

Hope in the Storms

The research project explores the significant emotional and physical effects on women and children in the Mukuru slums after losing their homes to natural and human-made disasters, highlighting how hope persists amid repeated traumatic 'storms' in their lives.



By

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Section One: Introduction

Acknowledgement

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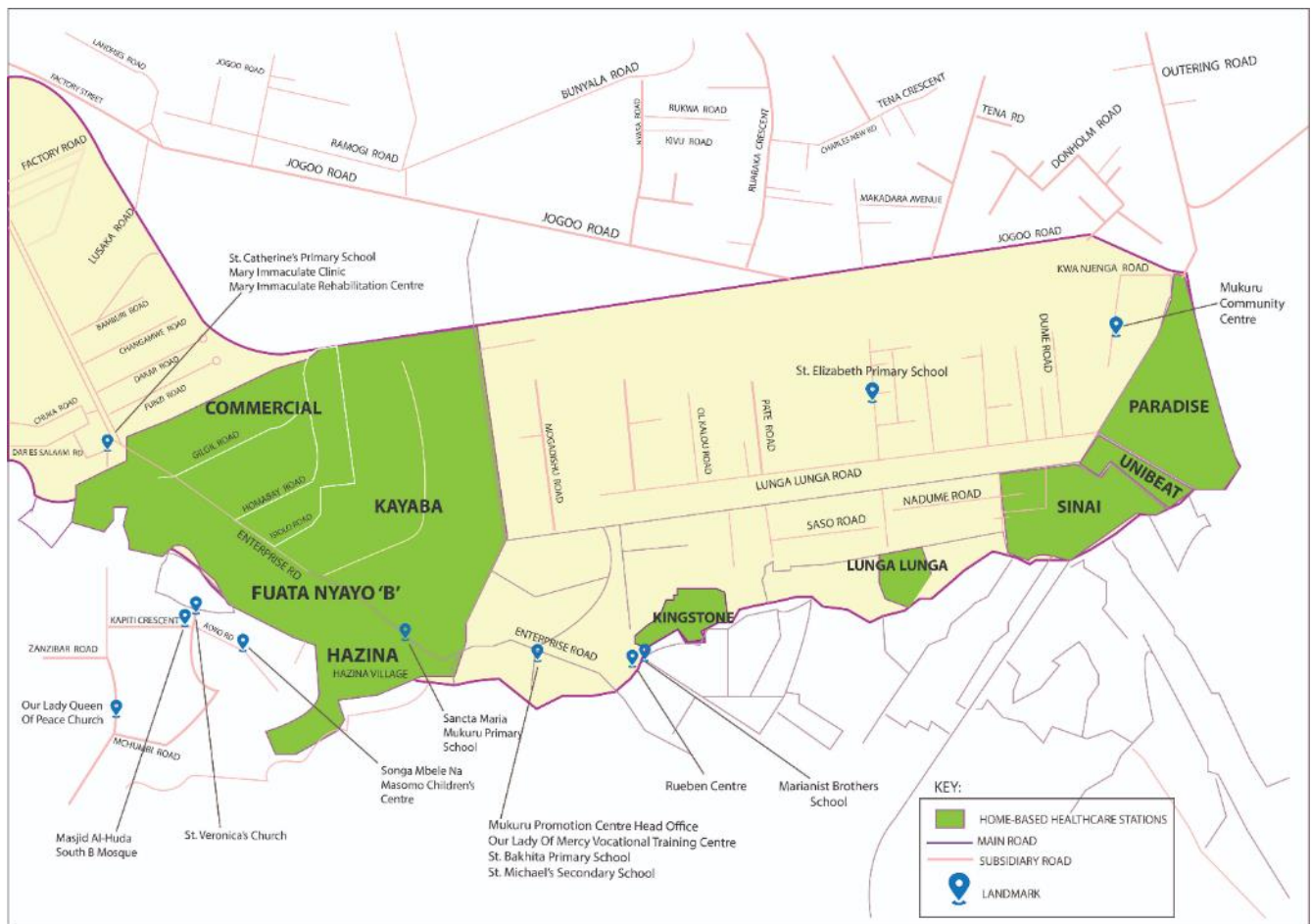
I want to thank the resilient women and children in Mukuru slums, who shared their experiences of being rendered homeless for this research. Through their courage and openness, the world can learn the individual, societal, and political changes that need to be adjusted for more inclusive, safe, and supportive communities. I would also like to thank the staff at Mukuru Promotion Centre for their assistance in gathering the data for this report. Finally, I would like to thank the Mercy Emerging Leaders Fellowship team for their ongoing support and encouragement, and for providing me with the opportunity to conduct this research project.



