

RINJ RSAC – Africa Clinics

Our Mission To Africa Begins Now



RINJ RSAC – Africa Clinic | The RINJ Foundation
<https://rinj.org/africa/>

The RINJ Foundation Purpose

- To exist for the benefit of the general public.
- To help prevent [rape and sexual assault crime](#).
- To assist those who have become survivors of [these crimes](#).

1. while supporting and caring
for survivors, to also gather and compile detailed information on parties to armed

conflict that are credibly suspected of committing or being responsible for acts of rape or other forms of sexual violence.

2. vigilant in its Sexual Assault
Clinics (RSAC) and aggressively gather evidence where a pattern of sexually violent conduct appears to prove the crime of genocide.
3. to women and children and their
families. Community related services such as victim advocacy, crisis hotlines, community outreach, & education programs are provided based on each RSAC's resources at the discretion of the local RSAC nurse-led team.
4. mandate The RINJ Foundation has learned the best way to achieve its objectives is to offer full medical care to the community served by RSAC mobile units and to establish long-term relationships with female and child clients for the purpose of establishing and understanding in absolute privacy the complete range of needs of the patient. Any patient seen at our doorstep can be assumed to be a health care patient.
5. crimes are canvassed for as much
information as possible about perpetrators so that any assistance they may provide is made available to investigators. All communication is absolutely private. The patient has the option of reporting the crime and seeking a prosecution in which they will participate. If that is the patient's decision the nurse follows the prescribed intake and forensic evidence collection procedure as set out in pre-intake, primary exam and forensic kit protocols. https://rinj.org/documents/medical_forms/
6. Mobile RSAC Team Leads
are most likely to be an RN (Registered Nurse) but regionally they report to and

are delegated by a Nurse Practitioner (NP). NPs are an integral part of The RINJ Foundations primary care teams strategy and lead the move to team-based medical practice in community settings.

7. _____ as well as rural settings where there are shortages of doctors, and with patients who suffer a multitude of chronic illnesses and are ill-suited for a traditional seven-minute doctor's appointment.

_____ **led Women's clinics** to help us care for survivors of sexual assault in war zones and areas of armed conflict. We need your **help** to move quickly because in Africa, the Islamic State, active by many names, is taking over one country after another, using rape as a method of genocide.

1. *Patients must be seen repeatedly for weeks and months in order to ensure their survival.*
2. *Sexually transmitted diseases from rapists and unwanted rape-pregnancies are epidemic and must be treated.*
3. *The mental health care provided by RSACs is intended to prevent suicide and to get the survivor back on track in a useful and productive life.*



RSACs Provide A Range Of Women's Health Care including Obstetrics

have a 55 gallon water tank and pump system. This allows for one week of water supply at normal usage. The split a/c is D/C inverted and very efficient. All equipment and lighting is universal power with universal outlets. The solar equipment/system can be programmed for 110 volt – 220 volt 50/60 hz.

permanently mounted on the roof which can produce 1500 watts of electricity. There are eight sealed lead-acid solar batteries which is the primary source of stored power. The whole clinic's average power consumption with all equipment on (including a/c unit) is 500 watts. Even on a rainy/cloudy day the supply:demand of power is usually 4:1 ratio.

Parkland Plastic Non-frp forms the ceilings and the walls. The flooring is Armstrong seamless vinyl and is curved to cove the walls seamlessly. There is four inches of 1/2 lb icynene expandable foam insulation in the walls and ceilings which in effect gives you a R16 value. Electrics are to international code. Walls are steel studded and everything is level 1 commercial product.



