

SECURING OUR LANDS FOR THE CONSTRUCTION OF HEALTH INFRASTRUCTURE

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Government officials or health managers who visit any community to announce government's intention to build a health facility are normally received with open heart by the chiefs and people of that community.

This is normally due to the insatiable quest of the community for such a facility they have been dreaming of for a long time.

For this reason, any request for land is mostly met with enthusiasm and the uttermost zeal. The people at that material moment are ready to part with any size of land irrespective of the location for the construction of the facility.

It is at this time of enthusiasm that legal title to the land could easily be secured because the chiefs, opinion leaders, community elders and almost everybody who matters will mostly give maximum co-operation. For example the people and chief of Bunjai in the East Gonja District, in their enthusiasm to get a health facility willingly gave out a very large tract of land for the construction of a CHPS Compound. The chief has also on demand of the health management given the allocation letter with his sub-chiefs and the assemblyman signing as witnesses. The process of effectively securing the land seems to be a little easier at this stage as all those who matters fully co-operate.

However, the negative attitude of health managers towards land documentation and the cumbersome nature of the process have culminated in most of our facility lands not properly secured.

Interestingly, land owners' and government officials' "honey mooning" does not go on indefinitely and ends at a point when the descendants of the land owners who were not part of the free land deal decide to demand their pound of the flesh by asking their contemporary government officials to pay compensation for the land their forefathers gave out for free for the benefit of the entire community.

At this time, the land would have appreciated in value and hence will attract more money.

Legal suits against health institutions for compensations of lands that were seemingly freely donated or compulsorily acquired for our health institutions all over the country abound.

The Tamale Teaching Hospital suffered the threat of a law suit filed by the chiefs who claimed no compensation was paid for the hospital's lands at the time of acquisition. They were therefore demanding adequate compensation or the reclaiming of substantial part of the land for the development of housing units for their people. What saved the situation was the

availability of documents to prove that the land was compulsorily acquired and adequate compensation paid to the people.

This article is therefore to draw the attention of all our health managers, especially those at the district that when a new land, be it skin or family land is being acquired for the development of a health facility, appropriate steps must be taken to properly secure the land.

Legal title to land and development documents that District Health Directorates should strive to obtain before development of land commences are allocation letters, certificates of allocation, indentures, building permits and development permits.

According to our current land laws, acquisition of skin land is done through private treaty between the acquiring entity and the land owners. However, for the process to be complete, it is always necessary to bring in the Lands Commission and Town and Country Planning Department who will process the lease, side plan, building permit and development permit for the absolute security of the land now and for the future.

Notwithstanding the frustrations, we will be doing a great disservice to the nation and posterity if we shelve our duty to duly obtain all the necessary documents covering our interest in any land that has been acquired for the construction of health facilities in our districts.

Who knows whether a “law on willfully failing to effectively secure state acquired lands” will not be retrospectively passed by parliament one day?