“A house is a home when it shelters the body and comforts the soul”

Phillip Moffitt

Map of Mukuru Slums



**"The poor need help
today, not next week"**

Catherine McAuley

List of Abbreviations

Acronyms

MPC	Mukuru Promotion Centre
EDM	Effective Disaster Management Plan
NGO	Non-Governmental Organisation
NEMA	National Environment Management Authority
NEDP	National Emergency Disaster Plan
NDMU	National Disaster Management Unit
WARMA	Water Resources Authority
SAP	Structural Adjustment Programs
SDHUD	State Department for Housing and Urban Development
CERT	Community Emergency Response Teams

Definitions of key words used

Government's Order - A formal directive from a governmental authority requiring specific actions or regulations to be followed by individuals or organisations within its jurisdiction.

Long rains - the main rainy season, which typically lasts from March to May or early June.

Riparian land - land directly adjacent to a river, stream, lake, or other body of water.

Slum Community - a heavily populated urban area characterised by substandard housing, inadequate living conditions, and a lack of basic amenities.

Trauma - a deeply distressing or disturbing experience.

Traumatic events - A highly distressing experience that overwhelms an individual's ability to cope, potentially causing lasting negative effects on their well-being.

Abstract

This research project analyses the impact of homelessness on children and women in Mukuru slums, focusing on their psychological impact and social well-being after losing their homes due to disasters. It investigates the trauma experienced by these groups following both natural disasters, such as floods, and human-caused events, such as demolitions, during the 2024 long rains from March to May.

Three objectives guided the study:

- i) to **capture and understand** the traumatic experiences through individual stories,
- ii) to **assess** the psychological impact of homelessness on women and children, and
- iii) to **evaluate** the effectiveness of Interventions by the Government and other non-government agencies.

Five villages within Mukuru were sampled for the study:

- i) Mukuru Kayaba,
- ii) Fuata Nyayo,
- iii) Kisii Village,
- iv) Mariguini, and
- v) Kambi Moto Village.

To gather the relevant information, the respondents shared life stories and experiences of their situations, which were later analysed qualitatively due to the nature of the information provided. The stories shared are a true version as narrated by women and children affected by natural disaster floods, and human-made disasters, government-ordered demolitions (appendix 3), which impacted their mental and social well-being. Consent from the women was sought before the stories were recorded (appendix 4). Parents also gave permission for their children to be part of the story-sharing group. All participants gave informed consent before the initiation of participation. Due to the nature of the interviews and their potential to bring up unwanted thoughts from the past, extra counselling was offered to all participants after the interviews for those who required assistance. Pseudonyms were used to hide the identity of the participants as per their request. Participants spoke most distinctively about traumatic events that related to social relationships, such as hostility, shame, abandonment, and rejection, as well as about physical and verbal/emotional abuse from within their communities or their own families.

Baron (2019) defines a "traumatic effect" as a long-lasting negative impact of a distressing event on an individual's physical, emotional, mental, and social well-being. Trauma can be triggered by any experience that is intensely distressing or overwhelming, leading to significant fear, helplessness, or confusion. Residents of the Mukuru slums experience substantial and ongoing trauma due to various factors. These factors include the constant threat of eviction, inadequate living conditions, violence, and limited access to essential services. All participants exhibited characteristics associated with 'complex' trauma, with most identifying hope as an important personal resource during their experiences.

Introduction

Homelessness can make women and children lose their sense of security, dignity, community relations, livelihood, belonging, and safety (Raphel, 2006). Losing these conditions can increase mental and social-emotional challenges for women and children. Leading trauma experts claim homelessness itself can be a highly traumatic event leading to a range of mental and emotional health challenges, including fear, depression, suicidal ideations and anxiety (Mate 2022). Within slums, homelessness becomes even more complex and contributes to even higher levels of anxiety due to multiple system failures and human rights abuses (Flynn 2019). Beyond the immediate loss of a home, uncertainty, instability, and potential danger associated with homelessness can trigger or exacerbate trauma. This can lead to difficulties with emotional regulation, relationship issues, and a sense of hopelessness. The trauma related to homelessness, including victimisation and domestic abuse, can lead to long-term psychological consequences such as anxiety and depression (Sanentz 2015).

An event is understood as “traumatic” when it overwhelms a person’s ability to cope, causing intense emotional, psychological, and sometimes physical distress through natural disasters, accidents, acts of violence, or ongoing relational abuse (Taylor & Frazer, 2021). Losing one’s home, especially for vulnerable groups like women and children in slum settings, equates to loss of safety and stability, threatens their life and wellbeing, can render them powerless and helpless, having no control over the situation as they lack the resources to do anything. They try to navigate the collapse of known community support systems and the ongoing consequences of unstable shelter, the disruption of children’s education, the increased exploitation and mental health struggles after the actual event. Often, women and children are more likely to endure secondary trauma due to further difficulties such as gender-based violence, access to healthcare facilities and witnessing death, which can accompany the initial trauma.