Inside the Mobile RSAC

provides clear evidence of the correlation of reliable access to effective practices with better population health outcomes. While it is not always possible for a patient to see her own nurse or her other medical team members, efforts are made to ensure that continuity of care remain central to access planning and quality which is why we favour a small leave-behind presence (Two-Staff, Land Rover and Tent) when the Mobile RSAC moves onward in rotation.

and can be moved easily.

in basic RSAC care is exceedingly difficult. Therefore, in lieu of setting access targets, we focus on enhancing access, specifically through same-day scheduling for things like pharmacological dispensing, blood tests, inoculations etc. all done the same day as the face-to-face.

such as age, gender, language spoken, culture, socioeconomic status, and medical complexity determine the number of patient visits within a time line. We tend to favour the Murray and Tantau model which leaves 65 per cent of the day's bookings open for walk-ins or deferrals and 35 per cent booked. It

works like this: The 35 per cent are for patients who ‘couldn’t make it in on Friday and chose Saturday instead’ or ‘patients whom the intake deliberately scheduled today for follow-up’. Direct visits, after-hour appointments, and Smartphone communication or other digital follow up can take up shortfalls. The goal is to see all patients scheduled and unscheduled, avoiding as much as possible, long wait times. That’s the basic model.

for this work and need to see a certain number of patients per month to justify the location. Most return pt visits are weekly. So you see a 20ft Mobile RSAC unit supported by a two-staff, a land-rover and a tent to do follow ups when the Mobile RSAC unit moves to the next camp could well be the precursor to dropping a 40ft RSAC unit if the patient load calls for that. (The 40ft units have triple the staff and can handle four times the number of pts as a 20ft RSAC Unit but they can’t move.)



RSAC 40ft Unit

(below) every five days we make a move—the 20ft Units are good for this. The follow ups are patient progress and treatment monitoring. Surgical procedures are only done in the Mobile RSAC Units.

as many sexual violence patients as we can. We prevent suicides, quash the spread of dangerous STDs, and collect sexual-violence testimonial and forensic evidence related to law enforcement; and everyone is better served by that focus.

Mobile [RINJ Sexual Assault Clinics](#) For Africa



and other materials. [Can you help?](#)

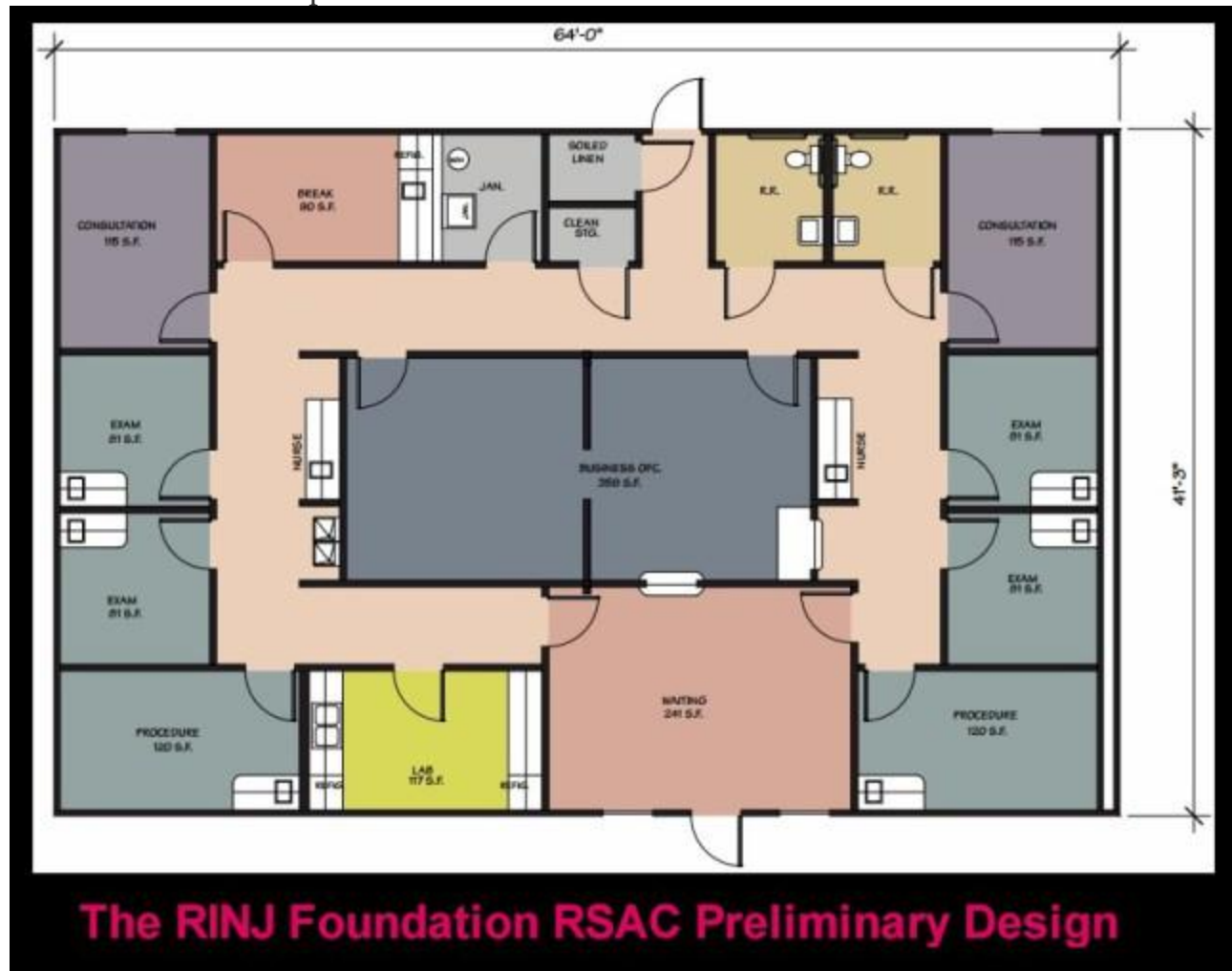
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Permanent [RINJ Sexual Assault Clinics](#) For Africa

