RSAC Rojava Mission

The RINJ Foundation

Medical Health Care Mission In Rojava

1. **Initial team of 20 nurses** inbound.
2. **Second team of 24 nurses** to arrive 2 months later after imaging department & tele-health centre built.
3. **Nurses will do hospital shifts** fit to their RSAC-R1 Facility work schedule
4. **Delivering Medical services and script fills** after 4-days from arrival.
5. **Hosted by Canton in 1st 4 days** while eng. team roughly fixes building and sterilizes nominal facilities in one section of the building while other work continues.
6. **Two Team Leaders (RN and NP)**
7. **Advance team 20 Nurses**
8. **Edge of city Rojava HQ building**, Kobane HQ (Kurdistan)
9. **The first of thirty regional mobile clinics arrive with varying capabilities**–the first units to Sinjar area or the current priority area of thirty villages in Rojava and eastern Kurdistan (KRI – near Dohuk.
10. **RSAC general health care facilities** will focus on women and children health care including obstetrics, STD's, infectious disease control, pregnancies, general trauma, overall health care. No patient is turned away, some will be escalated to a hospital.
11. **All Patients** will Receive Full Care on First Visit
12. **International research 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 I favour a small leave-behind presence (Two-Staff, Land Rover and Tent) when the Mobile RSAC moves onward in rotation.

13. **Establishing wait time targets 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 etceteras all done the same day as the face-to-face.
14. **Demographics of the population** 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.
15. **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.
16. **We have a performance 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. 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 and operate 24/7)

17. **Until we have enough units in the field** every five days we make a move–the 20ft Units are good for this. The follow ups are pt progress and treatment monitoring. Procedures are only done in the Mobile Units. We really do want to stick to our mission and don't want to get into a bog where we are locked down doing general practice work only. We in this manner focus on finding and regularly seeing as many sexual violence pts 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.
18. **The 20 foot units have a 55 gallon water tank and pump system.** This allows for one week of water supply at normal usage. Water must be obtained and purified once a week and this is the job of the administrative person.
19. **The split a/c is D/C inverted and very efficient.** All equipment and lighting is universal power with universal outlets. Solar equipment/system can be programmed for 110 volt – 220 volt 50/60 hz. There are six solar panels that can be 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 our supply verses demand of power is usually 4:1 ratio.
20. **Every surface can be disinfected.** We use Parkland Plastic Non-frp on the ceilings and the walls. The flooring is Armstrong seamless vinyl and is coved up the walls 3 inches. 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. Electrical is to international code. Walls are steel studded and Everything is level 1 commercial product. Meaning we have designed our units to be very durable to withstand the most austere environments.
21. **More information.**
    https://therinjfoundationfreeposters.wordpress.com/rinj-rsac-mobile-clinics-for-kurdistan-iraq-and-various-african-nations/

Budgets and Costs

(*Money is in $USD and Year-Dollars are 2016*)

1. Each clinic has a total need of:
2. $52k x 5 (3 Nurses, 2 security/assistants)
3. $35k x 1 Health Care Administrator (Certificate)
4. $3500 x 3 Regional volunteers who speak the language of the locals.
5. $52K Meds we must buy
6. $20K Equipment maint., spares, O2, disposables.
7. **377,500 Per year Per Unit**
8. 30 Mobile Clinics for Delivery of Medical Services, Including Treatment of Rape Survivors, in The Rojava Districts of Syria Incl. Initial cost per 20ft. clinic is about $70k and shipping is $5k. This concept is designed to use thirty 20-ft containers, converted into mobile self-contained one room medical clinics, as a means of providing medical services including treatment of rape survivors to the autonomous region of northern Syria known as Rojava. These mobile clinics are desperately needed by the people of Rojava since much of the area's medical infrastructure has been devastated by three years of the Syrian Civil War and two years of fighting the Islamic State terrorist group.

*** Total Project Amount: $47,550,000.**

*** Total Project Duration: 48 months**

Staffing

Unless Notified Otherwise Each paid and unpaid worker gets:

