Fact Finding Mission Report

Complaint about the Project:
“Improvement of Health Services Delivery at Mulago Hospital and in the City of Kampala, Uganda”

Request No.: RQ2014/1

Country: Uganda

Date: 20 June 2014
1. Introduction and objectives of the Mission

CRMU received the Request in Annex 1 of this Addendum dated 14 February, 2014 related to the Bank financed Kawempe rehabilitation project in Kampala, Uganda. The complaint was submitted by a family who alleged that the Kawempe Health Center being rehabilitated and transformed into a Referral Hospital with Bank financing is a property that belonged to their father, the late Dr Sembeguya. The prominent physician acquired the Plot in 1948 and built his home and subsequently a private clinic on the land in 1954. He is alleged to have been abducted and killed in 1973 by Former President Idi Amin’s regime that also forcefully took the clinic away from the widow in 1974 and handed it to Kampala City, now the Kampala City Council Authority (KCCA). According to the Requestors, it is Dr. Sembeguya’s clinic that was turned into what is known today as the Kawempe Health Center. The Requestors claim that no compensation was ever paid to the heirs of Dr. Sembeguya and that fraudulent acts were committed, in attempts that were made to justify the forceful dispossession.

In line with the Rules and Procedures of the Independent Review Mechanism (IRM), the Director of CRMU registered the complaint on 7 March, 2014. The Director of CRMU submitted the Notice of Registration to the Boards and the President and sent a copy to the Requestors on 7 March 2014. The attached Management Response (Annex 2) was received by the Director of CRMU on 3 April 2014, within the 21 day-time frame stipulated in the IRM Rules. Management claims to have followed all Bank policies and procedures applicable to this project and expressed the opinion that CRMU has no jurisdiction over the Request. The Director of CRMU sent a copy of the Request to the Director of IACD, as reference to fraud was made in the Request.

While noting Management’s response, the Director of CRMU undertook a fact finding mission to Uganda on 7-9 May 2014 with the objective of clarifying the nature of the claim and also to gather relevant facts for possible follow-up actions. In Kampala, the Director met with the Requestors, the Minister and Permanent Secretary of the Ministry of Health, the Minister of Justice, the Solicitor General, the Executive Director of Kampala City Council Authority, the Coordinator of the Bank projects at the Ministry of Health and the Bank Resident Representative at UGFO. He visited the project site at the origin of the Request together with the Bank Resident Representative and the Project Coordinator at the Ministry of Health.

2. Proposals for the Boards’ consideration

Preliminary findings of this mission summarized below confirmed the desire of the parties to handle this case through CRMU’s problem solving approach. There appears also to be some issues of due diligence that may have prevented the complaints from coming to light during project development. The Director of CRMU will undertake the following course of action:

- Pursue the handling of the case, through problem solving, in line with the wish of the Requestors and the Ugandan Authorities. The Parties will be convened as soon as possible with the objective of agreeing to a problem solving arrangement;
• Investigate further the case to determine whether Bank procedures were adhered to in the course of the project approval process. The preliminary fact finding mission suggests some lack of due diligence from Bank Management.

3. **Main findings of the mission**

3.1. **Parties’ interest in resolving the dispute**

The Requestors confirmed to the Director of CRMU their desire to be compensated for the land and property, since the Bank is now supporting the Government to rebuild the Kawempe Health Center. Mindful that their previous attempts to be heard by the KCCA have been frustrated many times in the past, they welcomed CRMU’s involvement and suggested the issue be mediated with Kampala City Council Authority and the Government of Uganda (Ministry of Health). Aware of the social nature of the hospital for the people of the city, the Requestors acknowledged the importance of the Bank financed project and the need for it to move forward, as long as their right of land ownership has been recognized and they have been compensated for the land and the property. Furthermore they expressed the wish to have the Government consider naming the New Hospital after the late Dr. Sembeguya for the leadership role he provided in the medical field in Eastern Africa, during the early years of independence, and also to honor his memory.

