



UNITED NATIONS DISPUTE TRIBUNAL

Case No.: UNDT/NBI/2023/047

Judgment No.: UNDT/2024/057

Date: 4 September 2024

Original: English

Before: Judge Solomon Areda Waktolla

Registry: Nairobi

Registrar: Wanda Carter

KIINGI

v.

SECRETARY-GENERAL
OF THE UNITED NATIONS

**JUDGMENT ON LIABILITY
AND RELIEF**

Counsel for the Applicant:

Ron Mponda

Counsel for the Respondent:

Charlotte Servant-L'Heureux, UNHCR

Rebecca Britnell, UNHCR

Background

1. The Applicant used to serve as a G-6 Programme Associate with the Office of the United Nations High Commissioner for Refugees (“UNHCR”). She was based in Yumbe, Uganda.

Procedural History

2. On 30 May 2023, the Applicant filed an application with the United Nations Dispute Tribunal sitting in Nairobi to challenge the Respondent’s decision to separate her from service of the Organization in accordance with staff rule 10.2(a)(ix). This disciplinary measure was imposed on her following a finding of misconduct. It is the Applicant’s case that the facts on which the sanction is based have not been established to the required standard in that the evidence was both weak and improperly evaluated.

3. On 30 June 2023, the Respondent replied to the application. The Respondent contends that:

- a. The facts are established to the required standard of proof and constitute misconduct;
- b. The disciplinary measure is proportionate to the gravity of the Applicant’s misconduct; and
- c. The Applicant’s due process rights were respected.

4. Following assignment of this matter to the undersigned Judge and a case management discussion with the parties, the presiding Judge decided that there should be an oral hearing in this matter.

5. On 16 October 2023, the Tribunal issued Order No. 160 (NBI/2023) setting this matter down for oral hearing.

6. The hearing took place, as scheduled, from 24-26 October 2023. The Applicant testified. The Applicant and the Respondent together called seven witnesses including the Applicant and the investigator whose findings formed the basis of the impugned decision.

Facts and Submissions

The Applicant's case

7. In July 2021, the Applicant's son, Shakim Balade Mulumba, was hospitalized for Covid-19.

8. The Applicant submits that she sought access to the Organization's Umoja portal so that she could apply for family emergency leave. Leave was eventually granted using physical attendance forms. The Applicant further submits that many people at the UNHCR Kyangwali Office knew of her circumstances and her son's illness.

9. The Applicant's son was initially admitted to Peace Clinic, which facility was run by Mr. Francis Mawanda. Mr. Mawanda is a certified Clinical Officer in Uganda and has been the Applicant's primary care provider for some years.

10. The child was subsequently transferred to an isolation facility that was part of Mukono International Medical Centre. Mr. Mawanda continued to manage the child's care.

11. On 28 August 2021, the UNHCR Inspector General's Office ("IGO") was informed that the Applicant had submitted fraudulent advance claims against the Medical Insurance Plan ("MIP") that she was subscribed to.

12. IGO ordered an investigation into the allegations, which commenced on 15 December 2021.

13. On 20 December 2021, IGO sent a Subject Notice of Investigation to the Applicant to inform her of the allegations that prompted the investigation.

14. On 21 December 2021, the Applicant was interviewed as the subject of the investigation. The IGO also interviewed three other individuals.
15. On 31 January 2022, the IGO shared the draft investigation findings with the Applicant and gave her an opportunity to respond, which she did on 4 February 2022.
16. On 31 May 2022, the investigation report (“IR”) was finalized.
17. On 5 July 2022, the Applicant was formally charged with misconduct. The Applicant was alleged to have submitted:
 - a. A medical advance request on 9 August 2021, supported by false *pro forma* invoices for medical care that her son, Shakim Balade Mulumba, received in July and August 2021 at Mukono International Medical Centre (“MIMC”);
 - b. An MIP claim dated 27 October 2021 for medical expenses incurred for her son’s care at MIMC, supported by false documentation.
18. The Applicant responded to the allegations on 1 September 2022.
19. On 22 March 2023, the Applicant was notified, by letter dated 13 March 2023, of the High Commissioner’s decision to dismiss her pursuant to staff rule 10.2(a)(ix) and to recover the financial loss of UGX25,360,000 from her pursuant to staff rule 10.1(b).
20. The Applicant argues that the impugned decision was unlawful and borne out of tenuous pieces of circumstantial evidence, which were sewn together to create an incorrect and untrue narrative of fraud by the Applicant.
21. The Applicant submits that the Respondent relied heavily on the fact that Mr. Mawanda is not a medical doctor by qualification, that he misrepresented his title and could not therefore have provided the care that the Applicant purports he provided to her son. Clinical Officers (“CO”) in Uganda routinely provide medical care to patients and are recognised as medical care providers. The Applicant submits that the

Respondent simply did not understand the nature and role of COs and came to several erroneous conclusions based on their flawed understanding of the medical system in Uganda, particularly such as it was during the Covid period.

The Respondent's case

22. The Respondent's case is that the Applicant submitted a fraudulent medical advance request and an MIP claim supported by forged documents.

23. The Applicant unduly received a total of UGX25,360,000 (approximately USD7,155) for medical care allegedly received by her son at MIMC in August 2021.

24. The administrator of MIMC denied that the Applicant's son received care at MIMC during this period, and confirmed that the MIP claim's supporting documents were forged.

25. The Applicant's account of the facts, that her son was admitted to an MIMC off-site isolation unit, is highly improbable and unsupported by credible evidence.

26. The Applicant's conduct constitutes misconduct, the sanction meted out to her is a proportionate disciplinary measure given the gravity of the misconduct. The Applicant's due process rights were respected.

Consideration

Standard of Judicial review in disciplinary cases

27. The Appeals Tribunal has repeatedly affirmed that in reviewing disciplinary decisions, the Dispute Tribunal's mandate is to determine: (a) whether the facts underpinning the sanction have been established; (b) whether the established facts constitute misconduct; (c) whether the imposed sanction is proportionate with the

offense; and (d) whether the due process rights of the staff member were upheld throughout the proceedings.¹

28. When reviewing the Secretary-General's discretion in administrative matters, the Dispute Tribunal checks if the decision is legal, rational, procedurally correct, and proportionate. It can also see if relevant or irrelevant matters are considered, and if the decision is unreasonable or illogical. However, it is not the role of the Dispute Tribunal to consider the correctness of the choice made by the Secretary-General amongst the various courses of action open to it. Nor is it the role of the Tribunal to substitute its own decision for that of the Administration.²

29. During this process, the Tribunal is not conducting a merit-based review, but a judicial review. Judicial review is more concerned with examining how the decision-maker reached the impugned decision and not the merits of the decision-maker's decision.³

30. In disciplinary cases, "when termination is a possible outcome", sufficient proof is required. UNAT has ruled that the Administration is required to prove the alleged misconduct with 'clear and convincing evidence;' that the truth of the facts asserted is highly probable. This standard of proof requires more than a preponderance of the evidence, but less than proof beyond a reasonable doubt.⁴

31. This implies that the asserted facts are highly likely to be true. UNAT further clarified that clear and convincing evidence could either be "direct evidence of events" or "evidential inferences that can be appropriately drawn from other direct evidence".

¹ *AAC* 2023-UNAT-1370, para. 38; *Miyzed* 2015-UNAT-550, para. 18; see *Mahdi* 2010-UNAT-018, para. 27; *Haniya* 2010-UNAT-024, para. 31; *Samwidi* 2010-UNAT-084, para. 43; *Masri* 2010-UNAT-098, para. 30; *Portillo Moya* 2015-UNAT-523, paras. 17, 19-21; *Ibrahim* 2017-UNAT-776, para. 48; see also *Mbaigolmem* 2018-UNAT-890, paras. 15-16; *Nadasan* 2019-UNAT-918, para. 38.

² *Arvizu Trevino* UNAT-1231, para. 50; *Samwidi* 2010-UNAT-084, para. 40.

³ *Arvizu Trevino* UNAT-1231, para. 51.

⁴ *Molari* 2011-UNAT-164.

In this context, the Administration is responsible for proving that the alleged misconduct, which led to disciplinary action against a staff member, indeed occurred.⁵

Whether the facts on which the disciplinary measure is based have been established

32. Both parties acknowledge that the Applicant submitted medical invoices to UNHCR to facilitate the reimbursement process for the medical treatment of her son, Shakim Mulumba, following his diagnosis and treatment for Covid-19 at a recognized facility. The importance of these submissions lies at the heart of the case, as they reflect the Applicant's intent to seek financial support for healthcare services rendered during a critical period. The Tribunal will focus on issues pertaining to the authenticity of those claims and the corresponding claims of legitimacy and/or forgery.

Whether the established facts qualify as misconduct

Scope of the case: the allegations against the Applicant

33. The Respondent alleges that the Applicant submitted fraudulent medical advance requests and MIP claims supported by forged documents.

34. As indicated in the sanction letter, the High Commissioner determined that the Applicant's account of events, specifically that her son was admitted to an off-site isolation unit associated with MIMC is unsupported by credible evidence. The Applicant's son was neither ill with Covid-19 nor admitted to the hospital. The Applicant submitted a fraudulent medical advance request and an MIP claim, both allegedly supported by forged documents.

35. It is claimed that the Applicant improperly received a sum of UGX25,360,000 (approximately USD7,155) for medical services purportedly provided to her son at MIMC in August 2021. The administrator of MIMC has refuted the Applicant's claims, stating that the Applicant's son did not receive care at MIMC during the period in

⁵ *Karkara* 2021-UNAT-1172, *Nsabimana* 2022-UNAT-1254; *Turkey* 2019-UNAT-955.

question and is attesting that the documents supporting the MIP claim were not genuine.

36. The High Commissioner concluded that the Applicant's conduct constitutes fraud and misconduct. The involvement in medical insurance fraud is deemed to have irreparably damaged the trust necessary to sustain an employment relationship with the Organization, such that it warranted the Applicant's dismissal from service.

The Applicant's Submission

37. The Applicant asserts that her son was hospitalized for Covid-19 at Peace Clinic in July 2021 under the care of Mr. Francis Mawanda. The child was later transferred to an isolation facility associated with MIMC.

38. She contends that her medical advance requests were legitimate, supported by genuine invoices for her son's treatment.

39. The Applicant challenges the investigation findings and the subsequent decision to dismiss her, arguing that it was based on circumstantial evidence and a misunderstanding of the medical system in Uganda, particularly the role of clinical officers like Mr. Mawanda.

The witnesses' testimonies

40. The Applicant and the Respondent together called the Applicant and six witnesses at the hearing.

41. The Tribunal heard oral testimony and arguments between 24-26 October 2023.

42. The Applicant and three other witnesses called by her—Mr. Francis Mawanda, Dr. Joseph Waswa, and Mr. Julius Musinguzi—were examined and cross-examined.

43. The Respondent called three witnesses: Mrs. Sharifa Ngabirano, Mr. Richard Opige and Mr. Anthony William Mwatata Munga.

44. During the investigation, IGO had interviewed some of these witnesses, and their interview transcript is part of the case record.

45. During the investigation, Mr. Francis Mawanda and Dr. Joseph Waswa had been interviewed and provided written declarations in the form of affidavits to the investigator. These affidavits, along with other annexes and documents, including the interview transcripts, form an integral part of the evidentiary record of this case.

46. The Tribunal has conducted a detailed examination of the witness' testimonies, and all evidence presented.

The Applicant

47. She stated that her name is Mariam Nalugja Kiingi, born on 24 April 1984, making her 39 years old. She mentioned that she had been a Program Associate until she was dismissed by UNHCR.

48. She testified that she had been using Mr. Francis Mawanda as her primary family health care provider since around 2015/2016. During the investigation, she had informed the investigator, Mr. Anthony Munga, and a lady named Victoria, that Mr. Francis Mawanda had been her "family doctor" for over five years. He had been treating not only her family but also her sister's families.

49. She testified that some of those medical claims for medical services rendered by Mr. Mawanda, had been submitted to UNHCR for reimbursement and had been honoured. Therefore, she saw no reason to use another doctor to treat her son. She remembered telling the investigator, Mr. Munga, that if he checked, he would see that she had used Mr. Francis Mawanda for several years.

50. She remembered the investigator saying that he would raise these past records. She knew about the past medical documents she had submitted to the Respondent's office. These documents appeared in annexes 6A, 6B, 6C, 6D, 6E, which appeared in paragraph 71 to 76 of the trial bundle of documents used in the hearing. She asserted that she did not create or fake these documents. She stated that it was not possible to

create or fake documents that were already in MSRP, which was controlled by IT, Geneva. She tendered these documents, annexes 7A, 7B, 7C, 7D, and 7E as part of her evidence.

