



**KENYA RED CROSS SOCIETY**

**VULNERABILITY CAPACITY ASSESSMENT**

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**CONDUCTED IN LUNGA LUNGA INFORMAL SETTLEMENTS OF NAIROBI**

**URBAN DISASTER RISK REDUCTION PROJECT**

**2014**

## Table of Contents

Cover Page.....	i
Table of content.....	ii
List of Tables.....	iv
Abbreviations .....	v
<b>Introduction .....</b>	<b>2</b>
Executive Summary.....	2
National Society Mandate .....	3
Brief Background of IFRC.....	3
Purpose of VCA activity in Lunga Lunga .....	4
Organization and methodology.....	4
(a)Survey Area and Methodology.....	4
(b)Sample Size and Data Connection.....	4
(b)VCA tools Utilized.....	5
(i) Focus Group Discussion.....	5
(ii)Transect Walk.....	5
(iii) Mapping.....	6
(iv)Venn diagram.....	6
(v) Seasonal Calendar.....	8
(vi) Historical Trend.....	9
(vii)Wealth Ranking.....	11
(viii) Livelihood and Coping Strategy.....	11
(ix)Pair wise Ranking.....	12
(d)Volunteer selection and training.....	12
(e)Data Analysis.....	12

<b>Summary of VCA implementation</b> .....	15
(i)Lessons Learned.....	15
(ii)Challenges.....	15
(iii) Major findings of the study.....	16
<b>Action Plan</b> .....	15
Transforming Vulnerability into capabilities.....	19
Action for transformation.....	23
Timeline.....	24
<b>Annex</b> .....	30

## List of Tables

<b>Table 1.0:</b> A Table representing capacities and functions.....	7
<b>Table 2.0:</b> A table showing historical trends.....	9
<b>Table 3.0:</b> A table representing the different wealth Clusters in the Community .....	11
<b>Table 4.0:</b> A table representing way of Livelihood and coping strategy.....	12
<b>Table 5.0:</b> A table representing the different wealth Clusters in the Community.....	14
<b>Table: 6.0:</b> A table showing the hazards and Vulnerabilities.....	17
<b>Table: 7.0:</b> A table representing the organization and its function in order of importance.....	18
<b>Table: 8.0:</b> Transforming Vulnerability into Capacities.....	19
<b>Table 9.0:</b> Action for transformation .....	23
<b>Table 10:</b> Time line.....	25-27

## Abbreviations

- VCA**.....Vulnerability capacity Assessment
- IFRC**.....International Federation of Red cross/Red Crescent
- FGD**.....Focus Group Discussion
- VSL**.....Volunteer Savings and Loans
- MSDP**..... Mukuru slums development Promotions
- APHRC**.....African population Health research Centre
- A.P**.....Administration Police
- KRCS**.....Kenya Red cross society



**Lunga lunga residents (CBDRTs) together with the Kenya Red Cross Nairobi Branch Volunteers**

# **VULNERABILITY CAPACITY ASSESMENT CONDUCTED AT LUNGA LUNGA**

## **Introduction**

VCA is expected to provide: - Baseline assessment information that can become the entry point to an emergency needs assessment following disaster. Community understanding of its own environment in relation to known risks and hazards. Community realization of its own capacities to cope with the risks and hazards. Community and local authority agreement on actions needed to prevent or reduce the effects of risks. Relevant projects in prevention, preparedness and risk reduction.

It is a participatory methodology of analyzing the vulnerabilities, hazards and capacities to have a resilient community to disaster.

This publication provides the conceptual framework for a Vulnerability and Capacity Assessment. A VCA disaster risk assessment method concerns the structured and meaningful collection, analysis and systematization of information on a given community's vulnerability to hazards.

Lungalunga is an informal settlement situated in Makadara constituency, approximately 2.5 square kilometer from the city Centre the population of the area is approximately with 30000 persons. It is a densely populated area.

## **Executive summary**

Red Cross Red Crescent National Societies are increasingly working alongside vulnerable communities, seeking to address the underlying causes of their problems.

This shift from our more 'traditional role' as service providers has required a new set of ideas, attitudes, methods and tools in order to meet our objectives in working together with people in need.

Vulnerability and capacity assessment (VCA) was developed to enable National Societies to help communities understand the hazards that affect them and take appropriate measures to minimize their potential impact. These measures are based on communities own skills, knowledge and initiatives – thereby preventing these hazards turning into disasters.

## **National society mandate**

National Red Cross and Red Crescent societies exist in nearly every country in the world. Within their home country, they take on the duties and responsibilities of a national relief society as defined by International Humanitarian Law. Within the Movement, the ICRC is responsible for legally recognizing a relief society as an official national Red Cross or Red Crescent society. The exact rules for recognition are defined in the statutes of the Movement. Article 4 of these statutes contains the "Conditions for recognition of National Societies."

