



NAKURU GK PRISON FREE MEDICAL CAMP REPORT

Program: Reclaim the Boy Child 2026 — Nakuru Prison Program

Venue: Main Nakuru GK Prison Grounds

Date: Tuesday, 30th June 2026

EXECUTIVE SUMMARY

AJS Mashinani Initiative Kenya, in partnership with the Kenya Prisons Service, Home of Light & Love Foundation, Bloom Hospital, and a broad coalition of sponsors and partners, conducted a Medical Camp & Empowerment Program for correctional officers and inmates at the Main Nakuru GK Prison Grounds on Tuesday, 30th June 2026, under the "Reclaim the Boy Child 2026" initiative.

The camp recorded strong turnout, with **581 male inmates** receiving free medical treatment. This was among the largest single-day patient counts recorded under this program. Due to prison security protocol, no evangelism or pastoral care desk was conducted at this camp, and documentation was severely restricted — all mobile phones were surrendered at the gate, with only one authorized individual permitted limited, non-inmate photography.



1. EVENT DETAILS

Date	Tuesday, 30th June 2026
Time	8:30 AM – 4:30 PM
Venue	Main Nakuru GK Prison Grounds
Host	Kenya Prisons Service
Lead Organizer	AJS Mashinani Initiative Kenya
Program	Reclaim the Boy Child 2026
Medical Partner(s)	Bloom Hospital, PartCare, Supreme Pharmacy Ltd, Pishon Pharmacy
Supporting Partners	Home of Light & Love Foundation, Britam, Co-op Bank, Diamond Trust Bank, Biashara DT Sacco, CIC Group, Jibu, Legal Resources Foundation, Kenya Counseling and Psychological Association (KCPA), Kenya Medical Association
Pastoral Desk	Not conducted

2. PARTICIPATION & STATISTICS

Total Patients Seen	581 (male inmates)
Correctional Officers Reached	Not recorded
Specialist Bookings	Not recorded
Patients Prayed With	0 — no pastoral desk conducted
Souls Born Again	Not applicable

3. ACTIVITIES CONDUCTED

a) Medical Outreach

The medical team delivered general consultations and treatment to 581 inmates over the course of the day — a significant single-day volume reflecting both the scale of need within the facility and the coordinated effort of the partnering medical organizations.

b) Evangelism / Pastoral Care

No evangelism activity or pastoral care desk was conducted at this camp. This distinguishes it from the Foundation's typical community camps, where spiritual ministry runs alongside medical services.

4. DOCUMENTATION & MEDIA

Due to Kenya Prisons Service security regulations, all mobile phones were surrendered at the prison gate and no general photography was permitted. One individual was granted authorized access to take limited photographs but was **not** permitted to photograph inmates. As a result, the visual documentation of this camp is minimal by necessity, not by planning gap.

5. OUTCOMES & IMPACT

- **581 inmates** received free medical treatment in a single day — a scale rarely achieved even at the Foundation's larger community camps
- The camp advanced the "Reclaim the Boy Child" mandate by extending care and dignity to a population that is typically excluded from routine outreach programs
- The partnership brought together correctional authorities, medical providers, financial institutions, pharmacies, and civil society organizations in a single coordinated effort

6. CHALLENGES FACED

i. Restricted Documentation

Security protocol prohibiting phones and inmate photography meant the day's impact — 581 patients treated — could not be visually documented in the way community camps normally are. This limits the material available for reporting, donor communication, and storytelling.

ii. No Pastoral/Evangelism Component

Unlike standard camps, no spiritual ministry took place. Whether this was by prison policy or program design was not specified, but it represents a departure from the Foundation's usual integrated model.

iii. Limited Data Capture

Beyond the total patient count, no breakdown of specific cases (e.g., specialist referrals, common conditions treated) was recorded or made available for this report.

7. RECOMMENDATIONS & CONCLUSION

I. On Documentation in Correctional Settings

For future prison camps, the team should coordinate in advance with the Kenya Prisons Service to identify one pre-cleared, officially sanctioned photographer/videographer with explicit written permission covering the scope of documentation needed — including anonymized or consented inmate imagery where policy allows.

II. On Evangelism/Pastoral Access

If pastoral ministry is a priority for this program, the Foundation should engage Kenya Prisons Service leadership ahead of time to explore whether a pastoral care component can be authorized within prison camps, even in a limited or supervised form.

III. On Data Capture

A simple case log (conditions treated, referrals made, officers vs. inmates seen) should be maintained at every camp — including prison camps — so outcomes can be reported with the same depth as community camps.

IV. Conclusion

581 men received care they would not otherwise have had access to. Even without photographs and without a pastoral desk, the scale of this camp — the largest reflected in these records — speaks to what coordinated partnership can achieve behind prison walls. The next step is ensuring the story of that impact can be told as fully as the impact itself was delivered.

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