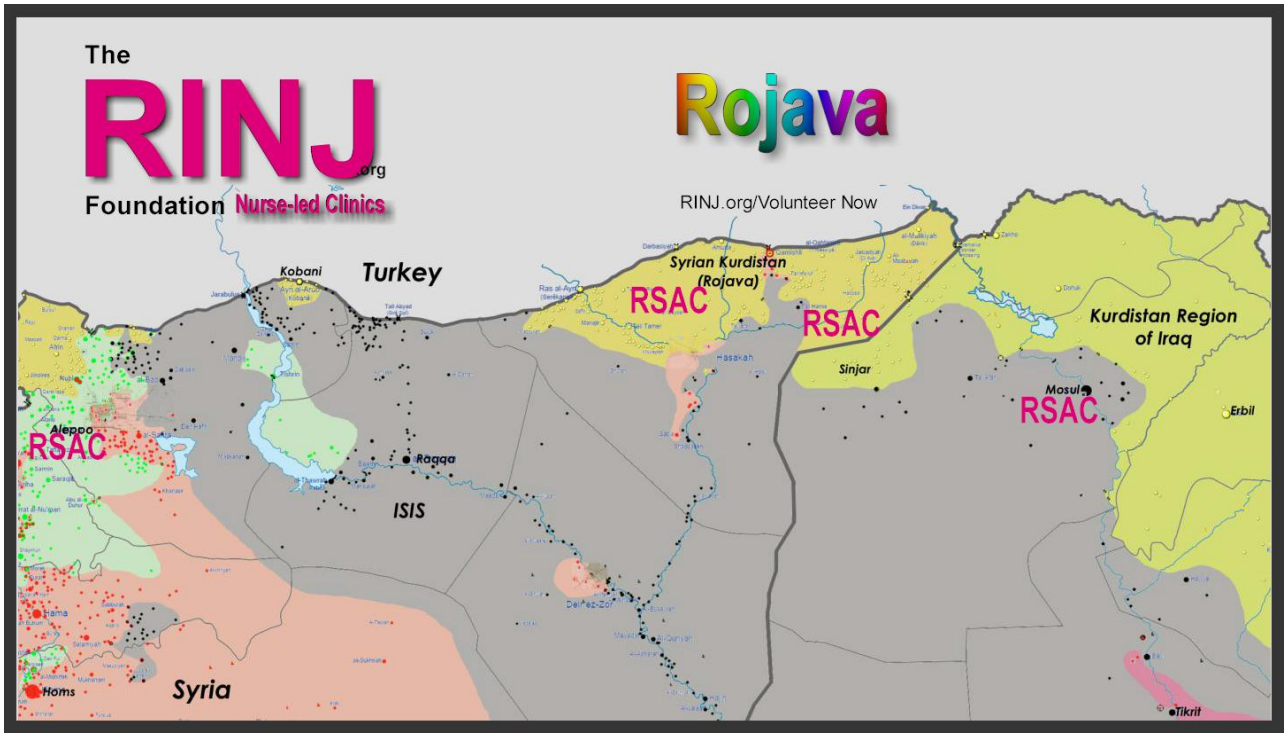
- Pre-departure training through a combination of readings, e-learning and face-to-face meetings and workshops
- Reimbursement of required vaccinations and related medical fees
- Assist required visas and work permits
- Paid vacation (25 days per year)
- Accommodation and transportation in Canada for briefings and debriefings
- Accommodation and food in the field
- Round-trip transportation to the field
- Medical evacuation coverage

- Medical/professional indemnity (health workers)
- Luggage insurance
- Psychological support after returning to Canada
- Access to an Employee Assistance Program for one year after returning to Canada
- Confidential peer support network that contacts you before departure, and after returning back to Canada to ensure a smooth re-entry

- Note: a) **There are as many as 9 people per clinic** because we work outside too. There would ordinarily only be two or three registered medical persons, two security and four volunteers for logistics and records. They are an administrator and the other three are local volunteers we train for doing logistics like community projects of hygiene instruction, babysitting, lectures, entertainment. When we see one patient we also do group health of hygiene, water prep/food prep/public health and infectious disease prevention, individual intake, common ailment instructions (i.e.: we take 5 people together aside and give them instruction son how to avoid and care for boils and skin lesions, sunburn, cuts, insect bites, etceteras. Also we instruct on women's issues and on safety of the person. The safety of the Person talks often yield one-on-one patient consultations for GBV.) These workers are important and are peers to the patients. We feed them but don't pay them. Cost is about $3500 per year for the local people.
- Note: b) The cost for each "registered" medical worker or security person is monthly gross salary is approximately $1,900, with subsequent increases based on expertise and experience. We estimate the total annual cost for basics including salary is $52000 USD per 'registered" medical person per year.
- Note: c) Non 'registered' workers are usually not paid but they get a per diem allowance of $600 month if we can. Their cost to support is $35,000.00 per year in total.
- Note: d) **Cost to ship** 40 ft empty shipping container ranges from $5,000 upwards depending on where the boat goes.
- Note: e) **There is one examination/procedure room for each 20ft of space**. (40ft unit has two plus lab/sterilization room). Intakes and consults begin under an awning or in a tent outside.
- Note: f) **Cost of dispensables (meds)varies:** Our model is to see 300 pts per week including medical procedure, pharmacy, and mental health. Mental health

counselling and psychotherapy is done mostly one-on-one outside the Clinic in a tent or open-air awning whichever has the privacy needed.
Estimate is $620,000 retail value meds.