Neither the Officials of the Ministry of Health, nor those at KCCA dismissed the story of the Requestors. Officials from these Government entities recognized some challenges associated with the information available at the time of the initiation of the project and also the limitations of record keeping at KCCA. It is worth noting that while KCCA is the owner of the Kawempe Health Center, the Ministry for Health acts as the Project Implementation Unit. Also, a new leadership is now in charge at KCCA. To support their genuine desire to resolve the matter through negotiations, the Executive Director of KCCA sent to the Bank Resident Representative, the letter in Annex 3, the week after the Director of CRMU’s mission to Uganda. The Minister for Health also conveyed to the Director of CRMU the Government’s position, which is as a matter of policy, to address the issue of compensation, provided the Requestor’s claim is substantiated.

3.2. **Status of Disputed Property**

3.2.1. **Property claimed by the Requestors**

The plot claimed by the Requestors as the late Dr. Sembeguya’s property with the house and private clinic was reportedly purchased by the physician in 1948. The property was Plot 73, Block 208 with a Land Title registered in his name under instrument No. 82707 (Mailo Vol 1022. Folio 25) dated 22/12/1948. The Requestors claim that Plot 73 remained as one Plot up to
the time he was killed in 1973. During the site visit, the Director of CRMU obtained the layout of the plot with the infrastructure built on it as shown in Figure 1.

The layout shows a house with the adjacent servant and service quarters and a series of buildings that served as the Kawempe Health Center (A, B, C, D, E, F, G, H). Although falling apart, the photograph in Figure 2 shows the family house standing in a relatively good condition with its adjacent servant quarters.

The building of the Kawempe Health Center had been demolished and construction of the new hospital was underway.

All those the Director of CRMU met, including the Minister for Health and the Minister for Justice, knew Dr. Sembebguya. They were aware of the late physician’s practice at his private clinic and of his abduction and assassination during President Amin’s regime. There seems to be little doubt about the claim of the house and clinic having been built on Plot 73.

3.2.2. Subdivisions of Plot 73

Records obtained from the Kampala City Council Authority shows that Plot 73 was subdivided to create plot 1035 and plot 1036. Plot 1036 was further subdivided on 30th May 2005 to create Plot 3883, Plot 3884 and 395.

The subdivision resulted in having the Kawempe Health Center on Plot 1035. The new hospital being built with Bank financing is to occupy an area comprised of Plot 1035 (the site of Kawempe Health Center) and the adjacent Plot 3883. A big section of the house as well as the servant quarters presumably built by Dr. Sembebguya stands on Plot 3884, with the remaining part on Plot 395. During the site visit, the Director of CRMU saw the house as clearly not having been occupied for a long time and starting to fall into ruin (see Picture 2 attached).

---

1 The layout was obtained from the Architect who design the new hospital.
Figure 1: Plot 73 and its subdivisions
3.3. Claims over the Plots

3.3.1. Evidence of ownership provided by the Borrowers as contained in Management’s Response

In line with conditions precedent to the first disbursement, the Borrower provided the Title to Plot 1035, the site of Kawempe Health Center. However, no title for Plot 3883 was included in the documentation at the time of the project approval by the Boards on 6 July 2011. The new hospital being built will occupy Plot 1035 and Plot 3883.

It was only after the complaint was launched by the Requestors that the Borrower submitted to Management a certified copy dated 24 February 2014 of the 3 important documents related to Plot 3883. These are included in Annex 3 of the attached Management Response:

- The Application for Consent Transfer of Sublease Public Land, signed on 25 May, 2009;
- The Registration Act (CAP.230), signed on 11 September 2009;
- Land Register, signed on 30 May 2007. The Register shows that Plot 3883 was transferred from Beatrice Sembeguya (the late widow of late Dr. Sembeguya) to Dr. Hasig Kabuye Takuba.

3.3.2. Claim by the Requestors

The Requestors supplied additional documents on top of those provided in their Request, together with a detailed analysis supporting their claim, including various correspondences with Kampala City Council Authority. They claim not to have been compensated at all. With the understanding that due consideration will be given to their Request, they softened on their initial plea to suspend Bank funding until the matter of ownership is resolved.