51. The Applicant mentioned that she was away, working in Kyangwali about 300 kms away from Kampala and about 400 kms away from Mukono District where she lived when her son fell sick. Following the passing of her husband and her father, she preferred that when she was working away, her children stayed with her mother.

52. She explained that, initially, it was not just Shakim who was falling ill, but all her three children were frequently unwell with symptoms resembling malaria, fever, or an infection. Her mother, who was also unwell, expressed concern about the Applicant's children's symptoms and suggested that all three be taken to a health facility. Since she was not around and due to the lockdown, she had asked her mother to call Mr. Francis Mawanda. Mr. Mawanda picked up the children and took them to his Clinic, Peace Clinic, for diagnosis and treatment.

53. The two Applicant's girls had mild symptoms and were recommended for home care. However, the Applicant's boy's symptoms were worsening. Mr. Mawanda suggested moving him to an isolation unit, especially considering the limited medical facilities in Uganda. The Applicant agreed and complied with the doctor's advice.

54. The Applicant was being kept abreast of the evolving situation on the phone. When things became serious, her mum asked that she return home. The UN gave her a car that transported her back. As her son was at this time in isolation, she could only see him through a window; he was on oxygen. Having just lost her father to Covid, the Applicant was terrified of losing her son too.

55. Medical treatment in Uganda during Covid was expensive. The Applicant emailed Ms. Berna Namarome, the Uganda MIP Focal Point, and asked her for assistance. She explained that her son was ill. The Applicant testified that if Berna had supported her before her son became acute, perhaps some of these challenges could

have been avoided. Berna forwarded her request to Johanna Tupemba, UNHCR Senior Human Resources Officer.

56. Johanna emailed Mariam suggesting a larger medical facility for her son's treatment. Mariam considered Johanna's recommendation for Victoria Hospital, but noted that it required an upfront cash payment, which Mariam did not have. Johanna mentioned a smart card, which Mariam and her children did not have. Johanna did not suggest removing the child from his current treatment, despite it not being a UN designated provider. In Uganda, the only designated provider was the UN Clinic, which was closed at the time.

57. The witness explained that she also did not follow through on Ms. Tupemba's recommendation to transfer her son to a different facility because Mr. Mawanda, her family doctor, who was managing her son's treatment, had advised against it. The doctor had explained to her that many patients in larger facilities were dying due to neglect from the high patient volume. The Applicant had decided to heed her doctor's advice considering the circumstances.

58. The Applicant refuted the claims made by the investigators and the Respondent that she had submitted false invoices, false statements, false tracking records; and that her son was never ill. She denied conspiring with Mr. Francis Mawanda to defraud the Respondent and stated that she had no reason to lie about her son's illness.

59. She confirmed that Shakim Balade Mulumba is her son; he is a recognized dependent by UNHCR. She also has two daughters who are also recognized dependents. As her dependents, all three children were registered under the MIP of UNHCR.

60. On 9 August 2021, she submitted a medical advance request to UNHCR. She had already filed a medical advance request in July in the email to Berna. She stated that she had had communication with UNHCR in July 2021 by email but was not sure if this was in the record.

61. The Applicant told the Tribunal that she was not given the opportunity to respond to the draft investigation findings that the investigators sent to her, nor to seek legal guidance. As a non-lawyer, she did not know the meaning of some of the jargon or words or statements made in the draft investigation report, or the articles referred to.

62. On 9 August 2021, she first submitted an invoice to Berna while her son, Shakim Mulumba, was in isolation. She stated that the request for a medical advance was due to the care her son received when he was diagnosed with Covid. She wanted to clarify that her son's illness, which was initially suspected to be an acute infection, had started much earlier and he had been unwell on and off. Due to delays and ongoing communication seeking support during this critical time, the process was prolonged, putting her son's life at risk.

63. When she sent the first *pro forma* invoice to Berna, she had already made some payments for her son's medical care. The invoice, dated 7 August 2021, was one of several she had sent and included costs for a 14-day hospital stay, nursing care, a consultation fee, doctor reviews, sundries, drugs, and tests from the time that Her son had been admitted to the isolation unit on 4 August 2021.

64. The initial *pro forma* invoice had been prepared by a staff member at the hospital. While she does not know the individual's name, she knows that Mr. Francis Mawanda, was instrumental in gathering these documents due to the hospital's extensive bureaucracy. He collaborated with one of the nurses and the cashier among others. Mr. Mawanda, who was her primary contact, personally handed over the document to her. She received this *pro forma* invoice dated 7 August 2021 *via* email from Mr. Mawanda. There were a number of invoices she received from Mr. Francis Mawanda before that which she submitted to the Respondent on different occasions.

65. The witness testified that on 9 August 2021, she sent an email to Berna, requesting a medical advance to support her son's treatment. She had previously made such a request and attached a *pro forma* invoice to the email.

66. She was then asked for a more detailed invoice with itemized expenses. On 16 August 2021, she sent a detailed *pro forma* invoice that she had received from Mr. Francis Mawanda *via* email, although she had received some invoices physically as well. On the same day, she sent a new detailed *pro forma* invoice to Ms. Masumbuko. She mentioned that she had queried each invoice she shared and had paid as much as she could, given her limited cash. Eventually, she received reimbursement of the total amount of the medical bill she had submitted from the Respondent.

67. Her son was first admitted to Peace Clinic and later transferred to the MIMC Covid isolation unit. She was in Kyangwali at the time and communicated via phone. Her son, who was sick with high temperature and vomiting, was diagnosed at the Peace Clinic, where he tested positive for Covid. After spending two days at the Peace Clinic, he was moved to the MIMC isolation unit. IGO and the investigator asked her to send a photo of the isolation centre where her son received medical care, and she sent a photograph of this main facility. She requested these photos from Mr. Mawanda, which she then shared with UNHCR. This isolation unit was located in Mukono district, in a place called Seeta. It was a residential house. Her son was in a room with one bed.

68. During her son's Covid treatment, she was not allowed to enter and visit him in the isolation unit. However, she could communicate with him through a window. She had physical conversations with doctors, nurses, and other medical staff to understand her son's condition. Her son was diagnosed multiple times, with initial suspicions pointing to malaria. Mr. Francis Mawanda was the primary caregiver for her son. There were medical teams involved, with Dr. Anthony Konde acting as a supervisor. These teams are part of the municipal government bodies that oversee all healthcare facilities. The district health office supervises to ensure proper procedures and protocols are followed. The isolation unit where her son was treated is a government-accredited facility. Dr. Anthony Konde and Dr. Mulindwa, the district health officers, physically inspected the isolation unit.

69. The witness testified that she had interactions with Dr. Konde, Dr. Waswa, and Mr. Francis, who was the primary caregiver for her child. She initially thought that Mr. Francis was the team leader due to his role as the primary provider for her child. She later met with Dr. Waswa at the facility, who reassured her by saying, “All will be well. He will be well. We are doing all we can”.

70. She discovered that one of the nurses was Robinah Nambi. She continued visiting until her son was discharged on 21 August, when her son tested negative. He had been admitted to the isolation unit from the 4- 21 August. Prior to being in the isolation unit, he spent two days at the Peace clinic.

71. The Applicant had been to Peace Clinic and MIMC on several occasions in 2017 and 2018. During these times, Mr. Francis Mawanda had presented himself as a doctor to her, a perception she still holds. He has been treating her family since approximately 2015-2016. She has submitted many invoices and receipts issued by him to UNHCR for reimbursement, which she received.

72. She had valid reasons for not following Ms. Johanna Masumbuko’s advice to use organizations that had payment arrangements with UNHCR. Firstly, she did not want to relive the traumatic experience of losing her father, who had died in a casualty ward waiting for oxygen for over six hours. Secondly, her primary care provider had reassured her, saying, “Mariam, your boy is in good hands. We might seem overwhelmed, but we are doing our best. When you go to these large health facilities without a specific doctor to attend to you, you start from scratch”. She interpreted “starting from scratch” as having to go through the same ordeal she had had with her father.

73. She knew Mr. Francis Mawanda as a doctor until UNHCR identified him as a clinical officer through the Ugandan health authorities. In Uganda, clinical officers practice medicine in hospitals. In the local language, they refer to him as “macho”, meaning doctor.

74. The Applicant asserts that she was not obliged under the applicable rules to seek treatment only from hospitals that directly bill UNHCR. Even before her son's Covid treatment, she had submitted similar claims from Francis Mawanda and received reimbursements without any issues.

Mr. Francis Mawanda

75. The witness introduced himself as Francis Mawanda, a 34-year-old medical worker at the level of a clinical officer. He holds a diploma in clinical medicine and community health, which he obtained from Mbale School of Clinical Officers, now known as Mbale College of Health Sciences, in the east of Uganda. He graduated in 2011 and registered with the Uganda Allied Health Professionals Council in 2012. In Uganda, once one is registered with the Allied Health Professionals Council, you are allowed to practice.

76. The witness stated that he owns a medical clinic called Peace Medical Clinic, which he established in April 2017. The Clinic is located in Mukono District in Uganda, next to Kampala, in a village called Nantabulirwa. His Clinic is registered with the medical authorities of Uganda. He explained that to operate a clinic, one must have qualifications and must have worked as a clinical officer for more than three years.

77. In Uganda, the medical field is structured such that a clinical officer oversees the outpatient department at a hospital's entrance. They diagnose and manage patients' illnesses. If a patient's condition is severe, they may refer the patient to a medical officer. If the medical officer cannot handle the case, such as with terminally ill patients, they refer them to a consultant. From there, cases can be escalated to a professor or even national level professors. In Uganda, clinicians, including clinical officers, medical officers, consultants, and professors, are traditionally referred to as doctors. He himself is a clinician.

78. Mr. Mawanda recalled being interviewed by an individual whose affiliation with UNHCR was initially unclear to him. It was only later that he understood this person was an investigator from UNHCR. When introducing himself to the investigators, he

identified himself as Mr. Francis Mawanda, a professional doctor. He continues to assert that the term “doctor” can refer to various roles in the medical field, including a clinic officer, a medical officer, a consultant, or a professor.

79. Upon his lawyer’s advice, he met with someone who wanted to clarify details about Shakim Mulumba’s case, which he explained thoroughly. Later, Mariam (the Applicant), Shakim’s mother, had approached him and explained what was happening at her work. This prompted him to provide further clarification. His lawyer advised him to formalize his account in an affidavit. He then wrote and signed an affidavit detailing the events during Shakim’s treatment.

80. He had given this affidavit to his lawyer, who then forwarded it to the Applicant. While he could not recall every detail in the affidavit, it essentially clarified the events and included explanations of what he had told the investigator, who interviewed him over the phone. He identified Anthony as a colleague of Mariam Kiingi, who was investigating a fraud-related case. He remembered Anthony informing him that their conversation would be recorded for future reference.

81. The witness stated that he has a longstanding relationship with MIMC, dating back to 2017 when he opened Peace Clinic. In Uganda, doctors often collaborate, and when his clinic lacks resources, he partners with MIMC for patient management. This collaboration began in 2017. The witness was friendly with the late owner, Mr. Kizito Ismael.

82. For example, for caesarean section surgeries, he would refer them to MIMC as Peace Clinic lacks the resources and facilities to perform these surgeries. Basic tests like those for malaria, HIV, syphilis, and typhoid can be conducted at Peace Clinic. However, for more complex tests like culture sensitivity, Covid-19, liver functioning, and complete blood count, it’s better to use a medical centre or hospital. This is another instance where he cooperates with MIMC.

83. In the medical field, the focus is on patient improvement and prognosis, not money, the witness said. The payment arrangement between him and MIMC was such that 30% went to MIMC and 70% remained at Peace Clinic. He emphasized that in the medical field, the priority is saving lives, not making money.

84. The witness has known the Applicant since 2017 when he opened his clinic in Mukono, where the Applicant resides. He has treated her children, including her son who was diagnosed with Covid-19 during the lethal second wave in Uganda between July and August 2021. Shakim's condition worsened in August, leading to a positive Covid-19 test and his subsequent isolation. The Applicant's son came to his Clinic through an ambulance. He was in severe condition. After diagnosing him at MIMC, they took him to an isolation unit.

85. The isolation unit, located in Seeta near Peace Clinic, was a modified house used to manage Covid-19 patients. The establishment of this isolation centre was authorized and supervised by municipal and district health officials, Dr. Konde and Dr. Mulindwa respectively.

86. Mr. Mawanda explained that during the peak of Covid-19, when the national referral centre, Mandela National Stadium (also known as Namboole Stadium), was at full capacity due to the overwhelming number of Covid-19 cases, private units were permitted to manage isolation units as part of home-based care. This allowed for the containment of the disease within the community.

