

MINI'S VILLAGE FOUNDATION

England & Wales · Charity number 1205457

Details

Status Registered

Legal form CIO

Registered 2023-10-27

Register [View on the Charity Commission register](#)

Contact

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Activities

Objects: THE ADVANCEMENT OF HEALTH AND SAVING OF LIVES FOR THE PUBLIC BENEFIT THROUGH: - THE PROMOTION OF PUBLIC AWARENESS OF HIV/AIDS AND END STIGMATIZATION OF PEOPLE IN SIERRA LEONE LIVING WITH HIV/AIDS. - SUPPORTING INDIVIDUALS LIVING WITH HIV/AIDS AND EDUCATING THEM ON SAFE SEX. - WORKING WITH CHARITABLE AND NON-CHARITABLE ORGANIZATIONS IN SIERRA LEONE TO PROVIDE SUPPORT TO THOSE LIVING WITH HIV/AIDS

Activities: The advancement of health and saving of lives for the public benefit through: The promotion of public awareness of HIV/AIDS and end stigmatization of people in Sierra Leone living with HIV/AIDS. Supporting individuals living with HIV/AIDS and educating them on safe sex. Working with charitable and non-charitable organizations in Sierra Leone to provide support to those living with HIV/AIDS

Classification

- **How:** Provides Services, Provides Advocacy/advice/information
- **What:** General Charitable Purposes, The Advancement Of Health Or Saving Of Lives, Disability
- **Who:** Children/young People, The General Public/mankind

Geography

- Sierra Leone

Finances

Period end	Income	Expenditure	Assets	Employees
2025-08-10		-	-	-
2024-08-10		£0	£0	-

Trustees

Name	Role	Appointed
Ramata Rebecca S Kanu	Chair	2023-10-02
Dr James Talbot		2025-10-22
Dr Michelle Croston		2024-03-11
Philip Swanneh Ambulai		2025-09-23

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Accounts

Mini's Village Foundation (MVF) Report on Field Trip 5-10th May 2024

Sunday 5th May 2024

Professor Simon Taylor-Robinson (Trustee - STR) and Mr Álvaro del Valle Palacios (Executive Board Member - AVP) flew to Lungi Airport in Sierra Leone on a Kenya Airways flight from Accra in Ghana, arriving at 18.30 hrs. They were met by Philip Lahai Ambulai (PLA) and Ramata Rebecca Kanu (RRK) (co-founders of MVF and Trustees of MVF), who had arrived in Sierra Leone by road from Conakry in Guinea, the day previously (where they had flown in on an Air France flight from London via Paris CDG). A transfer was effected to the Lungi Airport Hotel for overnight.

Monday 6th May 2024

A 5-hour road transfer was made by RRK, PLA, AVP and STR from Lungi to Koidu, the main town in Kono District, situated in the Eastern Province, close to the border with Guinea. The town is at the centre of Sierra Leone's diamond mining and was the scene of fierce fighting during Sierra Leone's Civil War. Currently, it is believed to be hotspot of a hepatitis B outbreak in the country. Partners in Health (A US-based Medical Charity - <https://www.pih.org/country/sierra-leone>) and Build Health International (<https://buildhealthinternational.org/project/koidu-government-hospital-west-africa-assessment/>) have supported Koidu Government Hospital with rebuilding services and reequipping laboratories after the long period of political and social instability.

We visited the hepatitis B outpatient clinic and found facilities to be lacking with poor record keeping, a lack of even basic education on the part of the healthcare providers with respect to hepatitis B and a lack of basic hygiene. We went on to visit a female medical ward, the maternity unit, the blood bank, the haematology, biochemistry, microbiology and virology laboratories and the pharmacy. Laboratories were plagued by a lack of working equipment (and no way to obtain reliable maintenance or spare parts), a lack of laboratory reagents and a lack of cleanliness. Electricity cuts meant that a workable microbiology service was impossible, even if equipment was available or working as fridges and incubators were left without power.

On visiting the blood bank, we noted blood spillages and a lack of obvious protocols. On questioning the staff, one head of the blood bank service noted that there had been no testing for hepatitis B or HIV for seven months owing to a lack of reagents. The Pharmacy was poorly organised and lacked basic drugs. Most were kept at the wrong temperature to make them viable, and a lack of refrigeration meant that many drugs had been spoiled in the heat.