They are certain that the documents supplied provide incontrovertible evidence that the contested land belongs to the Estate of the late Dr. Sembeguya.

3.4. Question about due diligence in the project development and approval process

On the basis of the facts presented above, the Bank appears to have carried out inadequate due diligence, with regard to the scrutiny that should have been required to establish the land ownership. Also in question is the adequacy of the public consultation process that did not result in the claim being addressed in time.

3.4.1. Title as condition for first disbursement

On the Title, there seems to have been an oversight in verifying adherence to Bank procedures. If the procedures had been followed, Management would have been alerted about some serious anomalies regarding the required documentation necessary for project approval. Under the Bank
Rules as stipulated in the Project Appraisal Report (PAR)\(^2\), under Paragraph 5.2.3.v (in italics): “the Government has to have a valid title to the land, for the project to go forward at Kawempe”.\(^3\) The borrower was supposed to provide such evidence to the Bank by 31 October 2012.

However, the approval of the project by the Boards was done on the basis of the documentation, including the title on only Plot 1035, when the project site covers Plot 1035 and also Plot 3883. The Title on Plot 1035 dated back to 1974 and the Executive Director of KCCA admitted during the meeting with the Director of CRMU that up until then, KCCA could not find in their archive a single documentation supporting the establishment of the Title for Plot 1035. This seems to support the Requestor’s claim of the Government’s forceful takeover of the land in 1974 and its handover to KCCA.

Also, on the basis of the facts as presented in Section 3.3.1 above, it seems that Management provided no proof of ownership by KCCA of Plot 3883 at the time of the Board’s approval of the project. It was only after the complaint was submitted to CRMU that documentation proving transfer of Plot 3883 to KCCA seems to have been obtained for use in providing a Management Response. A quick look at this document raises three concerns:

a) Plot 3883 was created out of Plot 1036 with an instrument dated 30/05/2007 in the names of Beatrice J. Sembeguya, Administrator of the Estate of the late Dr. Sembeguya, whom the family confirmed died two years earlier on 1/05/2005. KCCA could not provide a document supporting this creation. Worse, the registration in the records of KCCA regarding Plot 3883 shows that Beatrice Sembeguya who registered the Plot on 30 May, 2007, transferred it to Dr. Hasig Kabuye Takuba on 30 May, 2007 at 9.44 a.m. who turned around at 9.46 the same day to transfer it to KCCA. The Director of CRMU was informed by the current Executive Director of KCCA that at the time, Dr Tabuka was no other than the Deputy Director of Kampala City Council.

b) The second issue is the reliability of the authentication of the document. Not sure of the validity of the documents, the Certifying Authority took care of writing on them handwritten remarks that should have invited Management to act more conservatively. The handwritten note by the certifying authority reads:

   ✓ “These are photocopies from the system. Physical file not yet retrieved;”
   ✓ “KYD (Kyadondo) 208/1035 – File not seen and not captured.”

c) Thirdly, Management’s claim of having provided the Boards with the documentation required for loan conditions to be met, as stated in their Response, does not appear to be in line with the facts. Under the section on Additional considerations in the Management Response, it is stated: “The Bank went further to request, as part of the loan conditions

---


\(^3\) PAR, Paragraph 5.2.3 (v).
for the projects, that the Borrower submits a written confirmation that the land on which
the two new General Referral Hospitals to be established at Kawempe and Kiruddu
belongs to the Government of Uganda. To this end, the Borrower provided the Bank with
a certified true copy of the land title; certified by the Commissioner, Land Registration
Ministry of Land Uganda”. The said certified true copy of the document included in the
Management Response was signed on February 24, 2014. Therefore, it could not have
been available as part of the package approved by the Boards on 6 July 2011.

3.4.2. Public Consultation

It is also worth noting that the facts surrounding the late Dr. Sembeguya’s story and the
expropriation of the clinic as claimed by the Requestors did not surface or may have been
ignored during the public consultation process. The purpose of the public consultation, as
stipulated in Bank policies is, among others, to enable issues such as those raised by the
Requestors to be dealt with, prior to the project approval.