## **Brief Background of IFRC**

The IFRC is funded by statutory contributions from National Societies, the delivery of field services to programme partners, and voluntary contributions from donors such as governments, corporations and individuals. The criteria for the statutory contributions of each National Society are established by the Finance Commission and approved by the General Assembly. Additional funding, especially for unforeseen relief assistance missions, is raised by emergency appeals. As of 2005, the Chairman of the Finance Commission is Mr. Chrystold Chetty (Seychelles) and the Vice- Chair is Ms Katherine Forbes

The IFRC's strength lies in its volunteer network, community-based expertise and independence and neutrality. It works to improve humanitarian standards, as partners in development and in response to disasters. It persuades decision makers to act in the interests of vulnerable people. It works to enable healthy and safe communities, reduce vulnerabilities, strengthen resilience and foster a culture of peace around the world. The seven Fundamental Principles that guide the work of the IFRC and its members are: humanity, impartiality, neutrality, independence, voluntary service, unity and universality.



## **Purpose of VCA activity in Lunga Lunga**

- Provide baseline assessment information that can become the entry point to an emergency need and assessment following disaster.
- Community understanding of its own environment in relation to known risks and hazards.
- Community realization of its own capacities to cope with the risks and hazards. Agreement between community and local authority on actions needed to prevent or reduce the effects of risks.
- Developing relevant projects in prevention, preparedness and risk reduction.

## **Organization and methodology**

### **a) Survey area, schedule and basic principles**

The VCA was carried out at Lunga Lunga community and covered all the 13 sub villages. The activity took place on 23 January 2014 as from 0900hrs with a brief introduction from members present and thereafter a summary on what is VCA, its importance and tools to be used.

The activity involved 60 participants with an age group of 18-70yrs with 20 volunteers from KRCS Nairobi branch and 40 from Lunga Lunga community. The first tool used was FGD and it involved all members. After this the facilitator grouped all members into small groups of 7 members considering gender, representation of both the community and KRCS and ensuring each group had a member from the community who has lived there over 10 years to ensure data given is accurate.

### **b) Sample size and data collection**

To ensure effective and efficient collection of information members laid out rules to guide them through the process as; ensure you record every information from the community members as presented, make sure the community members can see the information being recorded, use a language understandable by all,

promised not to share the information with the local authority and giving the community members time to argue out their points.

A sample of 40 persons was selected randomly from lunga lunga community with help from village elders. Each of the 13 sub village was represented by 3 members and one representative from the chief's office.

Data was collected using the 9 VCA tools. Apart from transect walk which used direct observation as a way of collecting data all the other tools involved group discussion

### **c) VCA tools utilized**

In carrying out the VCA 9 tools were found effective and accurate to be used to gather information from an urban setting and included;

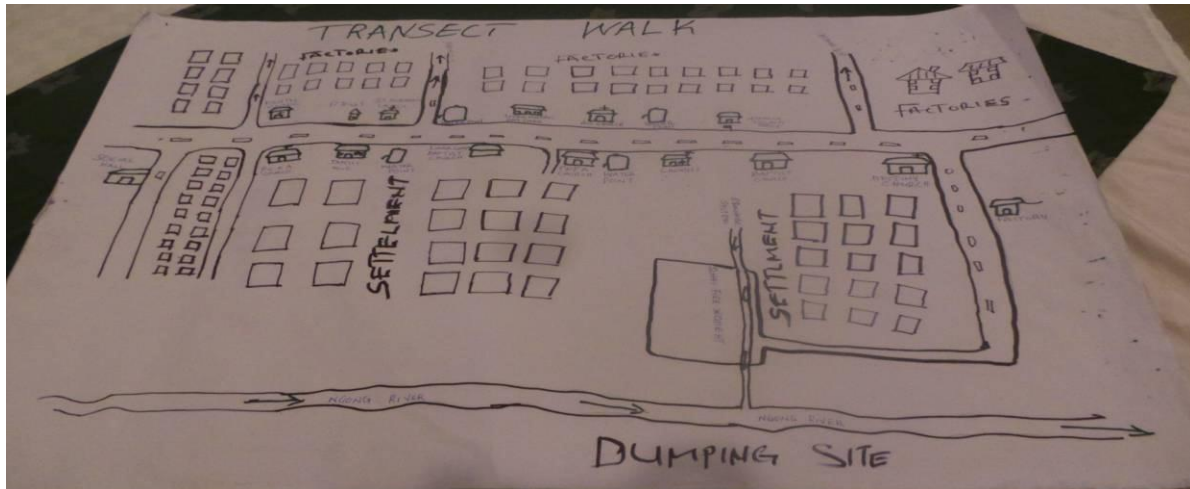
- i. **Focus group discussion:** Parties participated in a form of a group and discussed on certain issues/topics. In FGD the group was divided into two groups separating the male from the female for a free discussion without fear of each other.