87. He mentioned that the isolation centre saw a fluctuating number of patients daily. Some days they had four patients, other days five, and sometimes as many as ten. Unfortunately, some patients passed away. The isolation centre, which is part of MIMC, was established under his and the late Mr. Kizito's supervision. The ten-bed centre was overseen by Dr. Waswa from MIMC, with daily operations managed by him and the late Mr. Kizito. The centre had provided care for the Applicant's son for fourteen days.

88. When asked about the preparation of medical bills, especially for services at MIMC, the witness explained that the bills are prepared by calculating the costs of all services used, including sundries, drugs, and professional fees. This calculation is the responsibility of the clinician. After the calculation, the amounts are written down and the cashier processes them. However, during the pandemic, they avoided cashiers and receptionists to prevent the spread of the disease, leaving only the medical professionals to work. The bills are prepared on MIMC letterheads, as the management and supervision are under Mukono International.

89. The payment arrangement was such that 30% went to Mukono International and 70% remained at the clinic. He recalled issuing a *pro forma* invoice to the Applicant on MIMC letterhead.

90. From his interview transcript with the investigators, he mentioned that there had been four units of MIMC, located in Seeta, Mukono next to Satellite Beach, Kilangila in Mukono, and Wantoni. Each branch had a different stamp, with the exception of Wantoni, which was a new branch. The stamp previously used at Satellite Beach branch was also used in the isolation unit.

91. He knows the receptionist at MIMC. Her name is Sharifa Ngabirano. She knew him because he worked with them for quite long. At the isolation centre, there are no receptionists. Access was limited to medical professionals. They did this to avoid the spread of the disease.

92. Following the death of Kizito, the owner of MIMC, during the Covid period in July 2021, the witness' relationship with the centre ended. The centre's policies changed under new management, which led to friction and most doctors, including him, left the centre, disrupting the previously smooth relationships.

93. The witness testified that if anyone were to claim that his accounts of the Applicant's son suffering from Covid-19 were fabricated, that the *pro forma* invoices he presented were false, or that the treatment never occurred, he would find it deeply

disappointing. The reality of the Covid-19 crisis, where medical workers died and colleagues were buried in large numbers, makes such an accusation demoralizing and inappropriate. The truth is that the Applicant's son was indeed admitted to MIMC during the Covid-19 outbreak, was isolated and managed for two weeks at an isolation facility, discharged for home care, and recovered after a month. This is 100% true. All the medical bills issued are genuine documents that he completed under the supervision of Dr. Waswa and handed over to the respective clients.

94. The Applicant's son was diagnosed with Covid-19 following a test conducted at MIMC. At this centre, he had also undergone several other tests including those for malaria, full-blood count, Typhoid, LFTs and RFTs, chest X-ray, and an ECG

95. A *pro forma* invoice is essentially a tracking sheet that accounts for all the services used. It allows for adjustments as services may be added or subtracted over time. For instance, a patient admitted today might need a scan tomorrow, or a liver functioning test the next day if their eyes start turning yellow.

96. In the medical field, supervision refers to oversight by someone of a higher authority. Dr. Anthony Konde, a district supervisor, was not directly treating patients but was overseeing their care. He, along with Ismael Kizito, collaborated to manage cases that could not be handled at the hospital, necessitating the use of isolation units for certain patients. They had to put patients on oxygen and work in shifts with nurse Robinah Nambi. After two weeks, patients typically showed improvement.

97. Unfortunately, Dr. Kizito succumbed to Covid-19, leaving the witness and Dr. Konde in charge of patient management.

98. He is unaware of any marital relationship between Ms. Sharifa Ngabirano and Mr. Ismael Kizito. He knows Mr. Kizito's wife is Sara.

99. He is a medical practitioner at the rank of a clinical medical officer. He identifies himself as a doctor, acknowledging that in his profession, the term “doctor” can refer to clinical officers, medical officers, consultants, and professors. The prescription of medicine can begin from a clinical officer to a medical officer, to a consultant, and a professor. Nurses, however, do not prescribe medication.

100. The isolation centre was established with the full authorization of the government. A Covid-19 task force, was convened during the height of the outbreak when resources were strained. The task force’s mission was to devise strategies to control the spread of the disease. One such strategy was to permit health facilities with adequate capacity to provide home-based care.

101. The witness testified that under the ethical code of conduct, patient information is confidential and cannot be shared with a receptionist. He clarified that a receptionist, who typically handles patient reception, may have access to invoices but not medical records.

102. He confirmed that a receptionist was neither involved nor worked in the isolation centre. Non-medical staff were not permitted at the centre. He further explained that not all patient information and medical records from the isolation centre were accessible at MIMC, even though the isolation centre is part of it.

103. He acknowledged the unusual circumstances of the time and confirmed that Mrs. Kiingi’s son tested positive for Covid-19, received treatment at the isolation centre, and that the medical bills issued were authentic.

Mr. Joseph Waswa

104. The third witness for the Applicant, Joseph Waswa, stated that he is a 29-year-old medical officer and doctor, authorized to practice medicine in Uganda. He is currently employed by the Infectious Diseases Institute and has previously worked at a hospital and MIMC.

105. Dr. Waswa was part of the team that cared for a patient named Shakim Mulumba at the isolation unit during the Covid-19 pandemic in 2021. As the registered supervisor of MIMC, he was responsible for overseeing the activities at the facility, ensuring that all practices conformed to the requirements of the Ugandan Medical and Dental Practitioners Council, and protecting patients' rights.

106. He mentioned that MIMC was owned by the now-deceased Mr. Ismael Kizito and that their medical team was occasionally supervised and supported by the district health leadership, including Dr. Mulindwa Steven, the Mukono district health officer, and Dr. Konde Anthony, Mukono municipality medical. During the pandemic, MIMC was authorized by the Chief Administrative Officer (CAO) to establish a Covid-19 isolation centre.

107. Waswa explained that the isolation centre was established in the Nantabulirwa zone, Seeta parish, Mukono district, which is a few kilometres away from MIMC. He confirmed the existence of the isolation centre and stated that it was established with the permission of the district's officials. He had written a letter to the CAO requesting permission to establish the isolation centre, and the CAO had authorized MIMC to do so.

108. He reported that they treated the Applicant's son for Covid-19 pneumonia at the isolation centre. The patient presented with symptoms of fever, cough, and difficulty breathing. After conducting tests, they diagnosed the patient with Covid-19. The patient was very ill and needed to be admitted to the hospital and isolated from others due to the infectious nature of the disease. The patient was given oxygen therapy, antibiotics, pain killers, and corticosteroids to aid his breathing.

109. In addition to Mr. Waswa, Mr. Francis Mawanda and other doctors, nurses, and part-time *locum* doctors were involved in the treatment of the Applicant's son. This treatment was administered at the isolation centre located in the Nantabulirwa zone, which was affiliated with MIMC.

110. Dr. Waswa also noted that a lady named Shafira Ngabirano, was the receptionist at MIMC. He clarified that receptionists at MIMC do not prepare medical bills. Instead, the managing clinician guides the cashier in billing the patients. However, at the isolation centre, the clinician who referred the patient there or managed the patient would bill the patient. He acknowledged knowing Mr. Francis Mawanda, who referred patients from Peace Clinic to MIMC. Mr. Mawanda was also a close friend of the deceased, Mr. Ismael Kizito, and the two would manage patients together at MIMC.

111. Mr. Waswa further testified that in Uganda, according to the medical protocol, doctors, nurses, and clinical officers can treat patients. He also clarified that the term “clinician” is broad and can refer to doctors, nurses, clinical officers, and even lab personnel.

112. He reiterated that the setting up of the isolation unit was authorized and done under the permission of the local government. He confirmed that they have written authorization for this from Elizabeth Namanda, the CAO of Mukono District. He further explained that during the upsurge of the pandemic, there was a call for the private sector to also set up isolation units, and MIMC, being a private entity, responded to this call.

113. He described Covid-19 as a highly infectious and transmissible disease. He explained that due to the nature of the disease, patients needed to be isolated, as it could not be managed in the same area as people who did not have it.

114. He recalled that Shakim Mulumba arrived at the isolation unit on 4 August and was under his care as the attending doctor. He mentioned that visitors were not allowed at the facility, but he would see Shakim’s mother outside.

115. He stated that the isolation unit had facilities for scanning patients, for ultrasounds, ECG, but no X-ray. Shakim had both an ultrasound and ECG at the centre and a chest X-ray at the beginning at MIMC.

116. The witness clarified that the medical records of patients who were treated for Covid-19 in the isolation centre were maintained and subsequently handed over to the District Office, given that the District was the supervising authority. He pointed out that the reason for forwarding these records to the District health authorities was due to their responsibility for data collection and compilation, which would then be sent to the Ministry of Health. This process ensured that the nation had real-time access to records related to Covid-19 patients.

117. He underscored the necessity of sending Covid-19 patient records to the District, attributing it to the public health significance of the disease. He elaborated that the monitoring process for diseases such as Ebola and Covid-19 was conducted in real-time, with daily reports being sent to the district, which would then relay the information to the Ministry. He further clarified that all aspects of the patients' records, including medical history, medication history, and management plans, were dispatched to the District.

118. He clarified that these medical records were not medical bills but related to the treatment the patient received and how the patient presented. He explained that medical records referred to the information he would write on the patients' demographics and the kind of treatment they received on a daily basis. He defined medical bills as medical invoices, which were prepared based on the medical record. The invoice was done in real-time based on medical records. He confirmed that he was part of the medical team responsible for Shakim's care, noting that the invoices included detailed entries of the medical services rendered, including Covid-19 treatment, laboratory tests, and nursing care. At the isolation centre, only medical personnel are involved in the preparation of invoices; there are no receptionists or cashiers present. The details of services provided, and invoices issued are outlined, corresponding to the respective services.

119. If someone is seeking information about a patient who was treated either at the Mukono International Medical Centre or in the isolation centre, the process differs based on the location of treatment. For patients treated in the isolation centre, their

medical records can be traced from the district office. However, for those treated at the MIMC, the medical records are available directly at the MIMC facility.

120. Finally, he stated that a receptionist would not have access to information about the medical records of the Covid patients from the District. He explained that a receptionist who had not undergone good clinical practice would not be authorized to have access to patient medical records because they were not trained to do that. They might even end up disclosing information that the facility would consider confidential. It would be misconduct for them to handle such information.

Mr. Julius Musinguzi

121. The fourth witness for the Applicant, Julius Musinguzi, testified that he is a 36-year-old nurse by profession. He is currently employed as a migration medicine nurse by the International Organisation for Migration (“IOM”) on the refugee program for resettlement of migrants in Kyangwali. He is based in the Kyangwali Refugee Settlement, in Kibuube District, mid-western Uganda.

122. He stated that he met the Applicant, Mariam Kiingi, in 2020 around August in Kyangwali Refugee Settlement. One morning, as he was heading to work, he was informed that the Applicant was sick and asked if he could do a rapid malaria test. He administered the anti-malarial but, unfortunately, she did not improve and was evacuated from Kyangwali to Kampala by her employing agency. He later learned that she had lost her husband while she was admitted to the hospital.

123. He mentioned that he got to know her son had fallen sick directly from the Applicant. She had already left to go home and see her sick child in August 2021. She returned to their workstation in Kyangwali around March, but then they saw her leaving again. It was rumoured that Mariam had been terminated.

124. He stated that after she had left, he inquired about her sudden departure. He tried calling her, but she did not pick up. He sent a text, and she responded by text. He testified that Ms. Kiingi had told him that her son was sick and specified that he had Covid. He managed to visit her during the period when her son was sick.

Mrs. Sharifa Ngabirano

125. The first witness for the Respondent, Sharifa Ngabirano, testified that she is a 26-year-old administrator at MIMC. She was interviewed by a representative of the investigation service of UNHCR in December 2021, by someone named Anthony Munga.

126. She stated that she has been an Administrator since 2018. Her duties at MIMC included acting as an Administrator, Cashier, and sometimes Receptionist. In 2018 to 2020, she worked at a different branch of MIMC, but after the closure of all other branches, she worked at the main branch from 2020. After the Director of MIMC, her husband, passed away in July 2021, she stopped other duties and has been only an Administrator since then.

127. She mentioned that MIMC had more than one branch, including Seeta branch, Mukono town branch, and Kilangira branch, which all closed by 2020. The current branch is at Jinja road, after Wantoni, on the right-hand side from Kampala, in a building of two floors.

128. In 2021, she was the only one responsible for issuing invoices at MIMC. Doctors did not issue invoices at MIMC. That role was for cashiers and the Director. After the Director passed away, they had a cashier who received the cash payments and issued receipts, but she still did the invoices.