The Management Response attached sheds light on possible shortcomings of the consultation
process that may have led to the sidelining of the Requestor’s claim. Under the section on
“Additional Consideration”, Management Response states: “a consultation process was carried
out during the project design. The evidence is given in the Environmental Impact Statements for
Lower Mulago Kiruddu and Kawempe Hospitals, which lists the key participants in the
consultation process to include Government and local institutions as well members of the general
public and neighboring communities.” However, the supporting evidence included in the
Management Response is the list of only 15 individuals who were interviewed as proof of the
robustness of the public consultation. Such a process can hardly be considered a serious
consultation, considering the nature and the notoriously complex land and property issues in
urban dwellings in Africa, hence, the apparent putting aside of the Requestors’ claim.

4. Conclusion

The intent of the Requestors’ claim was clarified. Their desire is to be compensated for the land
and property they claim has been wrongfully taken away from their family.

The Ministry for Health, the Kampala City Council Authority and the Requestors are willing to
engage, to find an amicable solution to the Requestors’ claims through CRMU mediation
exercise. The Ministry for Health and the Kampala City Council Authority expressed openness
to the issue of compensation, assuming the Requestors provide full evidence of ownership. Many
indices collected in the course of this mission point to the validity of the claim of the Requestors.

Bank Management appears to have overlooked observing due diligence at some of the steps of
project approval. A mediation process will be pursued and necessary investigation undertaken, to
ascertain that all the Bank policies and procedures applicable to this project were adhered to by
Management.
Figure 2: House and servant quarters on the property

View of the house

View of the house and the garage

View of the house and servant quarter

View of the house and servant quarter. Behind is the construction site of the new hospital building

View with the construction of the new hospital building
Annex 1
Management Response
AFRICAN DEVELOPMENT BANK GROUP

INTER-OFFICE MEMORANDUM

Ref: ORQR/IOM/AON/2014/01
Date: 03 April 2014

To: Toure SEKOU
Director, CRMU

From: Simon MIZRAHI
Director, ORQR

Subject: Submission of Management response to the Request Related to the Improvement of Health Services Delivery at Mulago Hospital and in the City of Kampala, Uganda Project.

Please find attached two (copies) of the Management response to the above stated request in English. This has been done within the stipulated 21-day deadline.

Management is satisfied that the Bank’s policies and procedures with respect to public consultation, information disclosure and due diligence have been complied with within the Bank’s responsibility.

Thank you.

CC:
The President, African Development Bank Group
Mr. E. Mbi, FVP/COO
Mr. K. Gadio, General Counsel
Ms. A. Soucat, Director, OSHD
Mr. A. Rugamba, Director, ONEC
Mr. G. Negatu, Regional Director, EARC
Mr. Coulibaly Medjomo, ResRep, Uganda
Management has carefully reviewed the request related to the improvement of health services delivery at Mulago Hospital and in the city of Kampala (CRMU ref. RQ2014/1). And in accordance with IRM rules, sets out in this Response its position with regard to the Bank’s compliance with its relevant policies and procedures. In view of the observations presented, it is Management’s position that there is no substantive allegation in the request that Management did not follow any of its applicable policies and procedures in the handling of this project. Considering that the complaint refers to fraud, Management is of the view that the case should be directed to the Integrity and Anti-Corruption Department (IACD). The arguments are elaborated below.

Project information
The Board approved the project on 6 July 2011. Its objective is to improve access to affordable health care services in the Kampala Metropolitan Area and more broadly in Uganda. The project is implemented by the Ministry of Health and has three components: i) Capacity Development; ii) Revitalised Referral System; and iii) Expanded and improved health services in Kampala.

The request relates to the third of these components and involves construction works to develop the Kawempe and Kiruddu Health Centres located in Kampala City.

The project was classified as Category 2 according to the Bank’s Environmental and Social Assessment Procedures. This is because civil works were planned as part of the construction and operation phases of the Lower Mulago Hospital and the two general referral hospitals located in the City of Kampala.

An Environmental and Social Management Plan (ESMP) was undertaken and concluded that the “Environmental and Social Impact Assessment has determined that there are no Resettlement and Land Acquisition issues associated with the project”.