In summary, the hospital was in receipt of a lot of external aid, but poor organisation, a lack of equipment or a lack of working equipment, and a lack of education has led to a lack of even basic medical services in some areas. The admission that HIV and hepatitis B testing had not been possible for 7 months implied that patients were seriously vulnerable to iatrogenic infections from infected blood.

After the visit to the hospital, we travelled by unpaved road on a 7-hour journey to Kenema, the Provincial Capital of the Eastern Province and currently the second most populous town in the country. The journey was arduous, passing through villages that had no access to electricity or clean water and with little access to the outside world, as mobile phone signal was non-existent. The large potholes and frequent puddles in the dirt road meant that the 4x4 vehicle became frequently stuck in the mud. Most of the journey was conducted in the pitch black of night. We arrived at the Dorwaila Inn and Suites at 10.30pm for dinner and overnight.

Tuesday 7th May 2024

The day started with a visit to Kenema Government Hospital. We met the Chief Medical Officer and the Head of Laboratory Services. We visited a theatre where surgical equipment was noted to be rusty and unsanitary. We visited the haematology, biochemistry and microbiology laboratories and the pharmacy. Conditions were similar to Koidu Government Hospital with poorly equipped laboratories, unsanitary conditions and a lack of reagents, complicated by unreliable electricity delivery. On questioning some of the staff, it was apparent that on visiting the phlebotomy department needles were being reused, further putting patients at risk of iatrogenic viral infections.

The situation in the hospital was typified by staff shortages, a lack of education, a lack of working laboratories with an absence of working equipment and poor cleanliness with inadequate protocols.

We then visited Nyayia Maternal and Child Hospital in Kenema. Unlike the Government Hospitals which were unsanitary, this hospital, which is privately owned and not-for-profit, was very clean. However, it had suffered from a lack of electricity for 3 days. All the drugs in the pharmacy fridges were spoiled and it was doubtful that anything in the pharmacy was viable as a consequence.

We then travelled via Bo on a 6-hour journey to Freetown, arriving at 7.30pm. The journey was broken at Mile 91 by a visit to the Community Health Foundation Clinic (<https://chfoundationinc.org/community-health-foundation/>). Of note, their electricity was supplied by a bank of solar energy panels that allowed reliable power for the clinic, the laboratories and the pharmacy.

The journey to Freetown was uneventful, apart from a shortage of fuel which was difficult to find and a constant worry as to where it may be found. Petrol eventually had to be bought at the roadside from market vendors. However, on reaching the city, traffic was very congested and virtually gridlocked. We eventually arrived at the Radisson Mama Yoko Hotel where STR and AVP stayed. RRK and PLA stayed at the Pearl Hotel.

Wednesday 8th May 2024

In the morning, we visited the King Harman Road Government Maternity Hospital. We visited wards, laboratories and the pharmacy. As with other hospitals visited, there was poor organisation, training and general management. Laboratories were ill equipped and poorly maintained. Drugs were stored in the pharmacy in severely suboptimal conditions. The hepatitis B services were severely lacking and were separate to the HIV services – there was a lack of coordination of care and vaccination services for neonates for hepatitis B were non-existent (new mothers being directed across town with a vague recommendation for vaccination at a local pharmacy).

We then visited the Ministry of Health to discuss our visit. The Ministry does not have working lifts and has not had them for decades, owing to a lack of parts and

maintenance. We therefore climbed six floors to our meeting. We met the Permanent Secretary of the Ministry of Health but were unable to meet the Minister. However, a meeting was arranged for the following day with the medical personnel responsible for infectious diseases, HIV and hepatitis B.

Thursday 9th May 2024

We visited the Ministry of Education, meeting both the Minister of Education and the Deputy Minister. Constructive discussions were made. The Deputy Minister promised to help with destigmatisation programmes for HIV, should MVF work on this in the future.

A repeat visit to the Ministry of Health saw a discussion with those responsible for the HIV and hepatitis B programmes. We discussed our findings with them. STR agreed to help them make contacts in order to strengthen their bid to the Global Fund for a strengthened HIV and HBV healthcare programme.