129. She stated that their doctors are paid monthly, and part-time doctors, such as specialists and surgeons, are paid only when they come. They do not pay people who refer patients to MIMC.

130. Ms. Ngabirano mentioned that Mr. Ismael Kizito, her spouse, became sick in June 2021 and his condition got worse in July. He was taken to Kampala Hospital for further management and was isolated for a few days. After two or three days, his condition worsened, and he had to be taken to the Intensive Care Unit at Kampala Hospital. He died on 19 July 2021.

131. She stated that MIMC keeps patient medical records. They record every patient that comes to the hospital, both outpatient and inpatient. They keep a record of the admissions and the admission date in terms of inpatients. She stated that Mr. Shakim Balade Mulumba was never admitted to MIMC in 2021.

132. In 2021, MIMC was treating Covid-19 patients who were not very sick. They treated a few of them in June. After June of 2021, the last Covid-19 patient they had on ward was in early July, and he was not a child, he was an Indian adult. After him, they did not admit Covid-19 patients anymore.

133. She stated that MIMC in Uganda had the permission from the District Health Officer Office to treat Covid-19 patients. The witness testified that MIMC did not open an isolation unit to treat Covid-19 patients off-site. They made the first floor an isolation ward for the Covid-19 patients, and the ground floor was for the normal patients.

134. The witness mentioned that Dr. Joseph Waswa was working at the hospital. He joined them in 2022 as a supervisor. He does not work at the facility from day to day, but he only comes around to supervise once in a while. He had no affiliation with MIMC prior to 2022.

135. She also testified that she knows Mr. Francis Mawanda. She got to know him after this case came up. She had seen his face in 2020 when he referred about two patients to them and would come and check on them as a caretaker, not as a doctor. In 2021, after the investigator, Anthony, talked to her, Mr. Mawanda introduced himself to her as Francis Mawanda.

136. On the day she met Anthony in December 2021, Mr. Francis Mawanda was trying to bring in a child to the facility and take pictures of that child on the ward. They disagreed with him bringing in the child, and the child was taken away in a different car. That same day, MIMC sued Mr. Mawanda for trespassing and the police took him. Following that, Mr. Mawanda began to approach her and other caretakers within the company. He requested them to shield him, defend his actions, and accept the documents that she had already informed Anthony were not authentic.

137. She testified that she did not recognize the tracking sheet for Shakim Mulumba that was submitted as evidence. It is not an MIMC document. She mentioned their invoices are usually handwritten and did not resemble the one presented as evidence. She also expressed surprised at the exorbitant prices, stating they did not align with their usual billing. She also denied the stamp being theirs, explaining their authentic stamp is rectangular and typically bears “Kilangira General” or “Kilangira Director” at the bottom. She is aware of all the stamps that were used at the four MIMC Clinics before the other three were closed. She knows that several different stamps were used. Lastly, she clarified that the telephone numbers on the tracking sheet are not associated with MIMC.

138. Ms. Ngabirano mentioned that she is not a doctor, she is not medical personnel, she is only working as an Administrator. She personally met the investigator, Anthony, in December 2021 on a WhatsApp call. After the late Mr. Kizito passed away, she was the only one doing the invoices.

139. She clarified that the late Mr. Ismael Kizito was responsible for managing the company. He oversaw the radiology department, while doctors and clinical officers catered to the needs of inpatients and outpatients during that period. However, as the Director, he was the primary individual running the company’s operations.

140. Referral doctors who just brought those patients from outside to MIMC were not paid. They would bring these patients at their own will because they could be having services that they do not have where they were. The referring doctors do not treat any patient at the centre. When a patient is referred, they come as a caretaker.

141. When shown a document issued before her tenure at the company by the counsel, the witness testified that she did not recognize the signatures of the doctor or the clinical officer on it. Although not present at the facility then, she confidently declared the document as counterfeit. She stated that Mr. Francis Mawanda has never been associated with their facility. Furthermore, she pointed out that his qualification on the document is fraudulent. He was signing off as a physician, while everyone knows he is a clinical officer. She emphatically declared the document, the stamp, the phone number, and all the presented invoices as fake.

142. The witness testified that following her conversation with Anthony in December and Mr. Francis Mawanda's police involvement, Mr. Mawanda began frequenting the facility. Ms. Mariam also started visiting them repeatedly, pressuring them to alter their statements made to the investigator on the authenticity of the documents. The Applicant intensified this pressure by continually visiting her. Accompanied by her family, she persistently visited the facility, complaining to all that she was being testified against, risking her job.

143. She is acquainted with Dr. Joseph Waswa, a supervisor at MIMC. She refuted Dr. Waswa's claim that other doctors refer their patients to MIMC for certain tests and procedures, and that a cost-sharing mechanism was in place. She disagreed with this assertion, stating it was incorrect and that Dr. Waswa's statements were untruthful.

144. The witness also testified that MIMC did keep Covid-19 patients' medical records. She mentioned that the Indian patient who had Covid-19 was in a room alone, as they did not mix patients. Everyone would be in their own room as they had enough space.

145. She explained that an employed doctor at MIMC is a full-time professional who not only receives a salary but also enjoys the facility's benefits. These doctors, who are typically general practitioners, perform various medical services. They usually have two or three such doctors working in shifts. In contrast, consulting doctors, who are specialists from different departments, are compensated per patient they treat, without receiving a monthly salary.

146. She further explained that a doctor referring a patient to MIMC does not perform services inside MIMC. When such person brings or refers a patient, they come as a caretaker.

147. She noted that MIMC was established in 2021 under the license of a medical doctor, whose name she could not recall. The centre employed two permanent doctors, one midwife, and a now-deceased radiographer. She served in various roles including Receptionist, Cashier, Administrator, and occasionally as a Human Resources ("HR") person, despite not having a formal employment letter from the company. Her employment was not formalized due to the business being family-owned. However, she was compensated and listed among its employees.

148. Mrs. Ngabirano testified that she did not have a specific role prior to the death of the late radiographer. After his passing in August, when it was reported that a child was ill, she assumed the role of an Administrator. As an Administrator, she had access to patients' medical records as she was responsible for filing them. This allowed her to view all medical and clinical histories recorded for each patient.

149. She affirmed her recollection of individuals who received Covid-19 treatment at MIMC in August 2021. She clarified that Dr. Waswa did not write any letter on behalf of MIMC requesting permission to set up a Covid-19 isolation unit in 2021, as he joined the centre post the Covid-19 period.

150. She further declared the letter from the Mukono District Chief Administrator Officer to MIMC, authorizing the establishment of a Covid-19 isolation unit, as fraudulent. She does not have any knowledge whether or not forensic investigations were carried out in relation to these fake documents.

151. In 2021, she was a mother without a college degree, having paused her studies due to pregnancy. She had two young children born during the pandemic, has since resumed her education, and is currently pursuing a degree in business administration.

Mr. Richard Opige

152. The second witness of the Respondent, Richard Opige, testified that he was a 55-year-old field security associate at UNHCR Kampala. He stated that he had been interviewed by Anthony Munga, an investigation specialist at UNHCR, during an investigation on 20 January 2022, and confirmed that everything he told the investigator was accurate and true.

153. Mr. Opige described his duties at UNHCR. He was responsible for managing risk associated with the work that UNHCR does. He added that he provided peer support to all colleagues at the duty station as a delegated responsibility, and carried out any other assessment that may be assigned in respect of his duties and functions.

154. He elaborated on his responsibilities as a peer adviser, emphasizing his main role of assisting colleagues who were grappling with stress, dissatisfaction, and various challenges. As a certified peer adviser, he would steer his colleagues towards discovering their own solutions and, if required, refer them to more experienced professionals who could better manage their situations. He shared instances of his supportive role, particularly during the Covid-19 pandemic when numerous staff members in the office fell ill with the virus and were hospitalized. In such circumstances, he would set up telephone support and, if necessary, visit them at the hospital while keeping a safe distance, ensuring they felt supported. Moreover, he mentioned that he would guide them to the administrative department for any required human resource assistance.

155. Mr. Opige underscored his role during critical incidents, such as the death of a staff member. He recalled a recent event where he was asked to assist a family through the process of grieving a loved one lost to cancer, from hospital to burial. He kept in touch with the family, offering continuous support during their time of mourning.

156. The witness testified that on 20 August 2021, he visited MIMC. He highlighted his close collaboration with the Administration and HR in his role, which involved supporting staff in situations of illness and security-related matters. The previous day, he had received a call from an HR representative, Ms. Joanna Tusomba Masumbuko, who had requested him to verify the existence of the facility and the authenticity of an invoice. Upon reaching the location, he interacted with the receptionist, a woman who identified herself as Shamira. He confirmed through Shamira that the patient, Shakim Mulumba, had not been admitted to MIMC during the specified period and that the stamp on the invoice did not match the one used by the facility. He concluded his testimony by stating that he left the facility with a piece of paper stamped by Shamira and returned to Ms. Johanna Masumbuko with his findings.

157. He did not know the family of the staff member, who was stationed at a different location, but he recognized her as a UNHCR employee. When he inquired about the child at the reception, he learned that there were no other patients and that this was the only facility. The other facility, a nursing school, was closed at the time. Mr. Opige observed the facility but did not enter the rooms, only managing to see some of the beds. A nurse confirmed to him that she had checked all the rooms, including the private ones and the open facility, but did not find a patient with the given name. He also mentioned that Johanna had assigned him the task of verifying the child's admission at the facility and the authenticity of the invoice.

158. He clarified that the receptionist he met and talked to at MIMC was named Shamira, not Sharifa Ngabirano. He stated that Sharifa was an Administrator at the unit, but that she had not been there at the time of his visit. He mentioned that he only learned about Sharifa three months later when he called the reception line. He called

because he wanted to establish if the person he met was the receptionist and to understand the difference between the facility at Mukono and the nurse training school. He confirmed that he knows Shamira but has never met or seen Sharifa Ngabirano in person.

159. Mr. Opige testified that after his visit to MIMC, he concluded that the patient was not there. The information submitted to Johanna was that the patient was not there.

160. He stated that two people informed him about the nurse training school belonging to MIMC. The first was the taxi touts who he met a few kilometres before he arrived at the facility, and the second was Shamira who confirmed to him when he arrived at MIMC that their training school was in existence but had been closed because of Covid.

Mr. Anthony William Mwatata Munga

161. The third witness of the Respondent, Anthony William Mwatata Munga, testified that he was a 50-year-old investigation specialist with IGO, UNHCR. His work involved investigating cases assigned to him by the Head of the Investigation Service, IGO, UNHCR, and collaborating with colleagues to support each other in achieving this mandate for IGO.

162. In addition to his training and experience in the UN investigation system, Mr. Munga served as a police officer in the national police service of Kenya for 22 years. During his tenure, he spent approximately half of his time conducting criminal investigations. For 10 years, he worked as a police trainer, instructing other officers. For the remaining 12 years, he primarily conducted criminal investigations within the police service.

163. As part of the investigation relating to the Applicant in this case, Mr. Munga interviewed Mr. Richard Opige, a Field Security Associate at the UNHCR Kampala Office, Mr. Francis Mawanda, a medical practitioner in Uganda, Mrs. Sharifa Ngabirano from MIMC, and the Applicant. He also tried to reach out to a lady named Robinah Nambi, who he had learned was the nurse who had been supporting

Mr. Mawanda in the treatment of Shakim Mulumba and had been involved in the preparation of the invoices that were then issued to Mrs. Kiingi.

164. Upon being assigned to this case, he examined the documents and noticed that they were associated with MIMC. He conducted his own research to locate the medical centre and found an online soft card displaying the name and contact numbers of the centre. The design and font on this card closely matched a photo of the medical centre provided by one of the witnesses. Using the phone numbers from the card, he contacted the medical centre and connected with Mrs. Sharifa Ngabirano, who identified herself as an Administrator at the centre. He was able to share the documents with her and received her feedback.

165. During his interview with the Applicant, his primary focus was on clarifying key issues. These included where the Applicant's child had been admitted for treatment, the identity of the treating physician, and the origin of the submitted documentation for the claim. He did not conduct an interview with Mrs. Johanna Masumbuko, but rather communicated with her. The witness testified that based *inter alia* on his own evaluation as an investigator, he did not deem it necessary to interview Ms. Masumbuko as the information he had obtained was not disputed.

166. In the email exchange between the Applicant and Ms. Masumbuko, the latter proposed that the Applicant transfer her child to one of the Organization's medical service providers with whom they have established payment arrangements. The Applicant expressed her inability to make cash payments. Johanna then suggested the use of a smart card for payment. However, the Applicant revealed that she did not possess a smart card and expressed her preference for her son to continue his treatment at the current location. The conversation then shifted to the provision of an itemized invoice to facilitate the process. These were merely options presented to the Applicant, not strict rules to be adhered to. They were flexible arrangements, not mandatory directives.