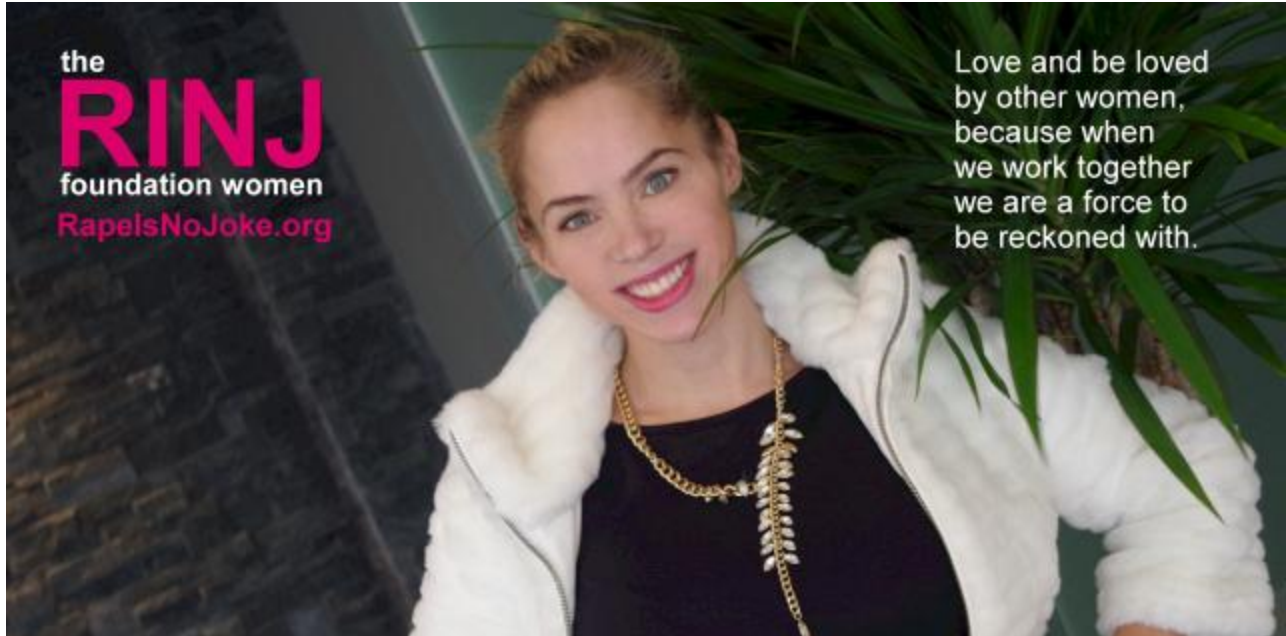
for each and every patient. Seeing a patient once is not good enough.