Unfortunately, Kenya is notable for inhumane evictions, periodically marked by various events, including land grabbing, insecure tenure, general or county elections, fire, floods, and other causes resulting from poor infrastructure and inadequate service delivery in informal settlements. The majority of the 700,000 Mukuru residents were traumatised by Kenya’s April long rains that poured down. Apart from the local area, runoffs from the north of the country made their way down, accumulating and filling all the dams and river systems in the city, which had already reached saturation. The heavy rains abruptly rendered many families homeless. How do individuals with limited standing, capabilities, and resources cope with losing everything they own? Why is it in the 21st century that hundreds of thousands of citizens are still

living in iron sheets, plastic or cardboard? As a community that experiences acute forms of trauma daily, what enables the bulk of them to find the will to live even amongst all the traumas? As religious people, their faith in God is a critical element that provides Hope. The Hope that emerges from the stories is inspiring, creating a bridge from suffering to recovery.

This research paper examines the significant effects of homelessness on women and children living in the Mukuru slums, particularly following natural and human-made disasters. It highlights a vulnerable group that is already traumatised due to their living conditions, and it explores how additional traumatic events exacerbate their emotional, psychological, and physical struggles, leading to a persistent state of 'Complex' trauma. Despite the suffering, a notable finding is the extraordinary bond that forms among individuals within this community. This connection fosters hope through the repeated traumatic experiences and shared struggles, underscoring the belief that the gift of life from God is the most precious of all things on earth, regardless of the living circumstances.

Background Research

In the African context, rain is often seen as a sign of blessings. Its symbol mobilises hope for plenty, a bumper harvest, and plenty for pasture. However, 2024's long rains did not bring fortune and good tidings to one of Nairobi's informal settlements with an estimated 700,000 residents in Mukuru slums. People who migrate to cities and lack a place to live often find homes in urban spaces lacking civil infrastructure. These spaces eventually become slums as more people surge in from the rural villages. More than 1.6 billion people worldwide live in sub-standard housing, predominantly affecting women and children, and at least 150 million have no home at all. Even though the Government of Kenya has no official figure on the number of homeless children and women in the slums, the number is estimated to be as high as 500,000 (Kenya National Bureau of Statistics, 2024). According to the Nairobi City Reports 2024 (Cross-sectional Slums Survey (NCSS) 2024), 60% to 80% of Kenya's urban population lives in slums.

Unaffordable housing leads to people seeking cheaper accommodation, which in turn results in crowded spaces and high-density living. The density rate in Mukuru slums is 83,000 people per square kilometre. To compare the density rate with some countries: USA 36 persons per square kilometre; Australia 3; Ireland 71; United Kingdom 278; Austria 106, Kenya 94 (source: <https://www.populationof.net/kenya/>). A large percentage of shacks are made from cardboard or plastic materials held together with a few nails or thin rope, while those who are better off have shelters made from mabati (corrugated iron sheets). These one-room shelters are approximately 3m x 3m and have no sanitation or running water. Current statistics show that over 4.9 million people live in the capital city of Nairobi, with an estimated 2.9 million or 60% of Nairobi's population living in slum areas (Kenya National Bureau of Statistics, 2024). Slum dwellers pay rent for their shacks to landlords who 'own' the land at a rate between \$12-25US depending on the location of the house (Nairobi City Report, 2024). Often, the land is riparian or power line ways. There is no space for children to play or adult recreation facilities, except bars, video shops, and pool tables. Many enterprising individuals turn to local brew, drugs, and crime as a source of income.

Section Two: Personal Experiences

Understanding the experiences of the homeless through stories

Many leading trauma psychologists (Baron 2019, Raphael 2006 and Cohen 2022) have researched the impact of trauma on relief workers and the general population, with relief workers experiencing elevated trauma rates and a higher risk of post-traumatic stress disorder. A person may look okay and functioning; however, unless the trauma is addressed, it may appear later with more severe consequences within relationships. These effects can manifest in various ways, including changes in mood, behaviour, thoughts, memories, and relationships. Traumatic events can disrupt a person's sense of security, leading to anxiety, fear, and difficulty regulating emotions. Individuals may experience flashbacks, nightmares, or intrusive thoughts related to the trauma at any given time. (Baron R, 2019).

Traumatic Experiences

There is ambiguity in the use of the term ‘trauma,’ with many using the term to either refer to a wide range of negative events that perceivably produce distress, or to refer to the distress itself. For this research, trauma is viewed as a condition that follows as a result of negative and painful events (Raphael 2006). Leading trauma psychologists (Herman 1992, Courtois 2022, 7 Mate 2022) claim that there are three different types of trauma. One known as ‘Acute’ is a one-off event, such as a fire, cyclone, or flood. The second type is known as ‘Chronic’ trauma, meaning repeated events over time. The third and most severe type is ‘Complex’, meaning prolonged or repeated events including interpersonal and relational issues like domestic violence, childhood neglect, exposure to war or conflict, systemic abuse, or human trafficking/exploitation that often involves profound impacts on identity, attachment and emotional regulation. Complex trauma is both chronic and relational and is difficult to escape and involves relationships where there is an expectation of safety that should be provided by authority figures, caregivers, and partners (Courtois & Ford, 2009). The stories from the interviews indicate that women were speaking from a Complex trauma perspective without realising it. This was a result of the repeated disasters they had experienced over time, including fires, floods, demolitions, and evictions, some of which resulted in death and/or family disintegration. All these pent-up emotions caused them to experience complex trauma.