Content of the complaint
The complaint is based on the following allegations:

- The project is on a piece of land which was forcibly taken over by Idi Amin in 1974 from an identified owner and ‘gifted’ to Kampala City Council (KCC).
- The KCC has illegally occupied and used this hospital for the last 40 years without reference or any payment to the family of the identified owner.
- Fraudulent officials in KCC forged land titles for the said piece of land and sold the same to KCC just before the signing of the contract with AfDB.

Management’s response
The specific concern of the Requestors addressed to CRMU/IRM was to investigate the alleged fraud with respect to the land title for the land on which the project is located.

In this respect, it is noted that the requestors have not alleged that an actual or threatened material adverse effect on the affected persons’ rights or interests arises directly from

1 See Annex 1 Copy of the Request
an act or omission of a member institution of the Bank Group as a result of the failure by the said institution to follow any of its own operational policies and procedures during the design, appraisal and/or implementation of a Bank Group-financed project.

Furthermore, the requestors have asked the Bank to suspend funding to the project pending the resolution of land ownership through the judicial review.

Given the scope of allegations in the request, Management notes that the requestors addressed a specific request to IRM/CRMU to investigate any possibility of fraud. Management believes that given the nature of the complaint the request should be directed to the Integrity and Anti-Corruption Department (IACD) mandated with dealing with frauds.

Management further observes, as contained in paragraph II.b of the IRM Rules and Procedures (2010), that CRMU is not authorised to receive requests relating to: i) Fraud or corruption; ii) Matters before other judicial review or similar bodies; and iii) Actions that are the responsibility of other parties, including the borrower or potential borrower, and which do not involve any action or omission on the part of the Bank Group.

**Additional considerations**

Furthermore, Management wishes to raise the following issues. While there are not addressed by the requestor we feel they are relevant to the case:

**Policy on public consultation:** The project’s Environmental and Social Management Plan (ESMP) indicates that a consultation process was carried out during the project design. The evidence for this is contained in the Environmental Impact Statements for Lower Mulago, Kiruddu and Kawempe Hospitals, which lists the key participants in the consultation process to include Government and local institutions, as well as members of the general public and neighboring communities.2

**Policy on public disclosure.** In accordance with the Ugandan National Environment Act of 1994, and the Environmental Impact Assessment Regulations of 1998, the Environmental Impact Statements (EIS) for the project were submitted to the National Environment Management Authority (NEMA) for review and approval as public documents. The Borrower has provided the Bank with the Certificate of Approval from NEMA.

Also, as a Category 2 project, an Environmental and Social Management Plan (ESMP) was developed for the project and was publicly disclosed by the Bank on 31 May 2011—30 days prior to Board consideration.

Management notes that the documents and information provided to the Bank by the Executing Agency during the project appraisal have consistently indicated that the land belonged to the Kampala City Council and there was no indication for involuntary resettlement or compensations.

The Bank went further to request, as part of the loan conditions for the project, that the Borrower submits a written confirmation that the land on which the two new General Referral Hospitals to be established at Kawempe and Kiruddu belongs to the Government of Uganda. To this end, the Borrower provided the Bank with a certified true copy of the land title; certified by the Commissioner, Land Registration Ministry of Land Uganda.3

**Conclusion and recommendations**

In view of the observations presented above, it is Management’s position that there is no substantive allegation in the request that Management did not follow any of its applicable policies and procedures in the handling of this project.

Based on the analysis applied during the project preparation and sequence of actions

---

2 Annex 2: List of Consultation Participants extracted from Project Environmental Information Statement
3 Annex 3: Certified true copy of Land Title
taken by the Bank with respect to meeting the Bank's procedures, Management is satisfied that the Bank's policies and procedures with respect to Public Consultation, Information Disclosure and due diligence have been complied with within the Bank's responsibility.

