KPC FOUNDATION
Empowering Communities for Better Lives

# 2026 Community Medical Camp

## Impact and Learning Report

**26 September 2026**
Kagumo Peoples Church Grounds
Kagumo Town • Kerugoya

***Empowering communities for better lives***



EXECUTIVE SUMMARY

# Care brought closer to the community

The camp combined screening, consultation, counselling, eye care, dental care and referrals through a network of health professionals, volunteers and partner institutions.

| 366 | 347 | 202 | 160 | 45 |
|---|---|---|---|---|
| REGISTERED CLIENTS | BP SCREENINGS | RBS TESTS | EYE CLIENTS | CONFIRMED HEALTH WORKERS |

## The central finding

The camp demonstrated strong coordination and teamwork under constrained resources. It also exposed the systems that now need investment: earlier mobilisation, owned essential equipment, adequate specialist staffing, professional pharmacy controls and a reliable referral follow-up network.

**Strategic implication:** the next phase should move from organising a successful day to building year-round readiness and continuity of care.



CONTEXT

# Why the camp mattered

A one-day camp can open a door to prevention, early detection, treatment and referral. Its deeper value is the system it helps the community build.

## What the camp set out to do

- Bring accessible preventive and clinical services closer to residents.
- Identify health needs early and connect clients to appropriate next steps.
- Mobilise healthcare professionals, volunteers and institutions around a shared need.
- Strengthen community trust in screening, health education and referral.

## What the camp revealed

- Demand was high for eye services, BP checks and blood sugar testing.
- Mobilisation funding directly affected community reach.
- Dependence on promised equipment created avoidable operational risk.
- Referral follow-up is the critical bridge between a camp and sustained impact.

## Recorded institutions and teams

The personnel registers show participation from KPC medics and volunteers, Kerugoya County Referral Hospital, PCEA Tumutumu Hospital, Fortis, Kigumo Vision, Our Lady of Lourdes and Mary Immaculate institutions, Neema Opticians and other supporting teams. The report recognises contributions recorded in the registers while noting that the partner list should be reconciled against formal confirmations.



Volunteer coordination

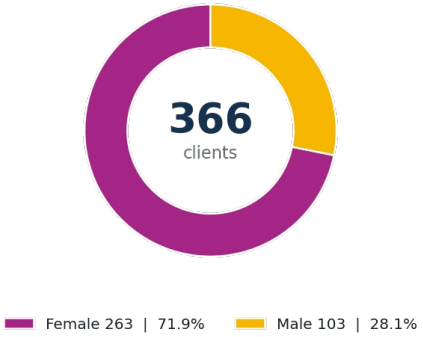


Clinical assessment and patient engagement

COMMUNITY REACH

# Who attended

Women and girls represented nearly three quarters of registered general outpatient clients.




## Registered profile

Women **252**
Men **97**
Girls **11**
Boys **6**
**Under five** 17 clients | 4.6%

## Attendance changed




**57% lower**

Comparable registered outpatient attendance reduced from 852 in 2025 to 366 in 2026.

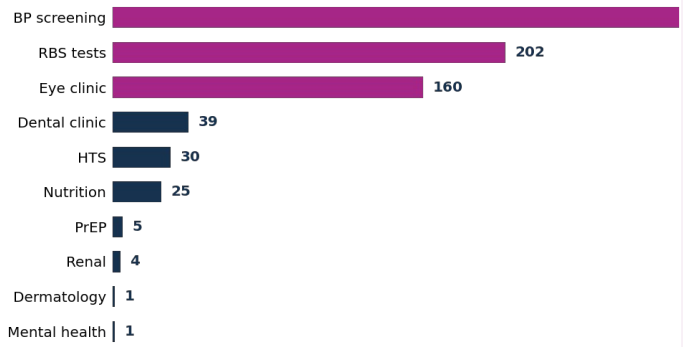
**Debrief conclusion:** combine digital communication with funded physical outreach and mashinani announcements.

Attendance decline is the clearest signal that mobilisation must be treated as a funded operational workstream, with geographic coverage, channel owners and weekly reach targets.

SERVICE DELIVERY

# What people accessed

Service figures represent encounters, screenings or tests and overlap because one client could receive several services.




## What stands out

- BP screening was the highest-volume recorded service.
- Eye care reached 160 people and experienced clinician shortages.
- RBS testing reached 202 people, reinforcing the prevention focus.
- The summary sheet recorded four referrals, but the individual referral register contains more lines and requires reconciliation.

Recorded specialist and support services included dental care, HIV testing services, PrEP, nutrition, renal counselling, dermatology and mental health. Low counts in some areas should be interpreted as recorded utilisation, not as an estimate of underlying community need.