167. He relied quite heavily on the evidence of Mrs. Sharifa Ngabirano, the receptionist, and the evidence of the other witnesses he interviewed, including Mr. Richard Opige and Mr. Francis Mawanda. For the conclusion, he relied on all the statements and information from all people he interviewed and incorporated their evidence.

168. He communicated with Ms. Sharifa Ngabirano initially via phone, followed by email, and finally had a brief face-to-face meeting with her at the Test & Fly Laboratory in Kampala. From Mr. Richard Opige's testimony, during his visit to MIMC Mr. Opige interacted with the hospital staff and met a receptionist named Shamira. The witness stressed that it was important to note that "Sharifa" and "Shamira" are two distinct individuals.

169. During the interview with Mr. Francis Mawanda, Mr. Mawanda disclosed the existence and location of a separate Covid-19 isolation unit. However, Mr. Munga did not visit this unit. The issue at hand was not about challenging the existence or location of the isolation centre, but rather about whether the Applicant's child was admitted to MIMC. The isolation unit was not central to their investigation and its existence was not in dispute. It was considered peripheral to the main focus of the investigation.

170. During the cross-examination, the Applicant's Counsel questioned the witness: "Given the Respondent's disbelief in the Applicant's child's Covid affliction, hospitalization, successful treatment, and the perceived fraudulent receipts, are you implying that you did not dispute the location of the isolation centre?" Mr. Munga had clarified that his investigation was primarily focused on whether the Applicant's child was admitted and cared for at MIMC.

171. During cross-examination, Counsel for the Applicant inquired if the witness was contesting the fact that the Applicant's son had contracted Covid-19 and needed medical treatment. The witness clarified that the crux of his investigation was not about whether the Applicant's son had contracted Covid-19 and required treatment, but rather the focus of his investigation was whether the Applicant's son had been admitted to

and treated at MIMC. He stated that the documentation submitted for the claim originated from MIMC and that the Applicant had provided a photo of the hospital where the child was admitted.

172. When asked about the past medical records that the Applicant might have submitted for reimbursement for treatment obtained from Mr. Francis Mawanda, the witness stated that he intended to get from her the documentation that she has submitted, especially for this case. The investigation was for this particular submission, not for her entire MIP claim history.

173. During cross-examination, the witness acknowledged that it was possible that Mr. Mawanda had been treating the Applicant and her family for several years. However, he clarified that this historical context was not the focus of the current investigation, which was centred on a specific MIP claim. The investigation was not disputing that Mr. Mawanda treated her, but rather examining where the Applicant's child received treatment and who issued the invoices for this particular instance.

174. Mr. Munga testified that during his interview with her, the lady who was the Administrator had revealed that the invoices and bills were handwritten. She had explained that she was specifically assigned to prepare invoices, which she did in collaboration with the attending doctor for billing purposes. As the Administrator, she was responsible for this task. She further disclosed that she and her late partner, Mr. Ismael Kizito, a radiographer and the registered owner of MIMC, were the individuals responsible for preparing invoices.

175. During the hearing, the Applicant's Counsel presented various documents as annexes to his evidence and showed them to this witness. These documents, specifically from MSRP, included previous invoices from 2017 and 2018 issued by Mr. Francis Mawanda's Peace Clinic and some outsourced to MIMC for treatment provided to the Applicant and her family. This claim, which was settled by UNHCR under the MIP, pertained to treatment administered by Mr. Francis Mawanda and some services that were outsourced at Mukono. When Counsel inquired whether the witness

recognized and had investigated these documents, the witness responded that he had never seen these documents before.

176. Counsel for the Applicant asked Mr. Munga what he would do if he came across information or evidence that is exculpatory, that shows that, in fact, a mistake might have been made after a decision has been made and that decision is based on an investigation report he issued. The witness responded that as an investigator, he always presents the facts as collected. He presents evidence as collected, both for and against, exculpatory and otherwise.

177. The witness explained that, during his interview, Mr. Mawanda mentioned an isolation centre, describing it as a house converted into a hospital. From Mr. Mawanda's description, the witness understood that this was a separate facility set up to treat Covid patients associated with Dr. Mawanda. Mr. Munga also questioned Mr. Mawanda about why the invoices were issued under the name of MIMC. Mr. Mawanda explained that the late Mr. Kizito, the previous owner of MIMC, had an agreement with him to bring his own patients to the facility for treatment. This understanding with the late Mr. Kizito led to the generation of the invoices. Mr. Mawanda had further clarified that he was unaware of the Applicant's insurance status and knew her as a client who paid in cash.

178. When the witness was questioned about why he did not visit the isolation unit described by Mr. Francis Mawanda, who also provided its location and informed the witness that the Applicant's child received Covid treatment there, the witness responded that he did not deem it necessary for his investigation. The Applicant had directed him to the place where the child was admitted—MIMC—and so he went there.

179. When Counsel inquired if the witness had made a definitive determination about whether the Applicant's son had contracted or succumbed to Covid-19, or if he did not believe so, the witness clarified that it was not that he disbelieved it. However, his investigation did not delve into whether the child was suffering from that illness or any other. The focus of his investigation was on the doctor who provided the treatment, the

location of the treatment, and the individuals who issued the invoices, rather than the specific condition itself.

180. The witness stated that he believed Mr. Mawanda when he said he made the invoices himself. He told him why he did not use the standard MIMC receipts or invoices. His explanation was that they were out of stock and because of the restrictions in the movement during Covid time, then he could not get a supply and therefore he had resorted to making them himself. He used a computer, and MS Word to generate the invoices himself.

181. The witness testified that he found Mr. Mawanda's evidence credible and believed most of his testimony. However, upon concluding the investigation he attributed greater credibility to Sharifa's testimony. He stated that Mrs. Ngabirano's evidence, which he relied on, was largely corroborated by Mr. Mawanda's evidence. He pointed out that Mrs. Ngabirano's assertion that the patient was never admitted at MIMC was also confirmed by Mr. Mawanda.

182. The witness testified that in his report, he wrote that IGO found Mrs. Kiingi to be not credible due to her contradictions with both herself and her family doctor on facts that should have been straightforward. He recalled a point where it was their view that the sick child was admitted and treated at Mukono International Hospital. However, Mr. Mawanda, the clinical officer, had stated that the place of admission was at Peace Clinic. Another discrepancy involved the payment and invoices. The witness affirmed that these inconsistencies were serious discrepancies because the facts should be straightforward. For instance, it should be clear to both the guardian and the doctor where a patient has been admitted.

183. The Tribunal inquired whether the witness, Mr. Mungo, had requested a forensic analysis of the contested invoices and medical bills. It also asked if he had checked with government authorities about whether the Applicant's son had contracted Covid-19, received treatment for it, and whether he was treated at MIMC or at a separate isolation centre. The Tribunal wanted to know if the witness had verified this

Covid treatment of the Applicant's son with the concerned government authority. The witness responded by stating that he had not pursued these lines of inquiry to that extent.

184. The Tribunal also inquired if the witness had been online the previous day during the Tribunal hearing when Mrs. Ngabirano was testifying. The witness confirmed he was online but not consistently and estimated his online presence was for about 30 to 40 minutes. He explained he was testing the system to ensure its functionality of his own volition. He apologized and explained that it was his first appearance before the Tribunal, and he did not know that it was inappropriate.

185. The Tribunal then asked Counsel for the Respondent if they were aware of Mr. Munga's online presence during Mrs. Ngabirano's testimony. Counsel replied that both she and her co-Counsel only learned about it in the Courtroom from the Judge when asked about it and noted that his participation was not visible in the courtroom interface since his face did not appear. Counsel clarified that she had coordinated with Mr. Munga for logistical reasons prior to the proceedings and was aware of his experience with the Kenyan national police service. She conceded that she did not specifically instruct him to refrain from being online during other witnesses' testimonies. She assumed that he would know not to be online without being instructed given his extensive experience with the police service.

186. The Registry later confirmed that Mr. Munga was online for one hour and forty-one minutes.

The existence of an external Covid-19 isolation unit affiliated with MIMC

187. This case involves a dispute regarding the existence of an external Covid-19 isolation unit affiliated with MIMC, which is central to allegations against the Applicant. The Applicant contends that her son was treated in such a facility, disputing the accusation of fraudulent medical claims. The Respondent, however, denies the existence of this unit and asserts that the Applicant submitted forged documents in support of her claims.

188. The issue to be determined is the existence of an external Covid-19 isolation unit affiliated with MIMC. Specifically, the Tribunal must ascertain whether there was an operational external isolation unit designated for Covid-19 patients that is associated with MIMC. This determination is pivotal. It bears directly on the veracity of the claims made regarding the medical treatment provided and the subsequent documentation submitted for insurance claims. The existence or non-existence of such a facility is a cornerstone upon which the credibility of the testimonies and the integrity of the medical records rest. As such, the Tribunal's investigation into this aspect is of utmost importance to reach a fair and informed judgment.

189. Therefore, the central question is whether MIMC operates an affiliated external Covid-19 isolation unit.

190. The Applicant consistently explained to the Tribunal that her son was first admitted to the Peace Clinic and later transferred to an MIMC Covid isolation unit. After spending two days at the Peace Clinic, he was moved to the isolation unit. This isolation unit was located in Mukono district, in a place called Seeta. It was a residential house. The room where her son was treated in the isolation unit contained a solitary bed.

191. Witness testimonies strengthened the Applicant's position. Mr. Francis Mawanda, confirmed to the Tribunal that at the peak of the Covid-19 pandemic, private medical facilities, including MIMC, received authorization to operate Covid-19 isolation units.

192. Mr. Francis Mawanda provided detailed testimony about his collaborative efforts with MIMC during the peak of the pandemic. He described the process of setting up an isolation unit near his clinic in Seeta, with full approval from District Health Officials. This initiative was a key part of providing care for Covid-19 patients, and it was fully endorsed by the appropriate governmental bodies, ensuring that standards and regulations were met.

193. In his testimony, Mr. Mawanda highlighted his Clinic's operational collaboration with MIMC, emphasizing how they worked together to manage the logistics of the isolation unit. This included the provision of care for patients like the Applicant's son. He confirmed that during the critical period of the pandemic, private hospitals such as MIMC were authorized to handle Covid-19 isolation units, showcasing a coordinated effort between private health services and government health authorities to respond to the public health crisis. He attested to the isolation unit's function and the care provided to the Applicant's son during his illness.

194. Dr. Joseph Waswa, a medical practitioner and registered supervisor for MIMC during the relevant period, affirmed the government's support for private sector isolation units in managing the Covid-19 public health crisis. He explained how these units worked in collaboration with local health officials to effectively manage Covid-19 patients, ensuring that their operations were authorized and conducted under the permission of local government authorities. His testimony emphasized the legitimate and coordinated effort behind the setup of these critical facilities.

195. Additionally, Dr. Waswa confirmed that he had written a letter on behalf of MIMC to the District Office, seeking authorization for establishing an isolation unit affiliated with MIMC. This request was approved through a letter of authorization from Elizabeth Namanda, the Chief Administrative Officer of Mukono District. Dr. Waswa also backed the Applicant's claim regarding the unit's operational status, highlighting that care was specifically provided for severe Covid-19 cases, including the Applicant's son. His testimony provided crucial corroboration of the Applicant's and Mr. Mawanda's testimony.

196. According to Annex 16(b) of the Applicant's evidence, the Chief Administrative Officer of Mukono District, Elizabeth Namanda, in her letter dated 8 May 2023, to Dr. Joseph Waswa, confirmed that from April 2021 to December 2021, MIMC was authorized to implement strategies that included the use of health facilities and

household management, such as isolation mechanisms, follow-ups, and other measures to manage Covid-19. This strengthens the testimonies of the Applicant's witnesses.

197. Dr Waswa also clarified that the medical records of patients who were treated for Covid-19 in the isolation centre were maintained and subsequently handed over to the District Office. He elaborated that the monitoring process for diseases such as Covid-19 was conducted in real-time, with daily reports being sent to the District, which would then relay the information to the Ministry. He further clarified that all aspects of the patient's records, including medical history, medication history, and management plans, were dispatched to the District.

198. The witnesses for the Applicant were consistent, coherent, and unshakable in emphasizing the external isolation unit's existence, authorized by local health authorities. Their accounts detail a process of collaborative health care delivery between their respective clinics and the isolation unit at MIMC, presenting a plausible, well-founded account of service provision during the public health crisis.