Management will continue to deepen dialogue with the Borrower on the project within the requirements of the Bank's policies especially on Environmental and Social Impact Assessment, Public Consultation, Public Disclosure and Involuntary Resettlement.
**Appendix 2: List of People Consulted**

<table>
<thead>
<tr>
<th>Name</th>
<th>Designation</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sister Baryayebwa</td>
<td>Administrator, Kawempe Health Centre IV</td>
<td>Extension and rehabilitation of the Health centre is a good idea which I welcome and appreciate.</td>
</tr>
<tr>
<td>Judith Elwau</td>
<td>Proprietor, Golden P/S</td>
<td>The project is good and encouraging it will enhance efficient services delivery and development of the area.</td>
</tr>
<tr>
<td>Kimera Ali</td>
<td>Resident</td>
<td>Medical personnel should be more friendly to the local people.</td>
</tr>
<tr>
<td>Kiggundu Wilson</td>
<td>Neighbor</td>
<td>The project will improve healthy standards of living among the people.</td>
</tr>
<tr>
<td>Ssentogo Meddie</td>
<td>Neighbor</td>
<td>The land issues are at the RDC’s office and should be resolved first.</td>
</tr>
<tr>
<td>Nantaro Rose</td>
<td>Resident</td>
<td>It is a good project since we shall get medical services nearby and I expect a better employment in the project.</td>
</tr>
<tr>
<td>Nansubuga Mary</td>
<td>Neighbor</td>
<td>The management of the Health centre should settle land issues.</td>
</tr>
<tr>
<td>Musoke Tommy S</td>
<td>Neighbor</td>
<td>The project is very good. It will improve the health status of the population. The existing Health centre encroaches on my land and the issues require to be dissolved before construction.</td>
</tr>
<tr>
<td>Ssemwanje Hassaf</td>
<td>Neighbor</td>
<td>No comment</td>
</tr>
<tr>
<td>J B Ssentongo</td>
<td>LC Chairman, Keti Falawo Zone</td>
<td>Congestion from the referral hospital will be reduced.</td>
</tr>
<tr>
<td>Nakitende Idah</td>
<td>Neighbor</td>
<td>As long as they do not encroach on my land it is ok since we all need medical services.</td>
</tr>
<tr>
<td>Ibrahim Barigide</td>
<td>Neighbor</td>
<td>The management of the Health centre should clearly demarcate its land by fencing.</td>
</tr>
<tr>
<td>Charles Kiyingi</td>
<td>Resident</td>
<td>They should adequately plan for the likely increased waste in the operation phase.</td>
</tr>
<tr>
<td>Nanyanzi Olivia</td>
<td>Neighbor</td>
<td>Medical services are a necessity so it is an opportunity to embrace in our area.</td>
</tr>
<tr>
<td>Dr. Nsabilyuwa</td>
<td>Director, Division Health Services, Kawempe Division</td>
<td><strong>Question:</strong> What are the most common diseases in your area? <strong>Response:</strong> Pregnancy complications which normally require caesarean section, hernia and complicated malaria cases which require admission, among others. We lack admission facilities and there are no post operation wards.</td>
</tr>
</tbody>
</table>
THE REGISTRATION OF TITLES ACT [CAP. 230]

Mailo/Leasehold/Freehold/Register Volume:

TRANFER

of.

of.

clan being the
registered proprietor of land comprised in the above Title in consideration of the sum of
Shillings. paid to me by the Purchaser on or before
the execution of these presents the receipt whereof I hereby acknowledge DO HEREBY
TRANSFER all that piece of land (part of the land comprised in the above Title) which
is delineated to the plan annexed hereto and thereon edged in red and now numbers Plot
.....to......(herein called “the Purchaser”) of......and a son/daughter of
......clan to HOLD to the Purchaser
for all my estate and interest herein.

Dated this... day of. 2009

SIGNED by the said.

Signature of Vendor

In the presence of:

Witness.

Address.

Qualification.

SIGNED by the said.

Signature of Purchaser

In the presence of:

Witness.

Address.

Qualification.

[Stamp and signature details]
APPLICATION FOR CONSENT TRANSFER OF SUBLEASE PUBLIC LAND.