CAMP IN ACTION

# Care delivered through many connected steps

The client experience depended on registration, screening, consultation, dispensing, referral and volunteer guidance working as one flow.



Registration and intake



Blood pressure screening



One-to-one clinical consultation



Pharmacy support



Clinical review



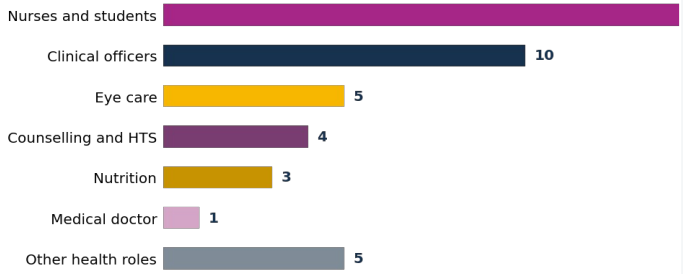
Patient-centred engagement

HEALTHCARE WORKFORCE

# A multi-cadre team made delivery possible

The personnel registers contain 60 entries. Forty-five have identifiable clinical or health roles, nine are administrative or support roles, and six are recorded as others.

| 60 | 45 | 9 | 6 |
|---|---|---|---|
| TOTAL PERSONNEL ENTRIES | CONFIRMED HEALTH ROLES | ADMIN AND SUPPORT | OTHERS |




## Other health roles

- ENT
- Renal
- Oral health
- Endoscopy technology
- Other clinical support

DEBRIEF FINDINGS

# What worked well

The steering committee credited preparation, teamwork, leadership and patient-flow coordination for keeping services functional despite limited resources.

## Operational strengths

- Registration and service-point coordination supported generally smooth movement.
- Teams adapted when morning triage became congested.
- High-volume BP and blood sugar services were handled efficiently.
- Logistics, welfare and cross-team cooperation were widely recognised.

## People strengths

- Volunteers and healthcare workers maintained service under pressure.
- Leadership enabled rapid problem solving when partner commitments fell short.
- The lower turnout allowed pharmacy dispensing to remain manageable.
- Partners contributed personnel, expertise, medicines and technical support.



Service flow and community attendance



Clinicians supporting residents through assessment

LEARNING AGENDA

# Seven gaps require action before the next camp

The debrief moved beyond appreciation to identify specific operating weaknesses that can be corrected.

| Gap | What happened | Required response |
|---|---|---|
| Mobilisation | Funding constraints limited physical outreach and turnout fell. | Ring-fence a mobilisation budget; combine social media, town announcements, churches and CHPs. |
| Eye clinic | Demand exceeded available clinician capacity and patients were referred. | Confirm additional eye clinicians and equipment early; define referral capacity. |
| Equipment | Some promised BP machines, glucometers and supplies did not arrive. | Own a minimum equipment pool and maintain a verified backup-source list. |
| Triage | Lack of essential equipment caused congestion during the morning peak. | Pre-position and test triage equipment before opening; keep labelled backup equipment ready. |
| Team welfare | Desks and chairs were inadequate for long clinical shifts. | Budget for ergonomic seating, suitable desks, water and protected breaks. |
| Pharmacy | Professional pharmacy support, labelling and stock reconciliation were insufficient. | Label stock clearly; record quantities and expiry dates in a live data file; dispose of expired medicines safely; issue or donate near-expiry stock under professional guidance. |
| Referral | Follow-up responsibility and completion tracking were unclear. | Assign a referral coordinator and use a consent-based tracking register. |

CLINICAL GOVERNANCE

# Three controls will protect continuity and safety

The camp's next level of maturity depends on reliable equipment, accountable medicines management and closed-loop referrals.

## Equipment readiness

- Define the minimum owned stock: BP machines, glucometers, examination couches, safety boxes and basic diagnostic tools.
- Confirm each partner contribution in writing before the camp and re-confirm 72 hours before delivery.
- Inspect, label and allocate equipment before opening; document return or storage after closure.

## Pharmacy and medicines

- Use a qualified pharmacy lead, label all stock clearly and maintain a live data file showing medicines received, quantities issued, balances and expiry dates.
- Separate expired stock immediately and dispose of it through an authorised process with a documented disposal record.
- Continue issuing suitable stock before expiry or donate it through an authorised health facility, subject to professional guidance, storage requirements and applicable regulations.