199. Mrs. Sharifa Ngabirano, the first witness for the Respondent, testified that that MIMC was authorized by the District Health Officer's Office to treat Covid-19 patients. Instead of establishing an off-site isolation unit, MIMC converted the first floor into an isolation ward for Covid-19 patients, while the ground floor continued to serve non-Covid patients. Mrs. Ngabirano denied the existence of the isolation unit altogether.

200. Mrs. Ngabirano clarified that she is not medically trained but works as an Administrator, undertaking various tasks such as receptionist, cashier, and occasionally HR duties. Despite the lack of formal employment, she carried out a range of responsibilities within the Centre. She also confirmed that she has no college level education.

201. In considering the testimony provided by Mrs. Sharifa Ngabirano, who appeared as the first witness for the Respondent, it is imperative to critically evaluate the credibility and weight of her statements concerning the existence of an external Covid-19 isolation unit affiliated with MIMC.

202. Mrs. Ngabirano's roles at MIMC primarily involved administrative tasks such as receptionist, cashier, and occasional HR duties. This inherently limits her capacity to provide conclusive testimony regarding the medical operational structure and protocols at MIMC, specifically in relation to the specialized arrangement and functioning of Covid-19 isolation units.

203. The Applicant's witnesses provided detailed testimonies grounded in their direct involvement and knowledge of the medical operations during the pandemic. Their statements about the existence and operation of an external isolation unit carry more weight given their expertise and direct engagement in patient care. These medical professionals articulated a coherent narrative of the collaboration between local health authorities and private health facilities, enabling the establishment of necessary isolation units. Their credibility was not shaken in cross-examination.

204. The Tribunal finds that Mrs. Ngabirano's clerical role(s) at MIMC underlines her limited understanding of regulatory and medical procedures relevant to the authorization and operation of a Covid-19 treatment facility. Her testimony lacked an informed perspective on decisions typically governed by health professionals and administrative policymakers.

205. Her informal employment status at MIMC means she did not have the formal authority or responsibility to oversee or influence significant operational decisions, such as the establishment of isolation wards or compliance with health mandates. This diminishes the reliability of her testimony concerning the existence and configuration of specialized health units during a critical period.

206. Given the substantial and credible testimonies affirming the existence of an external isolation unit, Mrs. Ngabirano's testimony should be viewed as insufficient to refute the established narrative. The Tribunal should prioritize the expert testimonies of medical professionals who were actively managing the situation over the accounts of a non-medical administrative employee. In light of these considerations, the Tribunal concludes that Mrs. Ngabirano's testimony lacks the requisite authority and expertise to effectively dispute the existence of the external isolation unit affiliated with MIMC.

207. The investigator of this case, Mr. Anthony William Mwatata Munga, serving as the third witness for the Respondent, acknowledged during his testimony that he was informed about a Covid-19 isolation unit by Mr. Mawanda during the interview. The Tribunal finds it curious that the investigator did not consider it necessary to visit the premises that were described as the isolation facility. Mr. Munga decided against probing into the unit's existence since the Applicant had already pinpointed MIMC as the facility where her child received treatment. Additionally, Mr. Munga admitted he did not verify with the District Office regarding the status of the isolation unit affiliated to MIMC, nor did he confirm if it was officially recognized and permitted by the government's District Office.

208. By not conducting a site visit or seeking tangible evidence to either confirm or refute the claims regarding the isolation unit, Mr. Munga failed to fulfil a fundamental aspect of a thorough and impartial investigation. His lack of action left a critical part of the Applicant's claims unchallenged and unverified.

209. In evaluating the testimony provided by Mr. Munga, significant shortcomings in his investigative approach must be considered.

210. One of the most glaring oversights in Mr. Munga's investigation was his failure to verify the isolation unit's status with the appropriate District Health Office or government agency. This step is crucial as government records could have provided authoritative confirmation regarding whether the isolation unit was officially recognized and operational during the relevant period. Such verification would have

either substantiated or invalidated the testimonies regarding the isolation unit, providing clarity to the investigation. By neglecting this step, Mr. Munga's investigation remained incomplete, casting doubt on its findings.

211. Mr. Munga heavily relied on the testimony of Mrs. Sharifa Ngabirano, the receptionist at MIMC, while seemingly disregarding the testimonies of medical professionals who provided firsthand accounts of the isolation unit's operations. His preference for Mrs. Sharifa Ngabirano's testimony, who did not have access to the isolation centre and patient care, over that of practitioners directly involved in patient care, represents a significant flaw in his investigative process. Medical professionals such as Mr. Mawanda and Dr. Waswa offered detailed accounts supported by their professional activities and responsibilities during the pandemic, which should have been weighed more heavily.

212. In light of the above points, Mr. Munga's investigation appears fundamentally flawed due to critical oversights and a reliance on less credible sources of information. His failure to visit the isolation unit, verify with government health authorities, and adequately consider the testimonies of involved medical professionals reflects a lack of diligence that significantly weakens the Respondent's case.

213. The Tribunal must regard Mr. Munga's testimony as lacking sufficient credibility and thoroughness, affecting the reliability of the investigation's conclusions.

214. The Applicant's witnesses were consistent and coherent in their testimonies, firmly affirming the existence of the external isolation unit, which was authorized by local health authorities. This authorization was deemed essential due to the surge in Covid-19 cases at the time. Their testimonies provide a detailed account of collaborative healthcare efforts between their clinics and the isolation unit at MIMC, offering a credible and well-substantiated depiction of the service delivery during the public health crisis.

215. In contrast, the testimonies from the Respondent's witnesses lacked consistency and plausibility.

216. Considering the thorough, credible, and consistent testimonies from the Applicant and her witnesses, alongside the shortcomings and implausible denials from the Respondent, the Tribunal concludes that there is sufficient evidence to affirm the existence of an external Covid-19 isolation unit affiliated to MIMC.

217. Thus, the Tribunal rules in favour of the Applicant, verifying the operation and affiliation of the external Covid-19 isolation unit at MIMC during the relevant time frame.

Whether the Applicant's son, Shakim Mulumba, received treatment for Covid-19 at an isolation centre affiliated with MIMC

218. The other central issue to be determined in this case is whether Shakim Mulumba, the Applicant's son, contracted Covid-19 and subsequently received treatment at an isolation centre affiliated with MIMC. The Applicant claims that her son was diagnosed with Covid-19 and managed within a specialized isolation unit associated with MIMC, a point that the Respondent disputes, suggesting that no such treatment occurred at the location specified.

219. Resolving this issue depends significantly on evaluating the credibility of the testimonies from the Applicant's witnesses in contrast to those provided by the Respondent's witnesses, who dispute the veracity of the child's illness and subsequent treatment at an isolation centre.

220. The Applicant testified that her son, Shakim Mulumba, contracted Covid-19 during the peak of the pandemic and required urgent medical attention due to worsening symptoms. Following his diagnosis at the Peace Clinic, overseen by their trusted family healthcare provider, Mr. Francis Mawanda, it was recommended that Shakim be transferred to a specialized isolation centre to ensure he received necessary care unavailable at smaller facilities. The Applicant asserted that Shakim was admitted

to an isolation unit affiliated with MIMC, where he was isolated for treatment under strict health protocols, managed by qualified medical staff, including Dr. Mawanda.

221. As the second witness for the Applicant, Mr. Francis Mawanda, a clinical officer, testified that he has been the primary healthcare provider for the Applicant and her family for several years. He confirmed that during the surge of Covid-19 cases, Shakim Mulumba, the Applicant's son, was diagnosed with Covid-19 at Peace Clinic after exhibiting severe symptoms.

222. Recognizing the patient's need for specialized care, Mr. Mawanda coordinated Shakim's transfer to an isolation centre specifically established to treat Covid-19 patients, which was affiliated with MIMC. Mr. Mawanda further testified that he was directly involved in Shakim's care, collaborating with other medical staff to provide necessary treatments, which included oxygen therapy and medication management, until Shakim's health improved sufficiently for discharge.

223. As the third witness for the Applicant, Dr. Joseph Waswa testified that he is a medical officer authorized to practice medicine in Uganda and has experience working at MIMC. During the relevant period in 2021, he was part of the medical team that treated Shakim Mulumba at an isolation centre affiliated with MIMC. He recounted that upon Shakim's admission, he displayed classic symptoms of Covid-19, including fever, cough, and difficulty breathing, which necessitated immediate medical intervention. Dr. Waswa collaborated with other healthcare professionals, including Mr. Francis Mawanda, to provide comprehensive treatment, which included oxygen support and medications. Dr. Waswa attested to the thoroughness and professionalism of the care provided, which led to Shakim's eventual recovery and discharge from the facility.

224. Mrs. Sharifa Ngabirano, the initial witness for the Respondent, affirmed her role as an Administrator at MIMC. Her duties encompassed various administrative tasks, handling cash transactions, and intermittently fulfilling receptionist responsibilities. She testified that MIMC managed Covid-19 cases, treating patients directly at the

facility by transforming the first floor into a dedicated isolation ward for milder cases. Mrs. Ngabirano refuted claims of any external isolation units linked to MIMC. Furthermore, she contested Shakim Mulumba's illness and treatment for Covid-19 at MIMC.

225. The second witness for the Respondent, Mr. Richard Opige, a Field Security Associate at UNHCR Kampala, stated that he was assigned to verify the claims regarding Shakim's Covid-19 treatment. During his visit to MIMC on 20 August 2021, he spoke with the receptionist, Shamira, and found no evidence of Shakim Mulumba's admission to the facility during the specified period. Shamira confirmed to him that Shakim had not been admitted to MIMC, and the invoice related to Shakim's treatment did not align with the Centre's official records. Additionally, Mr. Opige noted that there was no indication of any affiliated facilities, such as an off-site isolation centre, thereby casting doubt on the legitimacy of the Applicant's claims about the treatment location. Like Mr. Munga, Mr. Opige did not delve any further into establishing if MIMC might have had an isolation facility off-site that the receptionist he spoke to may not have been aware of.

226. Mr. Munga, an investigation specialist with IGO, UNHCR, outlined his investigation into the Applicant's claims. He testified that his investigation centred on whether Shakim was treated at MIMC as per the Applicant's assertions. Although informed about the alleged isolation unit, Mr. Munga did not physically verify its existence or consult with medical professionals directly regarding its operation. Instead, his inquiry primarily relied on Mrs. Sharifa Ngabirano's statement and documentation review. He admitted that he did not seek corroboration from governmental health records for Covid-19 patient admissions, as his focus remained on the validity of the specific medical claims made by the Applicant against documented operations of MIMC.

227. The testimonies from the Applicant and her witnesses—Mr. Francis Mawanda, and Dr. Joseph Waswa—provided coherent and consistent narratives supported by their professional medical expertise. These witnesses, being qualified medical professionals directly involved in patient care, have offered credible accounts regarding Shakim’s diagnosis and subsequent treatment for Covid-19 at an isolation unit associated with MIMC. Their testimonies are backed by concrete medical knowledge, which highlights the necessity for transferring Shakim to a specialized care facility due to his severe symptoms.

228. Mr. Francis Mawanda, as Shakim’s primary healthcare provider, confirmed his direct involvement in managing Shakim’s transfer and care, detailing the treatments administered, such as oxygen therapy and medication management. Similarly, Dr. Waswa corroborated the operations of the isolation centre and the critical nature of the medical intervention provided, demonstrating a thorough understanding of healthcare procedures that align with the Applicant’s claims and underscore the professionalism involved in Shakim’s recovery.

229. The Respondent’s witness, Mrs. Sharifa Ngabirano, clearly lacked the insight necessary to effectively challenge the detailed medical care descriptions provided by the Applicant’s witnesses. Mrs. Ngabirano openly acknowledged her lack of formal employment and absence of a college-level education, which further highlights her limited understanding of the medical procedures relevant to the authorization and operation of a Covid-19 treatment facility. Her testimony, therefore, does not carry the informed perspective required to address matters of medical care and patient treatment. Her clerical and administrative roles, at a time when access to isolation facilities was limited to essential medical personnel, which excluded Mrs Ngabirano, significantly weakens her assertions that Shakim Mulumba was not a patient at an MIMC affiliated isolation facility.

230. The Tribunal finds that the testimony of those actively involved in the patient's care were clear, direct and consistent and corroborated the Applicant's account of what transpired. Given these considerations, the Tribunal concludes that Mrs. Ngabirano's testimony lacks the necessary authority and expertise to refute the Applicant's witnesses, who affirmed convincingly that Shakim Mulumba received treatment for Covid-19 at an isolation centre associated with MIMC.

