



KIPTOIM CHIEF'S OFFICE FREE MEDICAL CAMP REPORT

Venue: Kiptoim Chief's Office, Mogotio | Monday, 15th June 2026

EXECUTIVE SUMMARY

The Home of Light & Love Foundation, in partnership with **Bloom Hospital** and **Tabenacle Widows Home**, conducted a Free Medical Camp at **Kiptoim Chief's Office, Mogotio** on **Monday, 15th June 2026**. The camp was hosted by **Hon. Venaline Jerop**, whose presence and media team also provided on-ground coverage and community visibility for the event.

A total of **103 community members** were attended to and received free medical services. Following the camp, the team — joined by Hon. Venaline Jerop — visited **Kiptoim Primary School** and **Kiptoim Secondary School**, where sanitary pads were donated to school girls, continuing the Foundation's commitment to the dignity and wellbeing of young women.

Restoring Hope Daily — one community at a time.

1. EVENT DETAILS

Date	Monday, 15th June 2026
Time	8:00 AM – 3:00 PM
Venue	Kiptoim Chief's Office, Mogotio
Host	Hon. Venaline Jerop
Organizing Foundation	Home of Light & Love Foundation
Medical Partner	Bloom Hospital
Community Partner	Tabenacle Widows Home
On-Ground Missioners	Mum Elizabeth (Chair lady), Maureen, Boniface
Media Support	Hon. Venaline Jerop's Media Team

2. SERVICES OFFERED

- General Consultations
- Gynecology Check-Up
- Eye Check-Up
- ENT Check-Up
- Urology
- Blood Pressure & Sugar Testing



3. PARTICIPATION & STATISTICS

Total Beneficiaries (Medical Camp): 103 individuals

Age Distribution (from registration records):

Age Group	Count
Below 5 years	~3
5 – 17 years	~8
18 – 40 years	~30
40 – 65 years	~42

65 – 90+ years	~20
Total	103

School Outreach:

- **kiptoin Primary School** — Sanitary pads donated to school girls
- **kiptoin Secondary School** — Sanitary pads donated to school girls



4. KEY DIAGNOSES OBSERVED

Based on registration records from the camp, the following conditions were most commonly recorded:

- Upper Respiratory Tract Infections (URTI) — most prevalent
- Gastritis / GERD / Peptic Ulcer Disease (PUD)
- Arthritis & Lumbago (musculoskeletal)
- Cataracts & Eye conditions
- Hypertension (HTN)
- Urinary Tract Infections (UTI)
- Allergies / Allergic conditions
- Recurrent Tonsillitis
- Uterine Fibroids
- Sciatica / Myalgia
- Dysmenorrhea / Amenorrhea
- Benign Prostatic Hyperplasia (BPH)
- Common Cold & Acute Pharyngitis

Several patients were **booked for further specialist review** including Gynaecology review, Orthopaedic review, ENT/Tympanomastoidectomy, and follow-up procedures at Bloom Hospital.

5. OUTCOMES & IMPACT

- 103 community members received free medical services they would otherwise have had to pay for
- Patients requiring specialist care were booked for follow-up at Bloom Hospital and referred to appropriate health facilities
- School girls at both kiptoin Primary and kiptoin Secondary Schools received sanitary pads, supporting menstrual health and dignity
- Hon. Venline Jerop's participation and media team provided on-ground coverage and amplified the Foundation's community presence

- The camp strengthened the Foundation's growing footprint in Mogotio and the wider kiptoin Ward area

6. CHALLENGES FACED

i. No Dedicated Foundation Camera / Media Team

The Foundation had no camera or dedicated content creator on the ground. Media coverage was entirely dependent on Hon. Venaline Jerop's team, which limited the Foundation's ability to capture its own story independently. This is a critical gap as the Foundation's visibility and donor engagement continue to grow — our story must be told in our own voice and through our own lens.

ii. Low Community Turnout

The medical team noted that 103 beneficiaries was lower than expected for the size of the area. This affected the morale of the medical team, who had prepared and resourced for a significantly larger number.

iii. Area Chief Not Adequately Informed in Advance

The local area chief — at whose very premises the camp was held — was not adequately briefed about the camp prior to the event. This is a significant oversight, as the chief is the most direct channel for community mobilization in any ward. Her full involvement from early stages would have resulted in considerably higher attendance.

iv. Limited Evangelism on the Ground

With only 3 missionaries managing the entire camp operation — Mum Elizabeth, Maureen, and Boniface — the team was stretched across logistics, coordination, and patient flow. As a result, the spiritual outreach component, which is central to the Foundation's Christ-centred identity, was not conducted as it should have been. The body was attended to; the soul was largely left untouched on this day.

7. RECOMMENDATIONS & CONCLUSION

On Media & Content Creation:

The Foundation must invest in its own media capacity before the next camp.

One person should be designated as the **Foundation's Media Volunteer** per camp — responsible solely for photography, short video clips, and on-ground documentation. A basic smartphone with a good camera, a small tripod, and a clear shot list is sufficient to start. Relying on partners or political figures for media means the Foundation's story risks being told through someone else's lens and priorities.

On Community Turnout & Chief Engagement:

Before every camp, a **formal courtesy visit or written communication must reach the area chief at least 2 weeks in advance**. The chief's buy-in translates directly into community mobilization through barazas, church networks, school announcements, and local public address systems — all of which drive attendance. This must become a non-negotiable item on the Foundation's pre-camp checklist. The fact that today's camp was held at the chief's own office makes early engagement even more important and achievable.

On the Chaplaincy / Pastoral Care Desk:

This camp reinforced the urgent need for a dedicated **Pastoral Care Desk** as first recommended after the Tenges ICT Hub camp. With only 3 missionaries managing the full ground operation, structured evangelism was impossible to deliver. Going forward, the Foundation should formally request **2–3 dedicated evangelists from the hosting church or a nearby church** for every camp — people assigned specifically to the Pastoral Desk, separate from those managing camp logistics. These should be briefed and positioned before the first patient arrives. *The body is healed; the soul must be touched too.*

On Pre-Camp Preparation:

The Foundation should develop and strictly follow a **Pre-Camp Engagement Checklist** covering: chief notification, church engagement, school communication, media volunteer assignment, drug quantity estimation, and banner/branding materials. No camp should go ahead without this checklist being completed at least 2 weeks prior.

8. CONCLUSION

Today's camp, though smaller in numbers than anticipated, was no less significant in impact. **103 lives were touched with free medical care.** School girls at two schools went home with their dignity better protected. The Foundation's team showed up — and in communities that are often overlooked, showing up is everything.

The challenges of this camp are not discouraging — they are a roadmap. Every gap identified today has a clear solution, and the Foundation is learning, growing, and becoming stronger with every mission it undertakes.

With better pre-camp preparation, a dedicated media volunteer, a Pastoral Care Desk, and consistent chief engagement, the next camp will be stronger in number, stronger in spirit, and stronger in impact.

The Home of Light & Love Foundation is building something that will last — one community at a time.

Restoring Hope Daily. 🙏