*Participants during an FGD*

- ii. **Transect walk:** A walk was conducted through the area following a specific route to map out vulnerabilities, hazards and capacities. During the transect walk the group observed churches, schools, water point, public toilets, medical clinic, daycare, pubs and security office as the

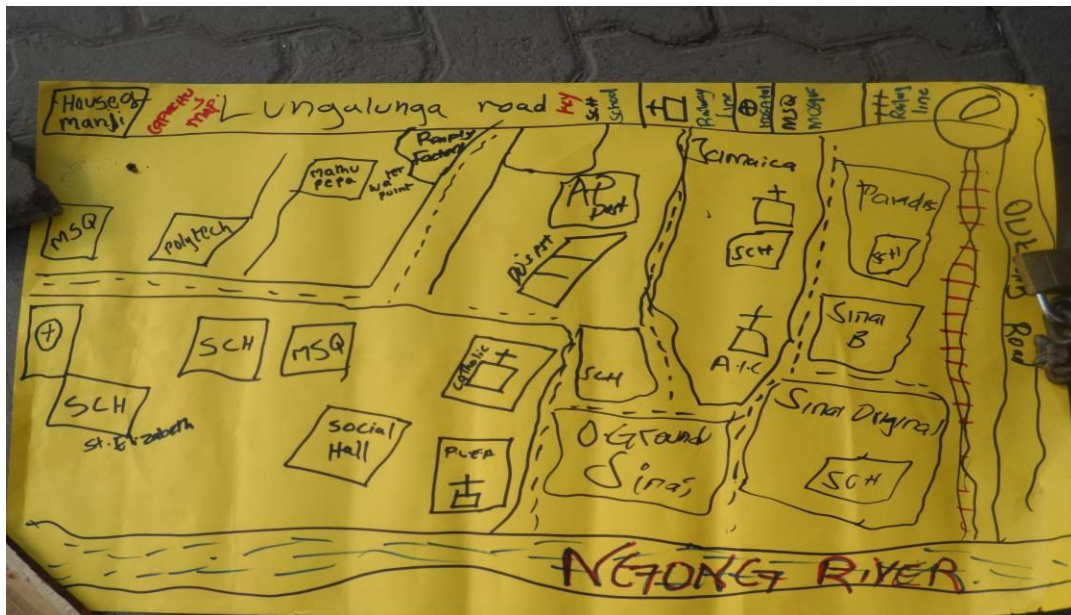
available capacities. Various hazards were observed like dumping sites. Factories were also categorized as both hazard and capacity, they offer employment opportunities and drain their waste through open drainages and end up polluting the environment. The maps extract below shows the route followed during the transect walk;



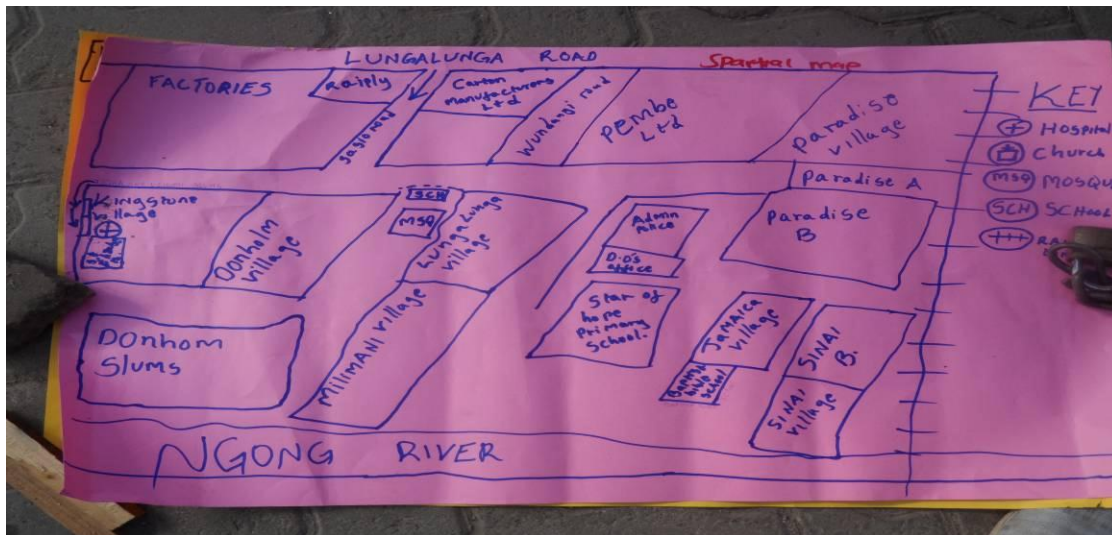
Map showing major hazards (Dumping site) and capacities (factories) observed during the transect walk

iii. **Mapping:** Mapping as a tool was used to show the geographical area of the community. It identifies capacities, vulnerabilities and hazards.

### Capacity Map



## Vulnerability Map



iv. **Venn diagram:** The tool was used to identify and capture capacities in Lunga Lunga community in relation to their importance and their proximity to this community. According to the Venn diagram, the community identified **13 institutions** that work in their community. The order of functions provided by the different capacities was as follows; Education, health services, research, security, shelter and food water, provision of clean toilets, relief food, formation of self-help groups, response in times of disasters, support of self-help groups, mentoring orphans, provision of loans and finally sensitization on family planning methods. The following table shows a summary of the institutions and their role in the community;

**Table 1.0:** A Table representing capacities and functions

CAPACITIES		FUNCTIONS
1	School	Education
2	Health Centre	health services
3	APHRC	research

4	Police	security
5	Church	shelter and food water
6	Nairobi water	clean toilets
7	Lunga lunga Youth Group	relief food
8	Feed the children	relief food
9	M S D P	formation of self-help groups
10	K R C S	response in times of disasters
11	Aphia plus	support of self-help groups
12	Hope world wide	mentoring orphans
13	V S L	provision of loans
14	Jipange	sensitization on family planning methods