231. The testimony presented by the Respondent's second witness, Mr. Richard Opige, a Field Security Associate at UNHCR Kampala, suffers from critical shortcomings that undermine its credibility. Mr. Opige's methodology in verifying the claims regarding Shakim Mulumba's Covid-19 treatment was fundamentally flawed, as it relied heavily on the account provided by a receptionist, named Shamira, during his visit to MIMC on 20 August 2021. In a matter as critical and specific as verifying a medical treatment claim, engaging with doctors or medical staff involved in patient treatment would have yielded more authoritative and reliable information. Medical professionals possess the necessary knowledge and access to detailed medical records and can provide a substantiated perspective on patient admissions and treatments. This witness simply did not go far enough to establish or dispute what he was asked to inquire into. His inquiry was limited and shoddy.

232. The testimony of the investigator, Mr. Munga, is fraught with critical deficiencies that undermine its integrity and reliability. Firstly, Mr. Munga's investigation was flawed due to its overreliance on testimonies of Mrs. Sharifa Ngabirano and Mr. Richard Opige's interaction with Shamira. Such reliance neglects the need for input from the professionals who would naturally have access to and comprehension of patient treatment records and operational details of medical facilities. This approach lacks the depth and rigor typical of a thorough investigation into a medical claim.

233. Secondly, as Dr. Waswa explained, Covid-19 was a global pandemic, and all relevant patient data, including full medical records and details of treatment facilities, were systematically reported to local government health offices and the Ministry of Health. These records provide an authoritative source of information that could directly confirm whether the Applicant's son, Shakim Mulumba, was treated for Covid-19 during the specified period and at which facility. Mr. Munga's failure to verify readily accessible governmental records while relying solely on the testimonies of receptionists is a significant oversight, one that neglects a critical source of evidence and casts doubt on the investigatory findings.

234. Furthermore, Mr. Munga admitted to not physically verifying the existence of the alleged isolation unit or consulting with any medical professionals involved in its operations. This dismissal of potentially crucial medical insight and authoritative records not only highlights the investigation's lack of comprehensiveness but also diminishes the reliability and objectivity expected in verifying the Applicant's claims. Such investigative shortcuts do not suffice in a matter requiring precise confirmation of patient treatment, hence compromising the Respondent's position. The Tribunal finds Mr. Munga's testimony as insufficient and potentially misleading concerning the actual circumstances of Shakim's treatment.

235. Considering the substantial evidence and credible testimonies from medical experts provided by the Applicant, the Tribunal is satisfied that Shakim Mulumba received treatment for Covid-19 at a duly recognized isolation centre affiliated with MIMC. The Respondent's failure to conduct a thorough investigation significantly weakened his claim to the contrary.

236. The Tribunal therefore finds that Shakim Mulumba indeed received necessary medical treatment at an MIMC affiliated facility.

Whether the medical invoices provided by the Applicant to UNHCR were falsified documents.

237. In this case, another critical issue that must be addressed is whether the Respondent has verified the medical invoices submitted by the Applicant to UNHCR as falsified documents. The Applicant's termination from her position was based on allegations that she submitted inauthentic medical bills related to her son's treatment for Covid-19. Thus, it is vital to ascertain the thoroughness and diligence with which the Respondent approached the verification process. If the Respondent did not conduct a comprehensive investigation to confirm the legitimacy of these invoices, it raises serious questions about the basis for her dismissal and suggests that the actions taken against her were hasty and unjust.

238. The credibility of the entire case can pivot significantly on this issue. False documentation, if proven, would undermine the Applicant's account of the events and suggest misconduct. Conversely, verifying the authenticity of the invoices would not only validate the Applicant's account of the circumstances surrounding Shakim Mulumba's medical care but also establish that her submission of these invoices was justified and legitimate. Therefore, examining the authenticity of the medical invoices is essential for the Tribunal to arrive at a fair judgment regarding the Applicant's dismissal and to assess whether she upheld her responsibilities in her role as a staff member.

239. The Applicant testified that the medical invoices she submitted to UNHCR for her son Shakim Mulumba's treatment were genuine and accurately reflected the care received at an isolation centre affiliated with MIMC. She confirmed that she did not forge any documents related to her son's medical treatment and has consistently submitted similar invoices from Mr. Francis Mawanda, her family's primary healthcare provider since 2015, without any prior issues or questions raised by UNHCR. She emphasized that her relationship with Mr. Mawanda has been longstanding, and he has provided healthcare to her family for many years. Throughout the investigation, the Applicant insisted that the invoices she submitted were genuine and properly

documented, stating that it would be impossible to fabricate documents that were already in the Respondent's portal.

240. Mr. Francis Mawanda testified that he has maintained a longstanding and collaborative relationship with MIMC since he opened his own Clinic, Peace Clinic, in 2017. In his role as a clinical officer, he has frequently referred patients to MIMC for specialized care, especially when his clinic lacked the necessary resources, such as oxygen or advanced medical equipment. Upon referral, the payment arrangement between him and MIMC was such that 30% of the associated costs went to Mukono International and 70% remained at Peace Clinic. Mr. Mawanda emphasized that the medical bills related to the treatment of the Applicant's son, Shakim Mulumba, are authentic and accurately reflect the services rendered during his stay at the isolation centre affiliated with MIMC. He explained that the billing process at MIMC involves careful calculations of all incurred costs, including sundries, drugs, and professional fees, which are documented on MIMC letterhead and properly handled by trained clinicians. Mr. Mawanda confirmed that he personally oversaw the care provided to Shakim and assured the Tribunal that the medical bills issued were genuine documents, prepared under his supervision alongside Dr. Waswa, and accurately represent the care given to the Applicant's son.

241. Dr. Joseph Waswa testified that the medical invoices submitted by the Applicant for her son Shakim Mulumba's treatment accurately reflected the care provided at the isolation centre affiliated with MIMC. He also affirmed this in his written affidavit submitted during the investigation. He emphasized that at the isolation centre, only qualified medical personnel handled the preparation of invoices. Receptionists and cashiers were not involved in this process. The invoices contain detailed accounts of the services provided, directly aligning with the relevant treatments administered, and adhere to established invoicing standards. However, Dr. Waswa noted that, owing to the circumstances created by the Covid-19 pandemic, the invoices from the isolation centre were uniquely prepared in a manual format to address the exceptional nature of the situation.

242. Mrs. Sharifa Ngabirano testified that the medical invoices submitted by the Applicant were unrecognizable and did not conform to official documentation protocols of MIMC. She highlighted that legitimate invoices are produced by medical staff and meticulously detail charges corresponding to services provided at the main facility of MIMC. Mrs. Ngabirano pointed out the absence of the appropriate stamps or signatures on the Applicant's invoices, casting doubt on their authenticity. Based on her extensive experience in administrative roles, Mrs. Ngabirano concluded that the invoices in question appeared inconsistent with the standard operating procedures of MIMC for billing and record-keeping.

243. Mr. Richard Opige, a Field Security Associate for UNHCR Kampala and the second witness for the Respondent, testified that during his visit to MIMC on 20 August 2021, he learned from the receptionist, Shamira, that the invoices for Shakim Mulumba's treatment were inconsistent with the official records of MIMC. The lack of any admission record for Shakim at MIMC during the relevant period, as confirmed by reception staff, cast doubt on the invoices' validity.

244. As the third witness for the Respondent, Mr. Munga, an investigation specialist with IGO, UNHCR, testified that his investigation aimed primarily to determine whether Shakim Mulumba received treatment at MIMC as claimed by the Applicant. He acknowledged that his findings were heavily based on the testimonies of administrative staff, specifically Mrs. Sharifa Ngabirano and Shamira, as recounted by Mr. Opige, which led him to conclude that the invoices were not genuine. Mr. Munga further pointed out that he lacked access to the systematic processes utilized for generating invoices at MIMC and failed to conduct any forensic examination of the invoices in question, indicating significant gaps in his inquiry that undermined the reliability of his conclusions.

245. Dr. Waswa and Mr. Mawanda noted that, due to the extraordinary circumstances brought about by the Covid-19 pandemic, invoices from the isolation centre had to be manually prepared to accommodate the exceptional conditions of that period. Although

the format of the invoices from the isolation centre differs from that of the main facility at MIMC due to the unique circumstances presented by the Covid-19 pandemic, as confirmed by the Applicant's witnesses, the isolation centre remains affiliated with and is considered part of MIMC. Mr. Mawanda clearly outlined the differences in how invoices are generated at the main facility compared to the isolation centre, emphasizing that both locations operate under the same naming conventions and medical oversight provided by MIMC. This strong affiliation is further supported by the testimonies of Mr. Mawanda and Dr. Waswa, both of whom confirmed that the invoices reference MIMC. Thus, the connection between the isolation centre and MIMC validates the authenticity of the invoices, affirming that they are valid representations of the services provided to the Applicant's son.

246. The testimonies provided by the Applicant's witnesses, which include qualified medical professionals such as Mr. Francis Mawanda and Dr. Joseph Waswa, presented credible accounts that affirm the legitimacy of the medical care received by Shakim Mulumba and the corresponding invoices submitted for reimbursement. Both witnesses articulated the treatment process in detail, outlining the medical procedures and care administered to Shakim at the isolation centre affiliated with MIMC. Their professional credentials and firsthand involvement in the treatment lend significant weight to the Applicant's claims and the authenticity of the invoices.

247. Both Mr. Francis Mawanda and Dr. Joseph Waswa, acting as witnesses for the Applicant, unequivocally confirmed the authenticity of the invoices, asserting that they were genuine documents related to the treatment provided to Shakim. Their professional expertise and direct involvement in his medical care lend substantial credibility to their testimony, establishing that the invoices accurately reflect the medical services rendered.

248. In contrast, the Respondent's witnesses, primarily made up of administrative personnel such as Mrs. Sharifa Ngabirano, lacked the necessary expertise to credibly challenge the authenticity of the invoices. Their testimonies were rooted in limited

administrative knowledge and interactions with receptionists, rather than informed by specific medical records or the proper procedures involved in Shakim's treatment.

249. Additionally, the investigator, Mr. Munga, failed to conduct a comprehensive examination of the documents or consult with relevant medical professionals, constituting a major oversight in the verification process. His reliance on non-expert testimonies without seeking corroborative evidence from authoritative sources significantly undermines the Respondent's position.

250. Moreover, Mr. Munga acknowledged that he did not investigate the services, treatments, or invoicing systems of the isolation centre, which further detracts from the validity of his conclusions. Instead, he excessively relied on accounts from receptionists at the main facility, which do not accurately reflect the operational realities of the isolation centre.

251. Additionally, Mr. Munga's failure to conduct any forensic or scientific analysis of the invoices in question significantly undermines his argument regarding their authenticity. Forensic analysis is a critical process in verifying the legitimacy of documents, particularly in cases involving allegations of fraud or forgery. Such an examination would typically include scrutinizing the invoices for signs of manipulation, verifying signatures against known samples, and confirming that the invoicing format aligns with the established practices of MIMC. By neglecting to perform this vital step, Mr. Munga not only disregarded a fundamental investigative procedure but also left substantial gaps in the evidence needed to support his conclusions.

252. Without this rigorous analysis, questions surrounding the invoices' authenticity remain unanswered, and the investigator's reliance solely on the subjective impressions of administrative personnel lacks the empirical backing needed to credibly dispute the Applicant's claims. The absence of scientific investigation also raises concerns about the objectivity of the investigator's findings. His conclusions appear to be based on assumptions rather than on solid evidence. As a result, the Tribunal must view his

testimony and the conclusions derived from it with scepticism, as they are essentially built on an incomplete investigation that failed to engage with the necessary forensic methods that could have definitively clarified the authenticity of the medical invoices. This oversight not only weakens the Respondent's position in this case but also undermines the credibility of the entire investigative process.

253. Given the substantial evidence presented by the Applicant side, along with the deficiencies in the Respondent's verification process, this Tribunal finds that the Respondent did not successfully discharge its burden of proof concerning the allegations of forgery and fraudulent activities associated with the medical invoices. The Tribunal finds that there is no evidence to support that the invoices submitted by the Applicant are not authentic. They represent legitimate claims for medical treatment provided to Shakim Mulumba. Consequently, the allegations of the Applicant's involvement in fraudulent activities are unfounded and do not hold merit. Thus, the Tribunal rules in favour of the Applicant, affirming her integrity and the legitimacy of the claims made regarding her son's medical care.

Whether Mr. Francis Mawanda's alleged misrepresentation as a doctor undermines the credibility and integrity of his testimony

254. The Respondent vigorously challenges the credibility of Mr. Francis Mawanda's testimony, focusing particularly on the claim that Mr. Mawanda has improperly represented himself as a doctor. The Respondent contends that this alleged misrepresentation calls into question the validity and reliability of his statements. This, according to the Respondent, undermines the foundational integrity of his entire testimony and raises doubts about his qualifications and the authenticity of the medical documentation he provided.