Among the participants, 85% defined trauma as an "emotional shock" that typically occurs in response to a negative life experience, often unexpectedly. The remaining 15% offered a different perspective on trauma, describing it in terms of severe mental disturbances, such as insanity or hallucinations, which could be summarised as difficulties in thinking clearly. Participants identified situations as traumatic if they were unbearable or beyond their imagination, suggesting that such events should not happen. These accounts indicated that the women had experienced all forms of trauma – acute, chronic and complex.

Psychological Impacts

Generally, people living in slums are reluctant to speak their minds about issues, never mind expressing feelings and emotions. What emerged from the interviews was raw emotions, indicating the enormous psychological impacts. Trauma in slums is a part of life, and traumatic events occur regularly from fire outbreaks, gang violence, and corruption. Focusing on the psychological impacts of natural and human-made disasters, the participants spoke distinctively about fear, abandonment, rejection, shame, and hostility, along with the abusive interactions within their own families and the community. Contrary to everyday interactions, people were venting their emotions on others.

Interventions

Most countries have an Emergency Disaster Plan, and its worth is only ever measured after a disaster occurs to gauge how lives and property were protected and if the response was adequate to the emergency, regardless of whether natural or human-made. Kenya has two seasons, wet and dry. The long rains come in March and April, and the light rains come in October. Kenya's National Emergency Disaster Plan (NEDP) is designed to guide the country's response to various disasters. The major elements of the Emergency Disaster Plan are to prevent, respond to, manage, and recover from disasters, while protecting people, infrastructure and economy. The National Disaster Management Unit (NDMU) coordinates all the stakeholders, including government ministries, county governments, humanitarian organisations, and the private sector. At the time of the floods, the comprehensive framework should have been initiated to manage the disaster. County Governments encouraged NDMU to clear drains and ensure that drainage systems are appropriately built to prevent flooding. Additionally, they recommended having firefighting machines accessible and available for use in emergencies, as well as having ambulances ready to transport people to hospitals. The local newspaper, The Nation, reported that many elements of the

NEDP lacked coordination and implementation (Mwere D 3rd June 2024) ‘audit exposes state’s lack of readiness to tackle floods’.

The occurrence of various disasters in a country generally has a significant impact on the level of disaster management equipment available. The available resources were not adequate to handle the magnitude of disasters. The government should acquire and adapt high-level efficiency equipment to handle the disaster effectively. This is important since the lethal effects that result from disasters will be minimised. The government should provide the necessary financial support to acquire the essential equipment. The immediate response from the Government was about statements and policies. While press releases were given to the public about what the Government was doing, there was little tangible evidence to back up the claims. Non-government organisations like the Red Cross assisted people with emergency relief such as water and food. The faith-based organisations, such as Mukuru Promotion Centre, continued to provide support long after the initial disasters, recognising that the trauma persists.

The stories of women and children affected by chronic and complex trauma in Mukuru slum villages describe the traumatic events as they occurred. It is estimated that 80 % of the participants claim to have recovered from their acute trauma, while the other 20 % were still under close monitoring by the Community Health Promoters (CHPs) as their experiences are deemed chronic and complex.

Case Study 1: Janet Asumbi

We were so scared.

Janet's trauma is identified as significant fear, helplessness and anxiety.

I was awakened by screaming neighbours one fateful night in April. Shouts of “run, run, or you’ll die alone”. It was around 2am in the morning when relentless flash floods rushed through the Mukuru slum village of Kayaba, **sweeping away homes and livelihoods**. Since then, nothing has been the same for us. I have never seen any flooding like this since the 1997 El Niño rains. We have had flooding in some parts of Mukuru slum during enhanced rains in the recent past, but what we saw that time, I have not seen in a long time. The clinics and hospitals were flooded, and **essential services were not easily accessible**. Medical supplies dwindled and **makeshift shelters sprang up** wherever dry land could be found. The community, resilient yet stretched thin, banded together to support those most affected. I have been under medication since that time. My blood pressure rose and **my whole body became weak**. It was like the doors of heaven were opened and water was released from the sky. I pray hard every day that whatever I saw that day, will never happen again. **We were so scared.**



Mukuru slums children playing in the water

Case Study 2: Merceline Awour

We were left with nothing.

Merceline's trauma is identified as sense of neglect, victimisation, commercial value, abuse, desperation, stress and shame.