Below photo shows institutions in this community; their importance in terms of size and proximity



- v. **Seasonal calendar:** The assessment team used a seasonal calendar to show the occurrence of different hazards in the community throughout the year. The community identified 11 **hazards** that occurred in the year **2013**. Insecurity, drugs, disease outbreak, water shortage and gender



based violence were the most frequent since they occurred in each month of the year. Despite fire occurring at least 7 times in a year, it was ranked as the major hazard since it takes them a long time to recover. The following chart shows different hazards experienced in any particular year;



vi. **Historical trend:** The tool was used to capture the history of major hazards that occur in the community on yearly basis. The community identified floods, diseases and fire as the major hazards and their coping mechanisms as shown below;

**Table 2.0:** A table showing historical trends

YEAR	HAZARD	VULNERABILITY	IMPACT	COPING MECHANISM
1997	Fire	stove	100 Houses burnt, 2 deaths and a couple of major injuries	Sensitization campaigns from different organization, Donation of iron sheets and timber
2002	Fire	Stove	74 household burnt	Received relief from churches and politicians.

2005	Cholera	Water contamination	10 people died	Distribution of water guards, sensitization campaigns from MOH
2010	Floods	Flash flood from Ngong river, drainage blockage, Living along river banks.	Malaria outbreak, displacement	Community members camped in schools, Rebuilding and relocation to higher grounds.
2011	Fire	Oil siphoning and illegal electrical connections	54 people died, 200 major injuries	Donation from churches and well-wishers, Relocation, Sensitization campaigns, Red cross assisted members to retrieve bodies.
2012	Floods	Flash flood from Ngong, Drainage blockage	Displacements, 2 people drowned, Property destruction	Moving to higher grounds and Donation and relief
2013	Floods	Flash flood from Ngong, Drainage blockage	Displacements, 2 people drowned, Property destruction	Moving to higher grounds and Donation and relief

Extract of the historical trend during the assessment shown below;

YEAR	HAZARD	VULNERABILITY	IMPACT	COPING MECHANISM
1997	Fire	Stove	100 houses burnt and 2 people died and a couple of people injured.	Donation of iron sheets and wood to build kitchen - Donation of relief items by community members - Sensitization (Kuhamasisha KIJiji Kitmanjaro La Ntoto)
1998	N/A	N/A	N/A	N/A
1999	The population was not high and the community members were not using Gas stoves and electricity			
2001	So they were not prone to disasters			
2002	Fire (caused by iron sheets hanging on the stove)	Stove - Life has been affected on the stove (Due to Migration)	10 houses burnt and 50 community members suffered major injuries	Churches & politicians did relief distribution - Moral support as they go to hospitals.
2003	No disasters occurred.			
2004	Cholera	Boiling of drinking water and covering of contact with pipes.	no people died	awareness on Boiling water - Use of water guard. (CHW) Ntoto health facility, MOH
2005				

**vii. Wealth ranking:** The tool was used to identify the resources that the community/individual has and ranks them from the highest to the lowest. The community identified **5 ranks**; very rich, rich, moderately rich, rich and poor.

The very rich are matatu owners (Public service vehicles) and earn approximately Kenyan shillings 2, 000-10,000 per day (USD 23 – 116). The rich are characterized as land owners, private school owners and earn 200,000 in a month. Those ranked as poor are mostly casual workers and earn KSH 4,000 (USD 46) in a month.

**Table 3: A table representing the different wealth clusters in the community**

<b>Wealth Ranking</b>	<b>Measurement</b>	<b>Earning per Month</b>
Very rich	Matatu owners	300,000
Rich	First settlers in the community i.e own land	200,000
Moderately rich	Land lords	45,000
Poor	Casual workers	4,000

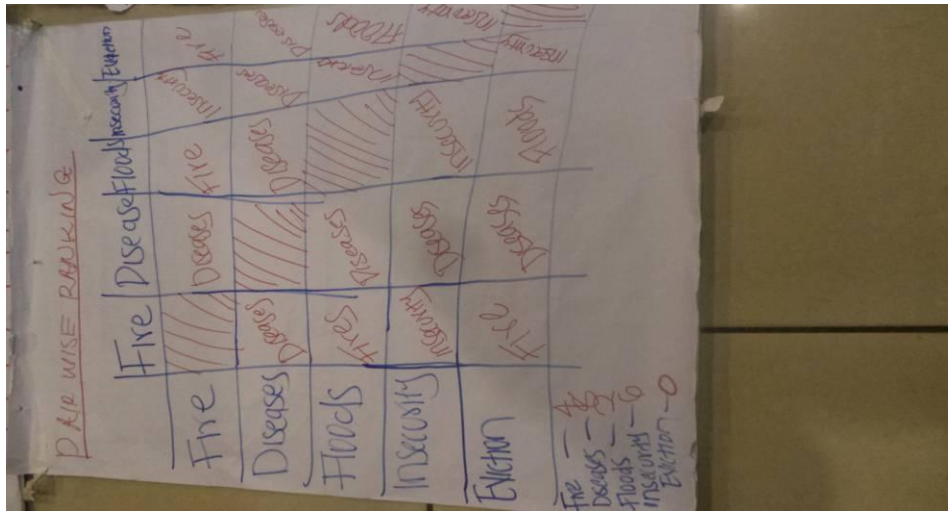
**viii. Livelihood and coping strategy:** The tool was used to find out the major hazards in the community, coping mechanism and the missing links as captured below;