255. Based on the testimonies provided by Mr. Mawanda and Dr. Waswa, in Uganda it is a widely accepted practice to refer to all clinicians—including clinical officers, medical officers, and other healthcare providers—as “doctors”. They both testified that this common terminology is rooted in the cultural and professional dynamics of the medical field in the country. Thus, Mr. Mawanda's self-identification as a doctor in his

capacity as a clinical officer does not detract from his qualifications or the credibility of his testimony. His extensive experience and qualifications as a clinical officer duly registered with the Uganda Allied Health Professionals Council further validate his professional capability to provide care and make determinations regarding patient treatment.

256. Furthermore, Mr. Mawanda is authorized by the relevant government authority to practice medicine and manage his own clinic, Peace Clinic, which demonstrates that he operates within the legal and regulatory frameworks established for healthcare providers in Uganda. This authorization is not merely a matter of professional standing. It is a vital aspect that legitimizes his role in the treatment of the Applicant's son.

257. Where Mr. Mawanda holds a medical license in Uganda, he has been the Applicant's family doctor for many years. It is not the Applicant's responsibility to verify Mr. Mawanda's specific medical title, whether as a doctor, medical officer, clinical officer, consultant, or professor. As per testimony, society in Uganda commonly refers to such practitioners as "doctors". The Applicant sought his services because he is a licensed healthcare provider in Uganda. The Respondent's attempts to challenge Mr. Mawanda's credibility based on his title overlook the Applicant's justified reliance on his professional expertise. Any concerns about his title should not impact the authenticity of the medical care provided or the validity of the invoices submitted for Shakim Mulumba's treatment.

258. The Respondent's attempts to diminish Mr. Mawanda's credibility based on how he refers to himself, overlook the fact that the Applicant had every reason to trust and rely on the services of a properly licensed and experienced healthcare provider. Issues regarding Mr. Mawanda's title or designation should not reflect upon the authenticity of the care provided or the validity of the invoices submitted for Shakim Mulumba's treatment.

259. In light of the prevailing practices in Uganda's medical field and the proper authorization received by Mr. Mawanda to practice and operate a clinic, the Tribunal concludes that the Respondent's argument challenging the credibility of Mr. Mawanda's testimony is unfounded. This context does not equate to misrepresentation but rather reflects the standard practices of healthcare communication within Uganda. The Respondent's understanding of the healthcare system in Uganda was not improved by its investigator's inquiries. It would have been useful for the investigator to have ascertained Mr Mawanda's credentials.

260. Hence, the Tribunal affirms the legitimacy of Mr. Mawanda's role in the treatment of Shakim Mulumba and maintains that he is a credible witness whose statements regarding the care provided at the isolation centre affiliated with MIMC hold significant weight in this case.

The Applicant's decision to rely solely on her family Doctor instead of facilities with UNHCR arrangements

261. The Respondent also contends that the Applicant should have taken her son, Shakim Mulumba, to medical facilities with established payment arrangements with UNHCR, rather than solely relying on her family doctor, Mr. Francis Mawanda, for his Covid-19 treatment. Mrs. Johanna Tupemba suggested in an email that the Applicant consider a larger medical facility for her son's treatment, but the Applicant could not comply with Ms. Johanna Tupemba's recommendation to transfer her son to a different facility. The Respondent argues that by not heeding this instruction, the Applicant undermines the credibility of her claims regarding her son's treatment, suggesting that the treatment did not occur as described and that the submitted invoices are not genuine.

262. The Applicant testified that Mrs. Tupemba emailed her suggesting she consider a larger medical facility for her son's treatment. However, she chose not to follow Ms. Johanna Tupemba's recommendation to transfer her son because her family doctor, who was overseeing his care, advised against it. The doctor explained that larger facilities were struggling with high patient volumes, which often led to neglect

and increased risks. Taking these circumstances into account, the Applicant decided to rely on her doctor's guidance and continue with the treatment plan he recommended.

263. The urgency of Covid-19 treatment during a critical period underscores the reasonableness of the Applicant's decision to follow the advice of her family doctor. At a time when access to care was paramount, it was both practical and reasonable for the Applicant to rely on a trusted healthcare provider with whom she and her family had a longstanding relationship. Continuity of care is a vital aspect of medical treatment, and the Applicant's choice to prioritize the convenience and familiarity of her family doctor demonstrates a rational and patient-centred approach to addressing her son's medical needs. The extraordinary circumstances surrounding the pandemic further justify this decision, reinforcing the validity of the care received and rendered under Mr. Mawanda's supervision.

264. The notion that the Applicant was obliged to seek treatment at a facility with established payment arrangements with UNHCR is fundamentally flawed. As highlighted in the investigator's testimony, these recommendations were presented as options, not mandatory instructions. The Applicant did not breach any compulsory rule. The medical insurance policy's flexibility regarding treatment options acknowledges that unique individual circumstances, especially during a public health crisis like Covid-19, might necessitate deviations from standard arrangements. Thus, the Applicant's decision to rely on her family doctor should be seen not as an oversight but as a legitimate choice made in the best interest of her son's health and well-being.

265. In light of these considerations, the Tribunal concludes that the arguments presented by the Respondent regarding the Applicant's choice of medical facility are unfounded. The provisions for seeking care were optional, and the Applicant acted within her rights to prioritize her son's immediate health needs by consulting her family doctor.

266. Consequently, the Tribunal affirms the legitimacy of Shakim Mulumba's treatment at the isolation centre affiliated with MIMC based on the established relationship between the Applicant and Mr. Mawanda, and the appropriateness of the Applicant's decision during a health crisis.

Whether Mr. Anthony Munga's conduct during the online hearing compromises the ethical and procedural standards expected of a witness

267. In rendering judgment on the present matter, this Tribunal must thoroughly examine the conduct of Mr. Anthony Munga, the second witness for the Respondent and a certified professional investigator, in light of the actions he undertook during the online hearing of witnesses. Specifically, Mr. Munga engaged in an act that contravenes the ethical and procedural standards expected of a witness by following the testimony of Mrs. Sharifa Ngabirano while she was testifying.

268. As a witness awaiting his own opportunity to testify, Mr. Munga was prohibited from observing the testimonies of others in order to maintain the integrity of his forthcoming statements. His decision to disregard this fundamental procedural rule not only demonstrates a potential bias but also undermines the impartiality and reliability of his subsequent testimony.

269. This breach of conduct, committed despite being fully aware of his responsibilities as a witness, raises substantial concerns about Mr. Munga's credibility and calls into question the objectivity he is expected to uphold in his professional capacity.

270. The Tribunal must therefore consider these implications when evaluating the overall weight and trustworthiness of Mr. Munga's contributions to the case at hand.

271. Mr. Munga's initial claim that he logged into the online hearing solely to test the system is clearly contradicted by the available technical evidence of the Tribunal's Registry, which indicates that he remained online for one hour and forty one minutes. This significant discrepancy raises serious questions about the veracity of his

statement. The amount of time he spent logged in does not align with his explanation, thereby suggesting not only a lack of transparency but also an intention to mislead the Tribunal regarding his true purpose of being present during the hearing of another witness.

272. Such behaviour from a witness, especially one in a position of responsibility like Mr. Munga, calls into question the reliability of his contributions to the case.

273. The Counsels for the Respondent explained to the Tribunal that they were unaware of Mr. Munga's decision to follow the testimony of Mrs. Sharifa Ngabirano and expressed their surprise at his actions, stating that such behaviour is not expected from a professional investigator. They sincerely apologized to the Tribunal for this incident and emphasized that, based on their extensive experience in both their home jurisdiction and in international practice, they fully recognize that Mr. Munga's conduct is unacceptable. Their commitment to upholding the standards of professional integrity was made clear, and they assured the Tribunal that they take this matter seriously, acknowledging that the principles of fairness and impartiality must always be maintained in judicial proceedings.

274. Mr. Munga explained to the Tribunal that he was following the proceedings to test whether the online system was functioning properly. However, he acknowledged that no request had been made by anyone from the Applicant's side, the Respondent's side, or the Tribunal itself for him to conduct such a test. Furthermore, he noted that this was his first time appearing before the Tribunal, and he expressed regret for his actions, requesting the Tribunal to accept his apologies for his actions.

275. Such behaviour is unacceptable for a professional investigator, whose primary duty is to uncover and present the truth transparently. The Tribunal upholds the necessity for honesty from all participants, particularly from those in positions of trust and responsibility.

276. The implications of Mr. Munga's conduct have been carefully considered, and the Tribunal acted with caution in evaluating any contributions he has made to the case.

277. His breach of procedural norms and provision of inaccurate information to the Tribunal casts significant doubt on the thoroughness and impartiality of his investigation. The Tribunal is compelled to question the reliability of Mr. Munga's investigative conclusions.

278. This Judgment emphasizes the Tribunal's commitment to upholding justice and the critical importance of witness credibility throughout the adjudicative process.

279. Considering these findings, the Tribunal deems it appropriate to afford less credibility to Mr. Munga's testimony, opting to place greater reliance on the testimonies of the medical professionals and corroborating documentary evidence that support the Applicant's claims.

280. In view of all of the above, the Tribunal, after an exhaustive examination of the detailed arguments, witness testimonies, and other evidence presented, concludes that the facts leading to the disciplinary measure against the Applicant do not constitute misconduct. The evidence presented by the Respondent against the Applicant is neither clear nor convincing so as to substantiate a finding of misconduct and the resultant sanction imposed on her.

281. Critical to this determination is the inability of the Respondent to convincingly demonstrate that the Applicant's son, Shakim Mulumba, did not receive Covid-19 treatment at the MIMC associated isolation unit. Furthermore, the Respondent could not clearly and convincingly prove that the medical invoices submitted were falsified or that the Applicant engaged in fraudulent activity.

282. It is not necessary for the Tribunal to review the third prong of the legal test, namely proportionality of the sanction, or the Applicant's submissions on due process irregularities.

283. Consequently, the Tribunal rules in favour of the Applicant, concluding that she acted in good faith in her efforts to secure her son's medical treatment and in the subsequent submission of medical invoices for reimbursement.

284. The Tribunal finds that the contested decision terminating the Applicant's employment, was, therefore, unlawful.

Relief before the Dispute Tribunal

285. The Statute of the Dispute Tribunal provides in art. 10.5 an exhaustive list of remedies, which the Dispute Tribunal may only order one or both of the following:

(a) Rescission of the contested administrative decision or specific performance, provided that, where the contested administrative decision concerns appointment, promotion or termination, the Dispute Tribunal shall also set an amount of compensation that the Respondent may elect to pay as an alternative to the rescission of the contested administrative decision or specific performance ordered, subject to subparagraph (b) of the present paragraph.

(b) Compensation for harm, supported by evidence, which shall normally not exceed the equivalent of two years' net base salary of the Applicant. The Dispute Tribunal may, however, in exceptional cases order the payment of a higher compensation for harm, supported by evidence, and shall provide the reasons for that decision.

286. The Applicant principally seeks the rescission of the contested decision and reinstatement to her former post. She also appeals for the sanction of reimbursing medical expenses that were disbursed be set aside.

287. The Respondent asserts that since the imposition of the disciplinary measure was lawful, its rescission and the reversal of its consequent effects are not warranted.

288. Considering its abovementioned findings on the unlawfulness of the contested decision, the Tribunal finds that the most appropriate remedy would be to rescind the contested decision.

289. An order for rescission, although technically conceivable within the provisions of the Statute, cannot be made without proper consideration of its effect. In practical terms, the result of such an Order would be nothing short of an upheaval in the staffing arrangements of the Organization, which would in turn injure the rights of other staff members. It is perhaps in recognition of the potential effect of such an order that art. 10.5(a) of the Tribunal's Statute *mandates* the Tribunal to also set a monetary amount that the Respondent may elect to pay as an alternative to rescission or specific performance.

290. Given the circumstances of this case, the Tribunal sets the amount of compensation *in lieu* of rescission to two years of net base salary.

Conclusion

291. In light of the foregoing, the Tribunal DECIDES:

- a. To rescind the contested decision in its entirety;
- b. Should the Secretary-General decide against reinstating the Applicant, the Tribunal sets compensation *in lieu* of reinstatement at two years' net-base salary; and
- c. To set aside the sanction of recouping from the Applicant the medical expenses that were disbursed.

(Signed)

Judge Solomon Areda Waktolla
Dated this 4th day of September 2024

Entered in the Register on this 4th day of September 2024

(Signed)

Wanda Carter, Registrar, Nairobi