My semi-permanent house was erected on the banks of the Ngong River, and when disaster struck and the **river burst its banks**, the **Government issued orders to demolish** all illegal structures along the river. I was among the people whose houses were destroyed after the floods, to pave the way for the 30 metre buffer zone from the Ngong River. I remember the landlord ambushing me in the dead of night to leave because he wanted to salvage his iron sheets, doors, and windows before they could be stolen. **I had no choice.** The next morning, Government bulldozers came and demolished all the structures along their way. **We were left with nothing.** Totally nothing. People were forced to **sleep outside.** Safe water became scarce. Health services were disrupted. With the little money I had, I rented a small house nearby, but a few days later, it got flooded again. Life became so difficult. A good Samaritan took us into her house. She had 5 children, plus 4 that I moved in with, in a single-roomed corrugated sheet structure. Her husband started complaining of congestion in the house and accusing my children of being undisciplined. We had to move to the chief's camp and sleep in tents for 2 weeks. Later, I was lucky to get a house and move out of the camp. It wasn't the best place to be at. Every resource was a challenge. Little food and water, not enough toilets and bathrooms, no privacy and congestion was too much. We lived with fear of the unknown.



Government Sanction demolitions in Mukuru

Case Study 3: Margaret Waithera

We have nowhere to go

Margaret's trauma captures fear, desperation, helplessness, anger and failure

The rain started at around 10 pm and got worse at midnight. It filled our house. We all managed to run away as we watched our things slowly get carried away by the rain. We did not have a house, and **we had nowhere to go**. We tried to save our things, but we were overwhelmed by the floodwaters. I only had the clothes I was wearing. **Everything was gone**. Our homes were suddenly submerged. Amidst the chaos, we cried out for help, especially for the safety of our children. One of the neighbours came to rescue us. We managed to escape with two children. One of them drowned in the raging waters. I could not help him. I was hopeless, scared, and confused. **I cried bitterly seeing my child drowning**. His body was discovered the following day. I blamed the Government for all this. They did not even come over to see what we were going through, not even to console us who had lost our loved ones. NGOs and people of goodwill helped us. We faced uncertainty about where we would find shelter and how our children would eat. As the rains intensified, so did our despair.



Mukuru residents navigating flood water

All the shared stories were strongly identified with the "complex" type of trauma. The terror of the raging floods was just one aspect; the unpredictable consequences that followed—losing their homes and possessions, witnessing children drowning, being victimised by landlords, and being chastised by well-meaning bystanders—led to a more profound realisation: the authorities who were meant to help them barely responded. They understood then that they were left to fend for themselves.

Exploring the Impact of Trauma

The personal stories shared by victims reveal how trauma affected their emotions, behaviours, and overall responses. These responses generally fell into two categories: 'victim' and 'survivor'. The 'victim' struggled to move beyond the traumatic event. At the same time, the 'survivor' used the experience as a source of strength, could manage the change, often motivated by the desire to provide a better life for their children and others around them who were in the same or worse position.

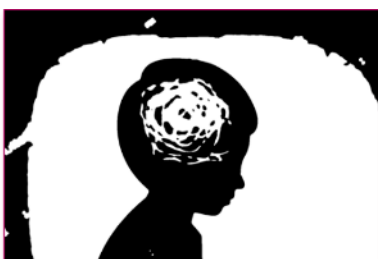
Participants described experiencing a wide range of psychological effects, including fear, depression, horror, confusion, and shock, among others. These narratives offer insight into the profound and lasting emotional toll caused by the sudden loss of home and safety. The people had gone from having something that they owned to absolutely nothing. The children endure many deprivations every day, and the floods and demolitions would have just confirmed the state of their lives in the slums. The social and community workers observed further observations of the children. The sketches and photographs from the individuals try to visually capture the mother's concerns and their impact on her and the family.



Sketch from Josephine



Clinician attends to a sick toddler at the MIC Clinic



Teacher at a slum school



Songa Mbele na Masomo Teachers and children

Case Study 4: Josephine Nafula

Resident at Masaai Village

Traumatized, Depressed and Horrified

Josephine's trauma points to desperation, anxiety, deep grief and horror,

Joshua, not his real name, was a jovial boy who made us happy despite the challenges we were going through as a family. He got out of the house to play with other children as demolitions were taking place, not knowing he would not return. I was busy settling down and preparing supper. After 30 minutes, I heard screams from a distance, where the bulldozer was working. I rushed out of the house and saw people running, others screaming, while others looked confused. On arriving at the scene, I was horrified, confused, and shaking. A sewer line had caved in after the bulldozer drove over it. **Mothers were crying uncontrollably**, without knowing how to save the young boy, who was sucked down the sewer tunnel. On getting closer, I learnt that it was my son Joshua. The pain was unbearable. Depression came with the loss, and **I lost hope in living**. I was without my senses. I have been hiding somewhere with neither food nor a bath. It was traumatic to me. My son's death was traumatic to me. **I attempted suicide twice**. The community around here stood with me during that grim time. They organized my treatment and took care of my 4 children when I was in that disorderly state. It was terrifying for my children. They could not understand why I was acting strangely. I am not yet fully recovered, but I am grateful that I can take care of them and move around searching for a casual job. I always want to run away from this place. The continuous threat of eviction tells us that they do not think about helping us to have decent housing here. In the minds of the city authorities, we are unlawful residents and are not supposed to be here. With this thinking, I do not think they want to include us in any policy decisions. Any time the night falls, **I sleep with a lot of fear** because any of these disasters might occur at any time.

