been appointed on a contractual basis and will commence duty on 1 October 2026, pending the permanent filling of the post.

This is particularly important because it provides dedicated management capacity at facility level to oversee infrastructure requirements and ensure that identified faults and maintenance requirements are appropriately managed.

NICU – medical gas infrastructure

A job card was issued for the repair and servicing of oxygen, medical gas and vacuum points**,**with the work completed on 27 July 2026**.**

Medical gas points in the NICU were attended to by Flatfoot Engineering. The work included repairs to the affected medical gas infrastructure and was completed on 27 July 2026.

Electrical faults in the High Care area were attended to by Eagles Projects**.** The job card included the replacement of 122 normal plugs and 116 red plugs**.** All affected plugs were subsequently tested and confirmed to be operational**.** This included electrical faults affecting the NICU as well as the Neonatal High Care, Premature Unit and Labour Ward.

UPS- Uninterruptible Power Supply.

UPS servicing and installation work has also been underway and is scheduled for completion on Friday, 28 August 2026. This work covers the NICU as well as the Neonatal High Care, Premature Unit and Labour Ward.

Generator

The generator is on a scheduled routine maintenance plan and servicing, with technical teams also attending to unplanned power-failure challenges.

The Department therefore makes an important distinction between challenges that have not yet been fully resolved and an absence of intervention. There are challenges at Dora NginzaRegional Hospital that require continued attention, and the Department does not deny this. However, it is demonstrably incorrect to suggest that the correspondence was received and that nothing happened thereafter.

There have been engagements, an intervention plan has been presented, clinical recruitment has progressed, infrastructure repairs have been undertaken and additional infrastructure management capacity is being put in place.

2. The doctors specifically asked for an independent assessment of the O&G service, suggesting that prior complaints to the Head of Department, Clinical Manager and CEO produced little intervention. Do you consider an internal, department-led investigation sufficient, given the department itself is implicated? Will you commission an assessment independent of the department?

It is important to note that the concerns at Dora Nginza, including those relating to the O&G service, have previously been subjected to scrutiny by the Public Protector, an established independent constitutional institution**.** The Department has accepted the findings and recommendations arising from that process and has been implementing the required interventions. One of the key issues arising from that process was the need to decomplex Dora Nginza Hospital and strengthen the broader referral system, so that patients are treated at the appropriate level of care and Dora Nginza is able to concentrate on the services appropriate to its level.

That work is already underway. The Department has established a dedicated task team in Nelson Mandela Bay to drive the broader intervention programme, which includes decomplexing Dora Nginza and Livingstone, strengthening 24-hour Community Health Centre services,

strengthening referral pathways, and progressing the repurposing of Empilweni into a District Hospital. The Empilweni programme already includes active works and a longer-term plan to establish district-level services that will reduce pressure on higher-level hospitals.

The Department is, however, considering involving one of the universities with which it has an established partnership to undertake or participate in an assessment of the O&G service**.**Whether this forms part of the next phase of intervention will be informed by the findings and recommendations of the task team.

Dora Nginza has already been subjected to independent oversight through the Public Protector, and the Department is implementing interventions arising from that process. We are now awaiting the task team's assessment before determining the most appropriate mechanism for any further evaluation, including possible involvement of an academic institution.

3. What is your understanding of the current status of the situation at the hospital and the promised investigation, and when will it conclude?

The Department does not accept the premise that the matter has not been sufficiently or objectively investigated simply because the investigation was conducted through established departmental clinical governance and quality-assurance mechanisms which are guided by Committee on Confidential Enquiries on Maternal Deaths. This is a mandated independent committee appointed by the national minister. We have no power to assume its responsibility.

4. The letter links a reported death to infrastructure failures the doctors say they had already raised repeatedly before the death occurred. Do you accept that characterisation? What accountability, if any, will follow if it is confirmed?

No. The Department does not accept that characterisation, as the allegation that the maternal death was linked to an infrastructure or power failure has already been investigated through the established internal Quality Assurance process. Clinical records of the incident are the only official source of such information. No other unofficial explanation of the cause of death will be entertained. The internal investigation found no causal link between the maternal death and the alleged power failure. As stated above maternal deaths investigations are a prerogative of the ministerial committee on maternal deaths.

It is therefore important that an allegation contained in correspondence is not presented as an established clinical finding when the matter has been subjected to a formal review and the findings do not support that conclusion.

The Quality Assurance process involved the relevant clinical personnel, including clinicians of relevant clinical departments. The matter was therefore subjected to clinical scrutiny involving those directly familiar with the circumstances surrounding the case and final diagnosis.

Maternal deaths are treated with the utmost seriousness and are subject to established clinical governance and maternal-death review mechanisms. Where deficiencies, negligence or failures are identified through those processes, the Department is required to act on the findings and ensure that appropriate corrective and, where warranted, accountability measures follow.

In this particular case, however, the internal investigation did not establish that the death resulted from the alleged infrastructure or power failure. It would therefore be inappropriate to suggest that accountability should follow for a causal relationship that the investigation did not establish.

