

## **Mini's Village Foundation (MVF) Report on Field Trip 5-10<sup>th</sup> May 2024**

### **Sunday 5<sup>th</sup> 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 6<sup>th</sup> 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 7<sup>th</sup> 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 8<sup>th</sup> 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 9<sup>th</sup> 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 10<sup>th</sup> 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 12<sup>th</sup> 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. Konsultasi Dokter Umum	Rp. 10.000
2. Konsultasi Dokter Spesialis	Rp. 20.000
3. Konsultasi Dokter Gigi	Rp. 15.000
4. Pemeriksaan Fisik	Rp. 5.000
5. Pemeriksaan Rontgen	Rp. 10.000
6. Pemeriksaan Laboratorium	Rp. 5.000
7. Pemeriksaan EKG	Rp. 10.000
8. Pemeriksaan USG	Rp. 20.000
9. Pemeriksaan Endoskopi	Rp. 30.000
10. Pemeriksaan Kolonoskopi	Rp. 40.000
11. Pemeriksaan Laparotomi	Rp. 50.000
12. Pemeriksaan Histeroskopi	Rp. 30.000
13. Pemeriksaan Proktoskopi	Rp. 20.000
14. Pemeriksaan Sigmoidoskopi	Rp. 15.000
15. Pemeriksaan Bronkoskopi	Rp. 25.000
16. Pemeriksaan Esofagoskopi	Rp. 20.000
17. Pemeriksaan Kistoskopi	Rp. 15.000
18. Pemeriksaan Uteroskopi	Rp. 10.000
19. Pemeriksaan Proktoskopi	Rp. 10.000
20. Pemeriksaan Sigmoidoskopi	Rp. 10.000
21. Pemeriksaan Bronkoskopi	Rp. 10.000
22. Pemeriksaan Esofagoskopi	Rp. 10.000
23. Pemeriksaan Kistoskopi	Rp. 10.000
24. Pemeriksaan Uteroskopi	Rp. 10.000
25. Pemeriksaan Proktoskopi	Rp. 10.000
26. Pemeriksaan Sigmoidoskopi	Rp. 10.000
27. Pemeriksaan Bronkoskopi	Rp. 10.000
28. Pemeriksaan Esofagoskopi	Rp. 10.000
29. Pemeriksaan Kistoskopi	Rp. 10.000
30. Pemeriksaan Uteroskopi	Rp. 10.000
31. Pemeriksaan Proktoskopi	Rp. 10.000
32. Pemeriksaan Sigmoidoskopi	Rp. 10.000
33. Pemeriksaan Bronkoskopi	Rp. 10.000
34. Pemeriksaan Esofagoskopi	Rp. 10.000
35. Pemeriksaan Kistoskopi	Rp. 10.000
36. Pemeriksaan Uteroskopi	Rp. 10.000
37. Pemeriksaan Proktoskopi	Rp. 10.000
38. Pemeriksaan Sigmoidoskopi	Rp. 10.000
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40. Pemeriksaan Esofagoskopi	Rp. 10.000
41. Pemeriksaan Kistoskopi	Rp. 10.000
42. Pemeriksaan Uteroskopi	Rp. 10.000
43. Pemeriksaan Proktoskopi	Rp. 10.000
44. Pemeriksaan Sigmoidoskopi	Rp. 10.000
45. Pemeriksaan Bronkoskopi	Rp. 10.000
46. Pemeriksaan Esofagoskopi	Rp. 10.000
47. Pemeriksaan Kistoskopi	Rp. 10.000
48. Pemeriksaan Uteroskopi	Rp. 10.000
49. Pemeriksaan Proktoskopi	Rp. 10.000
50. Pemeriksaan Sigmoidoskopi	Rp. 10.000

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



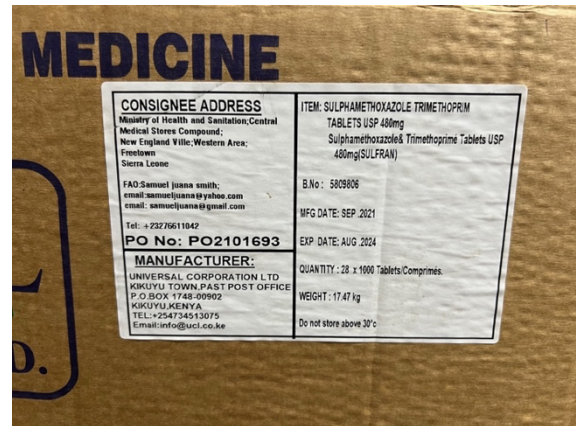
Unsanitary lab conditions in Kenema



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





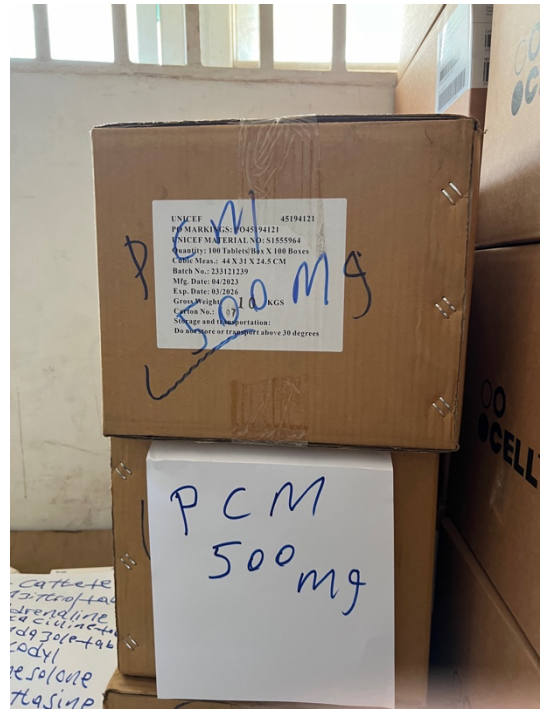
Medical records in KHHH



UKAID boxes in KHHH



USAID boxes in KHHH



Medicines stored at high temperatures