Case Study 5: Sharline Anyango

Resident at Kisii Village

We are insecure

Sharline's trauma describes fear, despair, unworthiness, anxiety and frustration.

Floods swept away pit latrines, exposing us to waterborne diseases and insecurity whenever we went to nearby compounds at night to relieve ourselves. Many months after the disaster, we have been left without toilets, and the few available ones serve up to 200 residents at a time. Due to the long queues, some of us have unfortunately opted to use **polythene bags**, while others use **basins** in their houses. Because so many people are using the toilets, my two girls ended up getting infections. They were treated and are now fine. I also know women around here who have been affected by the unhygienic conditions of these toilets. We have **suffered from cholera**, which has caused the death of some residents, mostly children. **Typhoid is as common as malaria**, all due to the poor sanitation in this area. Many residents here have persistent coughs. We cough all the time. Look at these children who are coughing, this is so normal for us, and we think it is due to inhaling fumes from the burning of plastics or when we are sleeping in the cold. The smoke is so thick that it hangs in the sky for many days. The effect will not only be on the slum dwellers but on everyone around this area. It can contribute to the pollution of clouds and rain. This partly explains why we suffer from **many non-communicable diseases**, and it can even affect **life expectancy**. It is traumatising to be in this kind of situation. We have been neglected over the years in terms of housing. All the private companies only build houses for the rich in the country. The cost of land alone puts poor people out of the housing market. The banks will not even give us any attention as we do not have the collateral security they require, and we have not seen all these being addressed by housing policies over the last four decades. **If someone could just understand** what we are going through, it would **make all the difference**.

Case Study 6: Victoria Kemunto

Teacher at a slum school

Most children were traumatised

Victoria observes heartbreak, shame, despair, aggression, hopelessness, kindness and healing.

I am a teacher in one of the slum schools. It was **heartbreaking** to see students who were jovial, active, and bright in class going through episodes of withdrawal, emotional outbursts, and not concentrating in class. Others became rebellious and hypervigilant. Two of them were delaying going home. When asked why, they said their houses were demolished and they **were ashamed** that other students might see them going to the chief's camp and laugh at them. They also disclosed to us some others who have been affected. On close observation we realised that most of them were absent-minded in class, others would sleep in class, and a certain group had become excessively **aggressive**, while others complaining of being suddenly sick. Some teachers said they had noticed an increase in absenteeism and that one student was **hallucinating** in class. Those coming from far are already tired by the time the lesson starts, while some report late to school. One of them came with tiny rashes all over the face. At first, I thought it was chicken pox, which is highly contagious. On investigating, she said the rashes were from **mosquito bites** as she, and other family members were sleeping outside. Their house was gone, and nobody had accommodated them. The Chief's camp was at capacity, and no other family could be accommodated. They had **no alternative** but to sleep outside. Another family was living together at Mukuru Kayaba with their 9 children. After their house was demolished, they relocated to other parts of the slum. Their father (Cleophas) was the breadwinner. The mother was **battling cervical cancer**. After relocating, depression caught up with him. He lost hope of living and **committed suicide**, leaving behind his 9 children and a sick wife. It was difficult for children to continue with school, as the mother was bedridden. The children stayed at home for two terms until a social worker from one of the schools was notified of the case. The family was later rescued and relocated to a safer house in Kayaba. The children came back to school, and the mother's medical needs were sponsored by a generous person. Even though she has not yet resumed her normal health, she can perform light duties and take care of her children. These students were traumatised, and it took them time to recover. Teachers took their time to talk to them and give them hope over the storms surrounding them. Those with serious problems were referred to a professional therapist. I can now say that 90% of the students are okay. We are hopeful that the 10% remaining will recover fully.

Case Study 7: Maria Gorreti Ndunge

Social worker at MPC's Songa Mbele

Children are regressing and becoming worse

Maria observed regression, disappearance, depression and powerlessness.

I am working as a social worker at Songa Mbele na Masomo Children's Centre, a facility for 108 children living with disabilities in the Mukuru slums. The Centre was among the buildings marked for demolition by the Government as an illegal structure erected on riparian land. The Sisters of Mercy assisted in the fight to protect the Centre from demolition. The Centre provides services such as therapy, meals, hygiene, toilet training, activities of daily living, speech therapy, medical interventions, and learning for children with mild disabilities. Twenty children from the Centre were affected by these disasters, forcing them to relocate to other areas within the slum or far away from the Centre, which made it difficult for parents to bring their children for therapy services. Eight of the children have **regressed tremendously**; six have **dropped out** completely without a trace, while another six attend sporadically due to other reasons, such as lack of transport fare to and from the Centre or illnesses. We came in to assist parents with little foodstuffs. We also referred parents to receive cash transfers given by the Government 2,000khs per month (\$15US). This was only given to a few families, while 20% went **into unknown pockets**. The majority of the parents were depressed. Not knowing what to do. When a disaster strikes, disabled people suffer the most. As some **cannot scream for help**, cannot run to safety, while others are slow to reason out what steps to take. After camping at the local Chief's office (mayor) for a month, only to be evicted with promises that their issue would be looked into, which **never materialised**. The Government also promised to give them houses from affordable housing projects. This again is going to the **"haves"** in the society, as these parents are poor and cannot afford the required amount of money (\$502 US) to book a single-roomed house, nor do they have collateral to secure bank loans. This only **adds to their distress**.