**Table 4.0:** A table representing way of Livelihood and coping strategy



<b>HAZARD</b>	<b>VULNERABILITY</b>	<b>MISSING LINKS</b>
Insecurity	Lack of jobs Corrupt administration Poor housing structures Easy access to fire arms	Unemployment Ineffective administration Corrupt police force
Fire	Illegal electricity connections Domestic Violence, Ignorance Poor storage of flammable substances Oil siphoning	Inadequate skills Inappropriate and Inadequate tools Inaccessibility
Floods	Poor drainage systems Settlement along river banks Blocked drainage system	Drainage not concrete Houses not gutters Unestablished drainage system
Eviction threats and Demolitions	Lack of land ownership	Illiteracy Inappropriate administration

ix. **Pair wise ranking:** The tool was used to identify different hazards in this community and an analysis was done to examine the rampant ones as illustrated below;



**d) Volunteer selection and training**

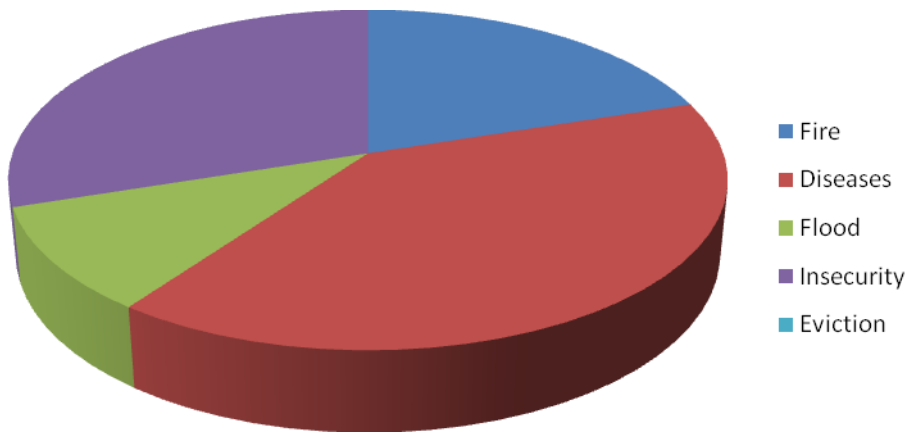
30 people including staff and volunteers of KRCS Nairobi branch participated in a two day VCA training ahead of the actual assessment. The training covered objectives of VCA, tools used, formulating questions to use in tools, ways and methods of transforming vulnerability into capacities and selection of tools.

**e) Data Analysis**

The data collected from the different tools is analyzed and presented as shown below

**Pie chart: 1.0**

**A pie chart representing hazards and the frequency of occurrence in Lungalunga**

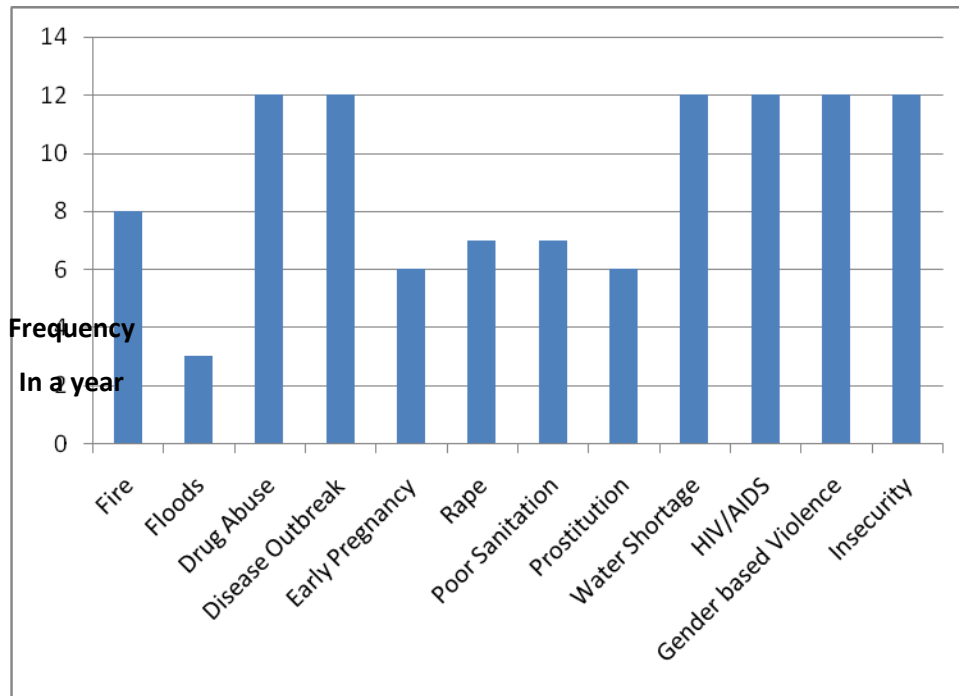


**Table 5.0: A table representing the different wealth Clusters in the Community**

Wealth Ranking	Measurement	Earning per Month
Very rich	Matatu owners	300,000
Rich	First settlers in the community i.e own land	200,000
Moderately rich	Land lords	45,000
Poor	Casual workers	4,000