This does not mean that the Department dismisses the infrastructure concerns raised by clinicians. Those concerns have been attended to separately, with identified electrical and

medical-gas faults repaired and further infrastructure interventions underway. The Department will continue to address legitimate infrastructure deficiencies, but it is equally important to distinguish those deficiencies from the specific cause of a maternal death.

5. Is additional funding being allocated for infrastructure, theatre equipment, and staffing at Dora Nginza specifically, beyond what has already been reported around the hospital's overcrowding crisis?

Yes. The Department's response to the pressure on Dora Nginza does not begin and end at Dora Nginza itself. A significant part of the intervention is to decomplex the hospital by strengthening district-level capacity elsewhere in Nelson Mandela Bay**,** particularly at Empilweni Hospital.

At Empilweni**,** the Department is progressing a phased programme to convert the facility into a fully functional District Hospital. The immediate Phase 1 infrastructure programme represents an investment of R32 million, while the longer-term District Hospital conversion has an estimated capital requirement of R210.36 million**.**

The Empilweni master plan makes specific provision for clinical infrastructure and equipment required to provide services at district level. This includes **a** new theatre and CSSD, new Accident and Emergency/Casualty Department, new Outpatient Department, pharmacy and rehabilitation upgrades, as well as mortuary refrigeration units and commercial catering equipment under the Phase 1 works.

Importantly for maternity services, the Empilweni master plan specifically identifies Wards 22 and 23 for future maternity, labour, delivery and postnatal services, while Wards 24 and 25 are earmarked for future paediatric, Kangaroo Mother Care and antenatal services.

This is directly relevant to Dora Nginza because increasing district-level capacity at Empilweni is intended to ensure that patients are managed at the appropriate level of care rather than unnecessarily adding to the patient burden at higher-level facilities.

The Department continues to make significant infrastructure investments specifically at Dora Nginza Regional Hospital, with completed, current and planned projects aimed at strengthening the hospital's capacity.

The interventions include:

1. **R32 million – Security infrastructure and roofing repairs**

   The Department invested R32 million **in upgrading the hospital's existing security infrastructure and undertaking roofing repairs. This project was** completed on 8 December 2025**.**

2. **R64 million – Cerebral Palsy Centre and additional postnatal capacity**

   In June 2025, the Department appointed a contractor to renovate existing buildings for use as a dedicated centre for the treatment of patients with Cerebral Palsy. As part of the scope of this project, an existing ward was renovated to create additional beds for postnatal patients, directly increasing capacity within the hospital. The postnatal ward renovations were completed in September 2025**.** The broader project represents an investment of R64 million and is scheduled for completion in February 2027**.**

3. The Department plans to advertise a bid for the renovations of the existing Maternity Delivery rooms and Delivery Theatre on the ground floor in October 2026.

4. A bid for the renovations of the existing laundry building was awarded to a contractor who will start in October 2026. The value of the renovations to the laundry is R900k.

Taken together, these infrastructure interventions represent over R100 million in completed, current and planned investment at Dora Nginza Hospital**.**

These investments demonstrate that the Department's response to infrastructure pressures at Dora Nginza is not limited to short-term maintenance interventions. It includes substantial capital investment in existing infrastructure, additional postnatal capacity, specialised services and planned improvements to maternity, delivery theatre and casualty infrastructure.

6. Six weeks after a letter asking for a response within two weeks, and with only the Premier's office having replied, what do you say to the doctors who say they have "reached a point where individual commitment can no longer compensate for systemic failures"?

We are aware of the challenges at Dora Nginza, we have acknowledged them, and the hospital has been prioritised for intervention. This is precisely why Dora Nginza had already been identified as a special intervention site before the doctors' letter was received.

The Department does not expect the individual commitment of doctors, nurses and other healthcare workers to compensate for systemic pressures. Our responsibility is to address the underlying causes of those pressures, and that is what the Department has been doing through a structured programme addressing staffing, infrastructure, patient flow, referral pathways and support services.

There are already important indications that these interventions are beginning to yield results.

As of 28 August 2026, Dora Nginza has brought its Caesarean section backlog down to zero. This is a significant achievement for a maternity service that has been operating under considerable pressure. It has required deliberate interventions to improve theatre functionality, mobilise the necessary resources and strengthen the organisation of services.

The focus is not simply on clearing a backlog once. The Department has addressed the underlying causes so that these improvements can be sustained and contribute to better maternal and child health outcomes.

We are not suggesting that every challenge at Dora Nginza has been resolved. But we are equally clear that this is not a hospital where nothing is being done. It is a prioritised intervention site where recruitment is taking place, infrastructure is being addressed, services are being reorganised and the broader health system around the hospital is being redesigned to reduce the burden it carries.

Bringing the Caesarean section backlog to zero is an important milestone, but it is not the end of the work. Our responsibility now is to sustain that progress, continue addressing the root causes and ensure that the improvements translate into safer, more reliable maternity services and better outcomes for mothers and babies.