Evaluating the Interventions

Mukuru Slum is no stranger to natural or human-made disasters. Among the most frequent and devastating are fires, which occur regularly due to high-density living conditions, poor infrastructure, and the widespread use of open-flame cooking utensils (jikos) inside highly flammable, makeshift homes. The layout of the slum compounds the problem. Narrow alleyways, some only two to three feet wide, make it nearly impossible for emergency services, particularly fire trucks, to access the inner areas of the villages. As one moves deeper into the villages, the paths become even narrower, increasing the difficulty of timely intervention and allowing fires to spread rapidly and uncontrollably. With thousands of residents cooking simultaneously and no regulated safety standards, the risk of fire is alarmingly high and well-documented by the authorities. Despite the existence of the Nairobi County Effective Disaster Management (EDM) Plan, which outlines strategies to mitigate disasters and support recovery, the plan is largely unimplementable within Mukuru due to the physical constraints of the settlement. While individual NGOs operating in the area have their disaster response frameworks, their interventions are typically limited to post-disaster support such as the distribution of food, water, and basic supplies. Preventative measures, infrastructure upgrades, and long-term risk mitigation remain significantly under-addressed. This persistent lack of preparedness reflects a deeper systemic issue: the apparent absence of political will to reduce risks in informal settlements proactively and to implement inclusive urban planning strategies.

In 2018, the Government of Kenya (GoK) introduced the Big Four Agenda, a policy framework aimed at addressing social programs and promoting economic development. The Big Four includes:

- 1) affordable housing
- 2) universal health coverage
- 3) enhancing manufacturing and
- 4) food security and nutrition.

The State Department for Housing and Urban Development (SDHUD) was mandated to deliver the Affordable Housing Program (AHP) by “providing state-owned land for free or low cost”. Despite the government investing both monetary and in-kind resources, such as land to investors and infrastructure in the development of housing, the plan remained unachievable.

In 2022, only 21.3% of Kenyans had Home ownership, leaving the biggest demand of 61% of the population who live in slums (National Housing Corporation Strategic Plan 2023-2027, *A Decently Housed Nation*). Kenya's required housing supply forecast is around 2 million units, but only 50,000 units are built, with only 2% or 1,000 units set aside for low-income citizens. Without the Government driving a comprehensive housing development plan that recognises and prioritises the needs of low-income citizens, the cycle of vulnerability, displacement, and trauma will continue unabated in Mukuru and similar informal settlements.

The following accounts from frontline responders highlight both the inadequate response by government authorities and the limited capacity of NGOs in addressing disaster-related needs in Mukuru. In the aftermath of any single disaster, hundreds of families often lose everything in their corrugated iron homes. Immediate necessities such as food, clothing, and bedding become urgent priorities. The MPC Social Offices, situated within the four MPC-sponsored primary schools, serve as critical safe spaces for the most severely affected individuals. These Centres offer psycho-social support and other resources to help stabilise survivors in the immediate aftermath of trauma, providing care and a sense of hope. The goal of these efforts is to normalise psychological, emotional, and physiological responses to critical incidents, whether minor, moderate, or severe. Disasters in Mukuru can strike at any time and affect anyone, underscoring the need for both immediate and sustained support mechanisms that prioritise mental health and well-being alongside physical recovery.



While NGOs and other agencies are quick to respond and offer immediate assistance, their support often only addresses superficial needs. Some organisations prioritise the psycho-social requirements of affected communities. The genuine and lasting change must come from the National and County governments, who have the authority to enhance living conditions and execute infrastructure projects for all citizens, especially the most vulnerable. For many of the women and children, the disasters are traumatic reminders of the government's lack of will to protect them as per Kenya's Constitution.

Interventions by NGOs and faith-based organisations

Case Study 8: Teresia Nziu

Community Health Promoters (CHP) in Mukuru Slums

Teresia's observations were that, at one level, the Government appeared to be doing something; however, it wasn't what was required to assist the traumatised victims.