(To be submitted in duplicate)

Leasehold Register: Volume
Block: 208
Plot: 2082

Lands situated: Kampala
Area: 0.225 Ha.
User: Private House
Tenure: Vacant
Details of land development carried out: 

IF LEASEHOLD (TICK AS APPROPRIATE)
(c) Initial period/Full term
(b) Attach ground rent receipts for last five years.

I/we hereby apply for consent under 22(5)(2) of the Public Lands Act to the transfer/sublease of the above premises and also under Section 10 of the above Premises Decree of 1986.

FROM
Name: Dr. Harib Kaibule Jakube
Address: 
Nationality: 

TO
Name: Kampala City Council
Address: 1.8 km, 30120, Kampala

TRANSFER
Consideration: Sh. 114,000,000/= One hundred fourteen million only

SUBLEASE:
Premium (if any): 
Rent: 
Per Annum: 

I, the undersigned, hereby declare that the information given in the application is correct to the best of my knowledge and belief.

SIGNATURE OF APPLICANT OF HIS/HER ADVOCATE

FOR OFFICIAL USE
For the purpose of the Stamp Duty Act Cap. 172 and Finance Act (No. 7 of 1982), I hereby assess the value of this property as:

Ug. Shs. 150,000
Words Ug. Shs. one hundred thousand only

Date: 25/5/09

The CHIEF GOVERNMENT VALUER
For the purpose of Section 22 (3)(1) of the Public Lands Act, 1969 and Section 10 of Decree No. 3 of 1975; I hereby Consent/Do NOT CONSENT TO THE ZONING SCHEDULE To the above application for TRANSFER/SUBLEASE

Date: 

CERTIFIED TRUE COPY
COMMISSIONER FOR LANDS AND SURVEYS.
## UGANDA
### THE LAND REGISTER

**PART I—PROPERTY**

ALL THAT piece of PRIVATE NAILO and described above which is indicated on the Registry Plan by the Block and Plot numbers written herein.

<table>
<thead>
<tr>
<th>Object</th>
</tr>
</thead>
<tbody>
<tr>
<td>Land as KAKEREBE</td>
</tr>
</tbody>
</table>

**PART II—OWNERSHIP**

<table>
<thead>
<tr>
<th>Date of Registration</th>
<th>Instrument No.</th>
<th>Owner's name and address</th>
</tr>
</thead>
<tbody>
<tr>
<td>30.05.07</td>
<td>KLA341690</td>
<td>HEATHER J. SOKHOTA (Administrative of the estate of the late Dr. Besambiya, P.O. BOX 1539, KAMPALA)</td>
</tr>
<tr>
<td>05.05.07</td>
<td>KLA341691</td>
<td>DR. HASU HAHAYE TAKUSA P.O. BOX 1999, KAMPALA</td>
</tr>
<tr>
<td>05.05.07</td>
<td>KLA341692</td>
<td>KATHIEN J. KANZIGU P.O. BOX 7010, KAMPALA</td>
</tr>
</tbody>
</table>

---

**Note:**

1. These are photocopies from the system.
2. Physically file was not retrieved.
3. K/0 208/1835—file was seen and not captured.

---

**CERTIFIED TRUE COPY**
Annex 2: Letter from the Executive Director KCCA

OFFICE OF THE EXECUTIVE DIRECTOR

REF: ED/KCCA/1403
12th May, 2014

The Resident Representative
African Development Bank Group
Uganda Country Office
14th Floor, Crested Towers Building
P.O. Box 28509
KAMPALA

RE: LAND DISPUTE IN REGARD TO KAWEMPE HOSPITAL PROJECT

Reference is made to your letter dated 6th April, 2014
Ref: UGFO/ltr-CMRRU/FW/14/01 on the above subject.

In light of the meeting held between the Director Compliance Review and Mediation Unit, African Development Bank and KCCA Officials on 9th May 2014 regarding the land ownership conflict surrounding the Kawempe Hospital Project, we wish to pledge our commitment to resolving the said dispute.

Kampala Capital City Authority in conjunction with Ministry of Health will have further meetings with the complainants with a view of arriving at a permanent solution to the dispute.

J Semakula Musisi
EXECUTIVE DIRECTOR

Copy: Minister for the Presidency and Kampala Capital City