## A closed referral loop

| 1 Record | 2 Connect | 3 Confirm | 4 Follow up |
|---|---|---|---|
| Capture reason, destination and consent. | Notify the receiving facility or named contact. | Confirm the client reached care where feasible. | Record outcome or unresolved barrier without exposing private details. |



Medicines require clear inventory controls



Screening needs reliable, available equipment

SUSTAINABILITY

# From last-minute mobilisation to year-round readiness

The committee agreed that future programmes need earlier planning, continuous partner relationships, financial readiness and stronger public visibility.

| 1 | 1 | 365 | 1 |
|---|---|---|---|
| ANNUAL CALENDAR | DEDICATED KITTY | DAYS OF PARTNER CARE | OWNED EQUIPMENT PLAN |

### Build the operating base

- Approve an annual activity calendar and begin camp preparation earlier.
- Create a dedicated fund or church allocation for minimum readiness.
- Maintain partner records, commitments and quarterly engagement.
- Consider a partner dinner to present impact and secure longer-term support.

### Build the public platform

- Launch and maintain a live Foundation website and consistent social media presence.
- Document programmes through short films, photography and concise impact reports.
- Balance resource-intensive camps with webinars, Health Week, legal clinics and targeted outreach.
- Use anonymised data to improve planning and demonstrate credible impact.

The medical camp is not the strategy. It is evidence that the strategy can work. The stronger opportunity is a Foundation that remains visible, connected and useful throughout the year.

ACTION PLAN

# Priorities arising from the debrief

Actions are sequenced to close immediate risks, build the 2027 operating model and strengthen the next camp.

| Timing | Action | Suggested lead | Evidence of completion |
|---|---|---|---|
| Immediate | Dispose of expired medicines through an authorised process and reconcile remaining stock. | Pastor Lucy and Winnie | Disposal record and signed stock reconciliation |
| Within 30 days | Hold a physical Foundation planning meeting and approve an annual programme calendar. | Pastor Lucy and Chairperson | Approved calendar, owners and indicative budgets |
| Within 60 days | Create a sustainability plan covering the dedicated kitty, partner pipeline and partner dinner. | Partnership and finance teams | Funding framework and partner engagement schedule |
| Within 60 days | Map referral facilities, named contacts, eligible services and follow-up workflow. | Medical coordination team | Referral directory and tracking procedure |
| Within 90 days | Cost a minimum owned equipment package and storage system. | Medical and logistics teams | Prioritised procurement plan |
| Before next camp | Set mobilisation budget, outreach zones, channels and weekly reach targets. | Mobilisation team | Written mobilisation plan and reporting dashboard |
| Before next camp | Appoint clinical, pharmacy, triage, data and referral leads with clear scopes. | Steering committee | Signed role matrix and briefing schedule |
| Ongoing | Maintain the website, social channels, impact stories and continuous partner engagement. | Communications and partnerships | Quarterly content and engagement record |

BEYOND THE CAMP

# A broader community support model is emerging

The debrief proposed a legal consultation clinic and reinforced a balanced annual programme of health, legal and community initiatives.

## Legal consultation clinic pilot

**Audience:** Kagumo Peoples Church congregation for the initial pilot

**Format:** Walk-in, walk-out one-to-one consultations

**Time:** 9.00 a.m. to 1.00 p.m., subject to confirmation

**Personnel:** Three to four advocates

**Issues:** Succession, inheritance, land, property, marriage and family matters

**Control:** Advance registration to estimate demand and avoid congestion

## Foundation programme mix

- Annual medical camp
- Health Week and preventive screening
- Legal consultation clinics
- Webinars and public education
- Targeted elderly and youth outreach
- Referral and navigation support

### Next governance step

Prepare a clear programme outline and realistic budget for approval by the Bishop's office.

ACCOUNTABILITY

# Data notes acknowledgements and governance

This report combines the photographed field registers with the steering committee debrief held online on 8 October 2026.

## Data reconciliation notes

- The field register supports 6 boys under five, not 5; this reconciles the demographic total to 366.
- The field summary records 347 BP screenings; the debrief minutes reported 374. This report retains 347 pending a physical-register check.
- The field summary records 1 dermatology client and 4 summary referrals. The debrief description appears to conflate these figures.
- The individual referral sheet contains more lines than the summary count of 4. No client names or phone numbers are reproduced in this public-facing report.
- Service counts overlap and must not be added to estimate unique attendance.

## Debrief committee

James Wetu, Chairperson
Pastor Lucy Munene
Minister Rose Waititu
Minister Agnes
Dr Fridah
Winnie Mwangi
Esther Shiks
Esther Rispa
Jane Pharis
Martin
Damaris
Eric

*The meeting opened with prayer by Damaris and closed with prayer by Pastor Lucy.*

## With appreciation

KPC Foundation thanks Bishop Samuel Chomba, the church leadership, KPC medics, volunteers, healthcare professionals, partner institutions and every resident who participated. Their involvement made the camp possible and strengthened the Foundation's commitment to empowering communities for better lives.