Community related services such as victim advocacy, crisis hotlines, community outreach, & education programs are provided based on each RSAC's resources at the discretion of the local RSAC nurse-led team.

- Trauma care;
- Physical injuries treatment and minor surgery;
- Sexually transmitted disease detection treatment and prevention;
- Sexual assault forensic testing;
- Pregnancy issues, from abortion to delivering your baby;
- Legal course of action counseling;
- Criminal prosecution assistance;
- Mental health care; and
- all needed follow-up care.



because “Rape” (_____ things like “caring” instead but seek _____



drawn to us because they themselves are sexual violence survivors.

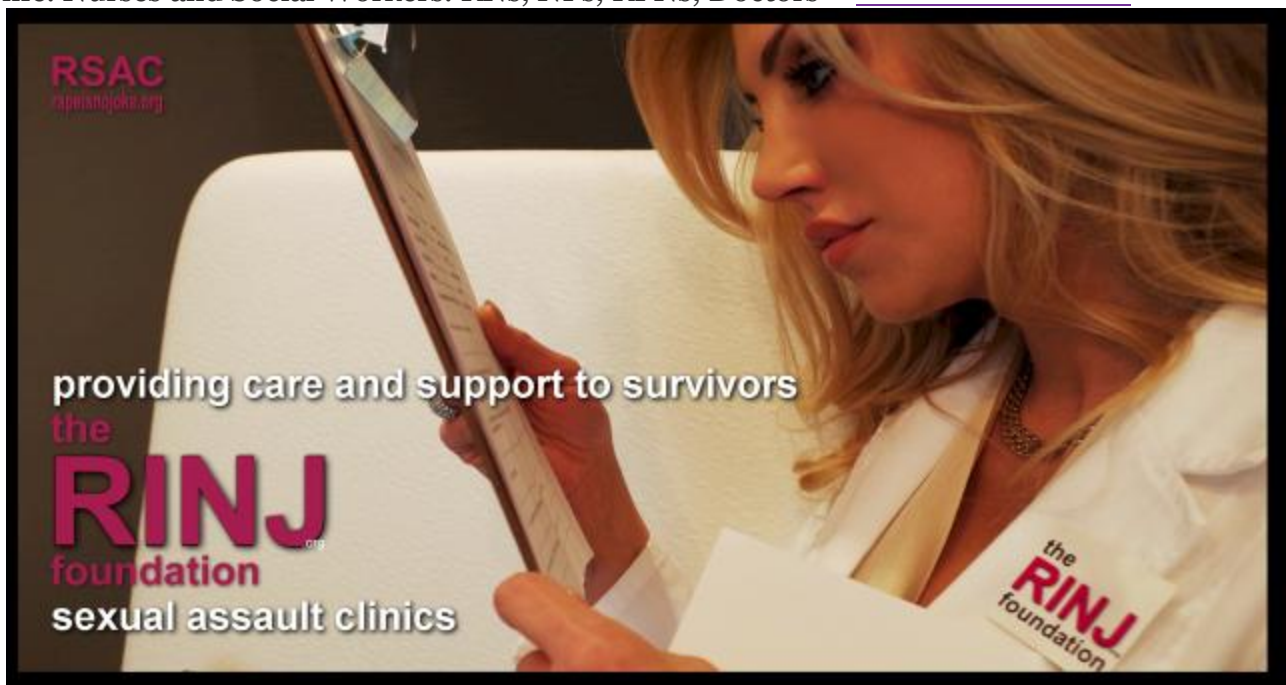
; very outgoing; beautifully creative in their communication; and we promote those attributes.

Repeat visits are needed for each and every patient. Seeing a patient once is not good enough.



They are like all nurses: “warriors” and “heroes”, and so we promote that too and encourage children and women who have had a negative experiences to come to an RSAC for health care and to heal with people who care and share.