- **Sign up:** /volunteer/ | Read about Kurdish Female Suicide by Fire



Rojava

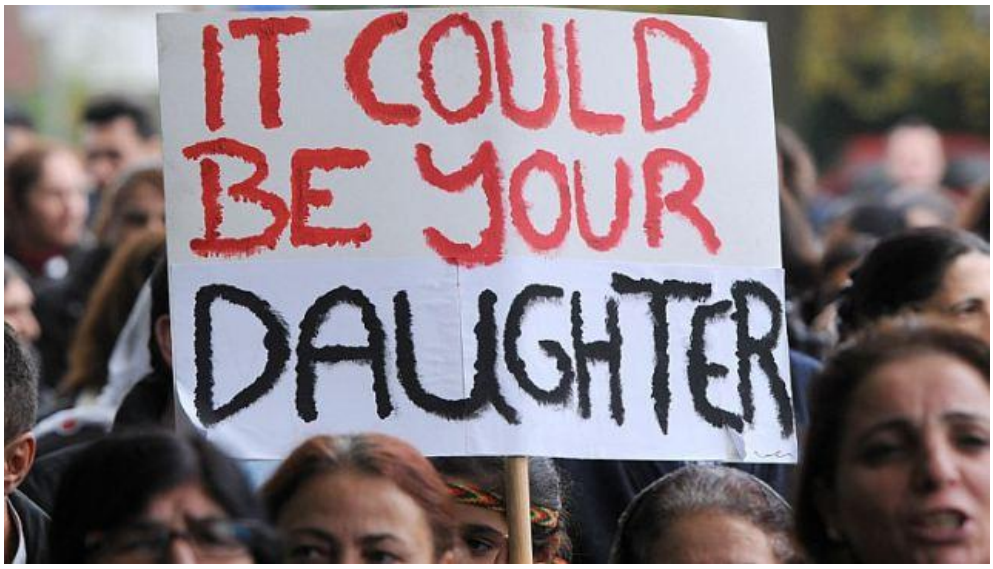
The type of work: https://rinj.org/rsac/
Rojava or Western Kurdistan is a de facto autonomous region in northern and north-eastern Syria. The region gained its autonomy beginning in November 2013 as part of the Rojava campaign, establishing a society based on principles of direct democracy, gender equity, and sustainability.

Women's Health

- Trauma care and mass trauma surge capability;
- Physical injuries treatment and minor surgery;
- Sexually transmitted disease detection treatment and prevention;
- Sexual assault forensic testing;
- Obstetrics-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.

February 2015 – Kadija, 44 years old, a Syrian refugee fled from Syria with her 4 kids, now living in a makeshift shelter in Erbil (Iraq). Her husband died in Syria. She is leading the family, but they are in desperate situation with huge needs. Soon they wil come back to Kobane.



0 - RINJ Biological Waste Disposal PDF Doc- 1708 kB

1 - RINJ Care of Women WHO RHR 1426 eng PDF Doc- 1834 kB

2 - RINJ Disinfection Standards Nov 2008 PDF Doc- 971 kB

3 - RINJ Donation Process Guidelines For Professionals PDF Doc- 323 kB

4 - RINJ End of Life PDF Doc- 268 kB

5 - RINJ Intake Primary Examination PDF Doc- 186 kB

6 - RINJ June 18 RSAC Planning and Status PDF Doc- 458 kB

7 - RINJ Rape Patients Initial Indications PDF Doc- 347 kB

8 - RINJ Sexual Assault Clinics Best Advice Panel Size PDF Doc- 729 kB

9 - RINJ Sexual Assault Clinics Container packing PDF Doc- 313 kB

10 - RINJ Sexual Assault Clinics DNA Testing PDF Doc- 346 kB

11 - RINJ Sexual Assault Clinics Drug Discrepancy Form PDF Doc- 72 kB

12 - RINJ Sexual Assault Clinics General Discharge Form PDF Doc- 39 kB

13 - RINJ Sexual Assault Clinics Hand Sanitizer Instructions PDF Doc- 87 kB

14 - RINJ Sexual Assault Clinics Kobani Rojava PDF Doc- 394 kB

15 - RINJ Sexual Assault Clinics Monitoring and Reporting Adverse Events PDF Doc- 106 kB

16 - RINJ Sexual Assault Clinics Needle Stick Injury PDF Doc- 115 kB

17 - RINJ Sexual Assault Clinics **Nursing Manual** PDF Doc- 347 kB

18 - RINJ Sexual Assault Clinics OR Cleaning Record PDF Doc- 111 kB

19 - RINJ Sexual Assault Clinics Policy on sharp injury prevention PDF Doc- 104 kB

20 - RINJ Sexual Assault Clinics Policy re Patients PDF Doc- 71 kB

21 - RINJ Sexual Assault Clinics Policy re Protective Equipment PDF Doc- 27 kB

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30 - RINJ Substantive UN Concerns PDF Doc- 917 kB

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