**N.B** The poor are the greatest population in the area

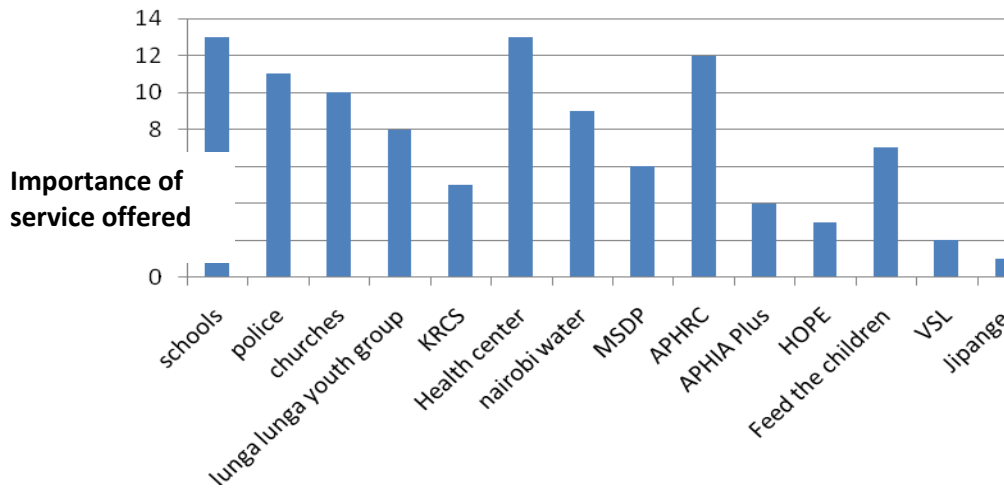
**A graph representing the hazards and their frequency during year 2013**



Graph :1.0

**Hazards**

**Graph 2;** A graph showing the different institutions and the importance of their functions to the Lunga lunga community;



**Institution**

## **Summary of VCA implementation process in Nairobi city (Lunga Lunga)**

### **i. Lessons learned**

In Implementing VCA, the group learned that:

- By using VCA it is easier for people living in informal settlement to give you information they would rather not have given if you were using other methods of collecting data. This is because VCA has a way of digging sensitive information without asking direct questions that would raise suspicion.
- VCA gives a detailed scope of the living conditions of the community members from legal to illegal activities; socially, economically, politically and historically
- In urban setting FGD is more effective since most people are more informed and willing to talk openly.

### **ii. Challenges**

- Informal settlement has a big and very diverse population making it very difficult to get an actual sample that would represent the whole community and its diversities.
- It was a challenge to draw a map showing capacities since the settlement pattern is not definite.

## **Major findings of the study**

### **A) General living condition**

From the VCA it is clear that the general living condition of the people in Lunga lunga is poor. This is attributed to the number of vulnerabilities and inability to cope.

### **b) Hazards, risk and vulnerabilities Identified**

From the VCA findings, lunga lunga community identified several hazards and their causes which are: Fire, Insecurity, Drug and substance abuse, Floods, Poor drainage system, Eviction threats, early pregnancy, prostitution and water shortage as shown in the table below.

**Table: 6.0 A table showing the hazards and vulnerabilities**

<b>HAZARD</b>	<b>VULNERABILITY</b>
Insecurity	Lack of jobs Corrupt administration Poor housing structures Easy access to fire arms
Fire	Illegal electricity connections Domestic Violence, Ignorance Poor storage of flammable substances Oil siphoning
Drug and substance abuse	Peer pressure Availability/Easy accessibility of drug Poor parenting
Floods	Poor drainage systems Settlement along river banks Blocked drainage system
Diseases	Floods, Water contamination Poor sanitation, Prostitution Rape, Unprotected sex
Poor Drainage system	Dumping on drainage tunnels
Eviction threats	Lack of land ownership
Water shortage	Over population
Early Pregnancy	Illiteracy Rape Poverty
Gender based violence	Illiteracy Discrimination against women

C) **Capacities**

### I) Individual & community capacity

Most capacities in the community are owned communally. These are public schools, churches, hospital, clean water and Electricity among others.

There are other resources owned by individuals like Houses, Toilets, Clean water taps, shops, Biogas and to get access to them one has to pay.

### II) Institutional Capacity

The community identified 13 institutions and ranked them according to the importance of the service they provide and their availability in the community as shown below.

**Table 7: A table representing the organization and its function in order of importance**

<b>Name of organization</b>	<b>FUNCTION</b>
school	Provide Education
Health centers	Provide treatment,nutrition,free immunization, maternity services
African Population health research centre	Create employment, conduct research
Police/local Administration	Provide security
Churches(lunga lunga catholic)	Provide spiritual support and in times of disaster it provides food, shelter and clothing
Nairobi Water	Provide clean water, manage sewage lines
Lunga lunga youth group	Conduct clean ups, own public toilets and produce biogas
Feed the children	Provide relief food in schools

Kenya red cross society	Carry out rescue activities in case of disasters
APHIA Plus	Create support groups and help them sustain themselves
HOPE	Support orphans, carry out VCT
Volunteer saving & loans	Saving scheme

**d) Priority area and recommendation**

From the information collected disease is the most rampant in the community. Most diseases are due to poor hygiene and sanitation so the assessment team recommended for PHAST training, clean ups to unblock drainages and more toilets be built up.