A small tour of Freetown was undertaken – the huge amount of plastic waste was noted. In some areas of the city, the mountains of plastic waste was being burnt with toxic fumes spreading across the city.

Friday 10th May 2024

RRK and PLA accompanied STR and AVP to the ferry terminal in Freetown for the 1 hour 15-minute car ferry ride to Lungi and the onward car ride to Lungi Airport to connect with the Kenya Airways flight to Accra. RRK and PLA left for Conakry by ferry on 12th May to connect with flights on Air France to London via Paris CDG.

Summary

Our findings showed that Government Hospitals were poorly equipped and chronically underfunded with poorly trained staff and chaotic delivery of services. Unsafe and potential criminally dangerous practices were noted. There is a need for a MVF clinic in Lungi, but there seems nobody in the country who are sufficiently trained to run it.



Laboratory in Kenema



Laboratory in Kenema



Non-functioning microscopes



Non-functioning lab equipment



Used for to boil needles for re-use



Incomplete lab records

AMBULATORY PRICE LIST	
1. General Examination	100.00
2. Specialist Examination	200.00
3. Laboratory Examination	300.00
4. X-ray Examination	400.00
5. Ultrasound Examination	500.00
6. Endoscopy Examination	600.00
7. Biopsy Examination	700.00
8. Histology Examination	800.00
9. Cytology Examination	900.00
10. Pathology Examination	1000.00
11. Radiology Examination	1100.00
12. Cardiology Examination	1200.00
13. Neurology Examination	1300.00
14. Psychiatry Examination	1400.00
15. Dermatology Examination	1500.00
16. Ophthalmology Examination	1600.00
17. Otorhinolaryngology Examination	1700.00
18. Gynaecology Examination	1800.00
19. Paediatrics Examination	1900.00
20. Geriatrics Examination	2000.00
21. Rehabilitation Examination	2100.00
22. Palliative Care Examination	2200.00
23. Supportive Care Examination	2300.00
24. Pre-operative Examination	2400.00
25. Post-operative Examination	2500.00
26. Intensive Care Examination	2600.00
27. Critical Care Examination	2700.00
28. Emergency Examination	2800.00
29. Trauma Examination	2900.00
30. Burns Examination	3000.00
31. Poisoning Examination	3100.00
32. Infection Examination	3200.00
33. Immunization Examination	3300.00
34. Health Promotion Examination	3400.00
35. Health Education Examination	3500.00
36. Health Screening Examination	3600.00
37. Health Assessment Examination	3700.00
38. Health Monitoring Examination	3800.00
39. Health Evaluation Examination	3900.00
40. Health Improvement Examination	4000.00

List of prices at Kenema Hospital



Ripped record books



Blood-stained surgical material



Unsafe fuse box with wires



Microbiology Dept. at Kenema Hospital



Non-functioning lab equipment



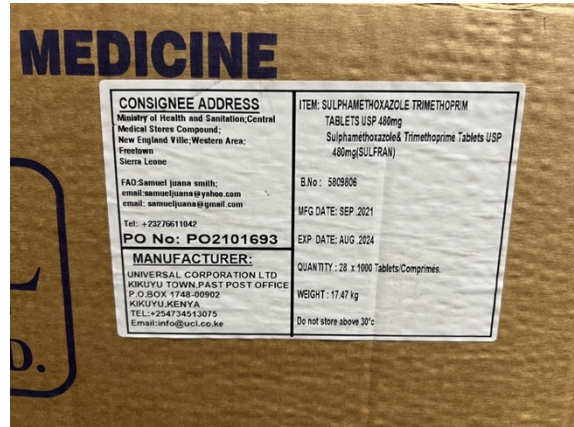
Unsanitary lab conditions in Kenema



HIV lab in Maternity Hospital
(Freetown)



Pharmacy in King Harman Maternity Hospital (Freetown)



Medicines stored at high temperatures
("Do not store above 30° C")



UNICEF boxes in KHMH



Medicines stored at high temperatures



Pharmacy in KHMH



HIV drugs stored at high temperatures