We do all of this to show that it’s OK. You are probably a hero, if you are a “survivor” and are light years ahead of most people for having survived adversity in your life. Nurses and Social Workers. RNs, NPs, RPNs, Doctors – _____



Our stylized “Women” can roll up their sleeves and launch into anything because they have the confidence and the resourcefulness of people who have survived great adversity. This is so evident in everything we see in each other.

- If we have some kleenex in a box for patients, we try have something unusual like coloured kleenex.
- If we paint a wall, we try to add a nice, warm, friendly, inspiring message.

What I am sharing with you is some of our [plans for now and the future](#). We have great volunteer people all over the world and want to add you to our list because you too are beautiful. Why? Clearly, you are our friend.



Love and be loved by other women, because when we work together we are a force to be reckoned with.

<https://rinj.org/JOIN>

Join us in strongly forcing a change in the way people think. Rape is no joke. We want a safer society for you and your family. Donate to The RINJ Foundation using Paypal (link below) or Interac e-Transfer to the email address below. Interac e-Transfer is a simple, convenient and secure way to send money directly from one bank account direct to The RINJ Foundation’s bank account.

Paypal: rinj@rinj.org

Interac Email: rinj@rinj.org

For an INTERAC email transfer all you need is access to online or mobile banking through a participating financial institution, and you can send money without sharing any personal or financial information. If you would like your gift to honour someone, please inform us at the same email address.

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RSAC Protocol Documents

- # 0 – [RINJ Biological Waste Disposal PDF- 1708 kB](#)
- # 1 – [RINJ Care of Women WHO RHR 1426 eng PDF- 1834 kB](#)
- # 2 – [RINJ Disinfection Standards Nov 2008 PDF- 971 kB](#)
- # 3 – [RINJ Donation Process Guidelines For Professionals PDF- 323 kB](#)
- # 4 – [RINJ End of Life PDF- 268 kB](#)
- # 5 – [RINJ Intake Primary Examination PDF- 186 kB](#)
- # 6 – [RINJ Rape Patients Initial Indications PDF- 347 kB](#)
- # 7 – [RINJ Sexual Assault Clinics DNA Testing PDF- 346 kB](#)
- # 8 – [RINJ Sexual Assault Clinics Drug Discrepancy Form PDF- 72 kB](#)
- # 9 – [RINJ Sexual Assault Clinics General Discharge Form PDF- 39 kB](#)
- # 10 – [RINJ Sexual Assault Clinics Hand Sanitizer Instructions PDF- 87 kB](#)
- # 11 – [RINJ Sexual Assault Clinics Monitoring and Reporting Adverse Events PDF- 106 kB](#)
- # 12 – [RINJ Sexual Assault Clinics Needle Stick Injury PDF- 115 kB](#)
- # 13 – [RINJ Sexual Assault Clinics Nursing Manual PDF- 347 kB](#)
- # 14 – [RINJ Sexual Assault Clinics OR Cleaning Record PDF- 111 kB](#)
- # 15 – [RINJ Sexual Assault Clinics Policy on sharp injury prevention PDF- 104 kB](#)
- # 16 – [RINJ Sexual Assault Clinics Policy re Patients PDF- 71 kB](#)
- # 17 – [RINJ Sexual Assault Clinics Policy re Protective Equipment PDF- 27 kB](#)
- # 18 – [RINJ Sexual Assault Clinics Procedure on Steam Sterilization PDF- 95 kB](#)
- # 19 – [RINJ Sexual Assault Clinics Protocol Instrument Sterilization PDF- 42 kB](#)
- # 20 – [RINJ Sexual Assault Clinics Pt Discharge RINJ PDF- 116 kB](#)
- # 21 – [RINJ Sexual Assault Clinics Quality Assurance Program PDF- 66 kB](#)
- # 22 – [RINJ Sexual Assault Clinics Release of Medical Info Form PDF- 34 kB](#)
- # 23 – [RINJ Sexual Assault Clinics Sterilization Manual Cover PDF- 48 kB](#)
- # 24 – [RINJ Sexual Assault Clinics peer review and audit chart PDF- 216 kB](#)