**ACTION Plan**

Table 9



## 1. Transforming Vulnerability into Capacities

Working with community representatives, the assessment team came up with actions to transform vulnerabilities into capacities as shown below.

HAZARD	VULNERABILITY	ACTION
Insecurity	Lack of jobs Ineffective administration Poor housing /settlement structures Drug Abuse Inaccessibility Poor cooperation amidst members Corruption Peer pressure Threats Illegal fire arms/gangs	Introduction of IGAs Holding chief barasa Community empowerment Community policing Slum upgrading Advocacy Peer education Sensitization
Fire	Illegal electrical connections Domestic violence Ignorance Illegal storage of flammables Poor infrastructure	Sensitization Reduced electricity bills Transparency Introduction of IGAs Slum upgrading

Drug and substance abuse	<p>Financial constrains</p> <p>Peer pressure</p> <p>Easy accessibility to drugs</p> <p>Poor parenting</p> <p>Child abuse</p>	<p>Introduction of IGAs</p> <p>Sensitization</p> <p>Peer education</p> <p>Advocacy</p> <p>Rehabilitation</p>
Floods	<p>Poor drainage systems</p> <p>Silting of the rivers</p> <p>Settlement along the river banks</p> <p>Block drainage systems</p>	<p>Cement the drainage systems</p> <p>Sensitization</p> <p>Unblocking the drainage systems</p>
<p>Diseases</p> <p>(Diarrhea, malaria, typhoid HIV &amp; AIDS Tuberculosis.</p>	<p>Floods</p> <p>Water contamination</p> <p>Poor hygiene and sanitation</p> <p>Prostitution</p> <p>Rape</p> <p>Unprotected sex with infected persons</p>	<p>Sensitization</p> <p>PHAST</p> <p>Introduction of IGAs</p> <p>Community empowerment</p> <p>Condom distribution</p>
Poor drainage systems	Dumping on the drainage systems	Sensitization
Eviction threats	Lack of land ownership	Civil education

		Sensitization
Water shortage	High population	Water storage harvesting  Sensitization
Inadequate sanitation facilities	Lack of enough space to build sanitary facilities.	Sensitization
Early pregnancy	Illiteracy  Drug abuse  Rape  Child abuse	Peer education

2. Action for transformation

ACTION	PREVENTION			PREPAREDNESS			MITIGATION		
	Change	Influence	Transformation	Change	Influence	Transformation	Change	Influence	Transformation
Introduction of income generating activities									*
Holding chief Barazas					*				
Community empowerment						*			
Upgrading slums									*
Advocacy					*				
Peer education		*							
Sensitization		*							
Rehabilitation									*
Concrete drainage system									*
Unblocking sewerages systems	*								
Participatory hygiene and sanitation transformation			*						
Condom Distribution		*							
Civil education							*		
Water storage and harvesting						*			

Table 9.0: Action for transformation



Table:3.0.2

**3. Time Line**

ACTION	Q1	Q2	Q3	Q4	VERIFIABLE INDICATORS	RESPONSIBILITY
Income Generation Activities introduction			*		<ul style="list-style-type: none"> <li>• Copies of Report</li> <li>• Photographs taken</li> <li>• Material quotations</li> <li>• Financial Documents</li> </ul>	<ul style="list-style-type: none"> <li>• Kenya Red Cross Society Urban Disaster Risk Reduction Team</li> <li>• Community Members</li> </ul>
Chief's Barazas	*	*	*	*	<ul style="list-style-type: none"> <li>• Photographs taken</li> <li>• Copies of Reports</li> <li>• Participants list</li> <li>• Program Schedule</li> <li>• Permission letters</li> </ul>	<ul style="list-style-type: none"> <li>• Kenya Red Cross Society Urban Disaster Risk Reduction Team</li> <li>• Stakeholders</li> <li>• Community Members</li> </ul>
Community empowerment		*	*	*	<ul style="list-style-type: none"> <li>• Number of trainings conducted</li> <li>• Reports</li> <li>• Photographs</li> </ul>	<ul style="list-style-type: none"> <li>• Local administration</li> <li>• Kenya Red</li> </ul>

					<p>taken</p> <ul style="list-style-type: none"> <li>• Participant list</li> </ul>	<p>Cross Society Urban Disaster Risk Reduction Team</p> <ul style="list-style-type: none"> <li>• Stakeholders</li> <li>• Community Members</li> </ul>
Slum upgrading				*	<ul style="list-style-type: none"> <li>• Letters from the relevant organizations</li> <li>• Housing plan</li> <li>• Photographs</li> <li>• Reports</li> <li>• Participant list</li> </ul>	<ul style="list-style-type: none"> <li>• Local Administration</li> <li>• County Governance</li> <li>• Landlords and Ladies</li> <li>• Community members</li> <li>• Kenya Red Cross Society Urban Disaster Risk Reduction Team</li> </ul>
Advocacy		*	*	*	<ul style="list-style-type: none"> <li>• Reports</li> <li>• Photographs</li> <li>• Participant list</li> <li>• Letters to stakeholders</li> <li>• Copy of the policy</li> </ul>	<ul style="list-style-type: none"> <li>• Ministry of internal security</li> <li>• National Authority for Campaign against Alcohol and Drug Abuse</li> <li>• Ministry of</li> </ul>

						<p>Health</p> <ul style="list-style-type: none"> <li>• Kenya Power and Lighting Company</li> <li>• Kenya Red Cross Society Urban Risk Reduction Team</li> </ul>
Peer Education	*	*	*	*	<ul style="list-style-type: none"> <li>• Community participant list</li> <li>• Letters to Local Non-Governmental Organization's</li> <li>• Reports</li> <li>• Photographs</li> <li>• Financial Documents</li> </ul>	<ul style="list-style-type: none"> <li>• Kenya Red Cross Society Urban Risk Reduction Team</li> <li>• Local Non-Governmental Organization's</li> <li>• Local Administration</li> </ul>
Sensitization	*	*	*	*	<ul style="list-style-type: none"> <li>• Financial Documents</li> <li>• Reports</li> <li>• Photographs</li> <li>• Participant list</li> <li>• Letters to responsible stakeholders</li> <li>• Letters of</li> </ul>	<ul style="list-style-type: none"> <li>• Kenya Red Cross Society Urban Risk Reduction Team</li> <li>• Community members</li> <li>• Local Administration</li> </ul>



					invitation	
Rehabilitation		*	*	*	<ul style="list-style-type: none"> <li>• Participant list</li> <li>• List of rehabilitation organization</li> <li>• Photographs</li> <li>• Letters to organizations</li> <li>• Financial documents</li> </ul>	<ul style="list-style-type: none"> <li>• Local administration</li> <li>• Kenya Red Cross Society Urban Disaster Risk Reduction Team</li> <li>• Relevant Stakeholders</li> <li>• Community Members</li> </ul>
Concrete Drainage System			*		<ul style="list-style-type: none"> <li>• Photographs</li> <li>• Financial documents</li> <li>• Reports</li> <li>• Quotations</li> <li>• Letters to county government</li> </ul>	<ul style="list-style-type: none"> <li>• County Government</li> <li>• Kenya Red Cross Society Urban Disaster Risk Reduction Team</li> <li>• Community Members</li> </ul>
Unblocking sewerage systems	*	*	*	*	<ul style="list-style-type: none"> <li>• Photographs</li> <li>• Financial documents</li> <li>• Participant list</li> <li>• Letters to county government</li> </ul>	<ul style="list-style-type: none"> <li>• Local governance</li> <li>• Kenya Red Cross Society Urban Disaster Risk Reduction Team</li> </ul>

						<ul style="list-style-type: none"> <li>• Community Members</li> <li>• County governance</li> </ul>
Participatory Hygiene and Sanitation Transformation	*	*	*	*	<ul style="list-style-type: none"> <li>• Participatory Hygiene and Sanitation Transformation (PHAST) tools</li> <li>• Photographs</li> <li>• Financial documents</li> <li>• Participant list</li> </ul>	<ul style="list-style-type: none"> <li>• Community Health Workers</li> <li>• Local administration</li> <li>• Kenya Red Cross Society Urban Disaster Risk Reduction Team</li> <li>• Community Members</li> </ul>
Condom Distribution	*	*	*	*	<ul style="list-style-type: none"> <li>• Photographs</li> <li>• Financial documents</li> <li>• Reports</li> <li>• Number of health talk conducted</li> </ul>	<ul style="list-style-type: none"> <li>• Kenya Red Cross Society Urban Disaster Risk Reduction Team</li> <li>• Community Health Workers</li> </ul>
Civil Education			*		<ul style="list-style-type: none"> <li>• Photographs</li> <li>• Financial documents</li> <li>• Reports</li> <li>• Participant list</li> <li>• Letters to</li> </ul>	<ul style="list-style-type: none"> <li>• Kenya Red Cross Society Urban Disaster Risk Reduction Team</li> </ul>

					relevant organizations	<ul style="list-style-type: none"> <li>Community Members</li> </ul>
Water Storage	*	*	*	*	<ul style="list-style-type: none"> <li>Photographs</li> <li>Financial documents</li> <li>Reports</li> <li>Quotations</li> </ul>	<ul style="list-style-type: none"> <li>Kenya Red Cross Society Urban Disaster Risk Reduction Team</li> <li>Community Members</li> <li>County Government</li> </ul>

## **ANNEX**

### **KRCS PARTICIPANTS**

1. Judy Kemunto
2. Brenda Alaka
3. Ednah Wanjiru
4. Stephene Njoroge
5. Flora Makena
6. Elizabeth Muturi
7. Monica Mucheru
8. Benson King'oo
9. Milicent Akumu
10. Nelly Kimani
11. Kenrich Nyakundi
12. Mike Bosire
13. Naomi Njoroge
14. Muiruri Mwangi
15. Pauline Chepkwony
16. Miriam Kabutha
17. Boniface Gitonga
18. Carolyne Kiamba
19. Seith Simiyu