When the disaster struck, the Government hastily rushed to **action, helping** the affected families the best way it could, with the resources available. The first action was to evacuate the survivors to safe grounds. It was exceedingly difficult to **identify the genuine victims**, but with the assistance of the village chairpersons, we managed to get them. Through the Community Health Promoters (CHPs), the Government organised a short (half-day) training on disaster management, which emphasises establishing safety and practising coping skills targeting disaster-related distress, providing space for sharing individual experiences, and disaster preparedness. This was given twice a month for 3 months. The affected families were given a **safe space at the Chief's camp** (compound). At the camp, the Government gave the victims ready food through well-wishers and people of goodwill who were bringing cooked food at the camp. Other hygiene necessities such as soap, sanitary towels and tissue papers were provided. I won't lie that the place was conducive, but at least those who **sought rescue** were safe.

Children continued to go to school while their parents sought a house. The Government also compensated the affected individuals with Ksh 10,000 (\$77.22US) to relocate to safer places and start life all over again. However, the majority **complained** that they **did not receive the compensation**, but the government released the funds to assist the affected families. Ambulances were also provided to the affected people around the river, and during fire disasters, they are used to ferry the affected to hospitals. Despite the congestion, they look for alternative routes to reach the affected.



Distributions

Case Study 9: Salome Masha

MPC Child Protection and Safeguarding Officer

Salome's observations were that faith-based organisations like MPC were more proactive and focused on people's emotional and psychological well-being, as well as looking at long-term empowerment for women to provide for their children.

Many faith-based Institutions, such as MPC, Catholic Church agencies, among others, **offered counselling** services to the affected people who came forward for help or were referred by the CHP from the villages. These services were **provided free of charge, and 67 cases were referred to MPC for counselling services. Follow-ups were conducted until the victims became** more stable. The Community Emergency Response Teams (CERT) through the Kenya Red Cross created awareness on disaster management strategies to the community, while at the Chief's camp. This helped survivors **process their emotions** and find ways to cope with and heal from their experiences.

MPC through the **Child Protection Office** reported gender based violence (GBV) cases that occurred to children and women to the relevant offices at the local and county levels. This office is well known to the community, and cases stream in whenever disaster strikes. Over 20 GBV cases were reported to the MPC Child Protection Office. The Office was able to mobilise resources thanks to the generosity of MPC supporters and donors. The 20 affected women benefited from a **business start-up** provided by the Raja Foundation to help families restart their lives within Mukuru or other parts of the slum. Additionally, Kenya Wine Agencies and Team Pankaj Foundation supported MPC with their assistance for distribution to the affected families. Over **300 families** benefited from mattresses, kitchen equipment, blankets, cooking gas cylinders, wheelchairs, and clothes. Although the donations assisted with the immediate needs the more complex issue of trauma remains.



Distribution of Essential Items

Section Three: Methodologies

Focus Groups, Questionnaires and Interviews

The primary objective of this study is to investigate the traumatic effects of homelessness caused by both natural and human-made disasters on women and children living in the Mukuru slum. In this community, women play a crucial role in protecting children during and after these crises, often serving as the first line of support when disaster strikes.

To explore the mental health challenges faced by these vulnerable groups, the study employed a combination of three qualitative research methods:

- Focus group discussions (FGDs)
- Structured questionnaires
- One-on-one in-depth interviews



These methodologies provided rich, contextual insights into the psychological, emotional, and behavioural effects experienced by women and children who were rendered homeless. They also offered a platform for participants to share personal stories and coping strategies in the face of repeated displacement and trauma. The interviews from government and non-government agencies provided further insight from a different perspective on the traumatic events.

The research used a descriptive design as it allowed gathered information to be described without influencing its natural conditions. The study took place in **five villages** within the Mukuru slums: Mukuru Kayaba, Fuata Nyayo, Kisii Village, Kambi Moto, and Mariguini. Industrial Area has 40% of the population working in nearby companies as casual labourers, 30% operating small-scale businesses such as food vendors, boutiques, and charcoal dealers, and 30% unemployed and surviving by doing casual work in the nearby estates. The area is densely populated, as most people have migrated to the town in search of unskilled blue-collar jobs.

The Mukuru area is highly vulnerable to catastrophic disasters such as floods, fires, and forced demolitions. This vulnerability is primarily attributed to the unauthorised construction of informal settlements on riparian land by opportunistic developers, who rent out these structures to individuals and families with limited economic means. The scarcity of affordable land for housing has driven many low-income residents to settle in these high-risk zones. Several government bodies are mandated to protect riparian zones, river systems, ecosystems, and wayleave areas. These include the National Environment Management Authority (NEMA) and the Water Resources Authority (WARMA). Additionally, all construction activities are expected to comply with regulations set by the National Construction Authority (NCA), which enforces strict building codes. Despite these legislative frameworks, enforcement remains inconsistent. Some counties adhere to environmental, government and construction laws, while others do not. Furthermore, statutory bodies such as Kenya Power Ltd have infrastructure that runs through or borders these informal settlements, complicating both enforcement and disaster response efforts. This study did not interview anyone from the government bodies, as it would have created personal safety issues for the author.

This study employed a snowball sampling technique to identify and recruit participants. A total of 30 respondents voluntarily agreed to take part in the research. Snowball sampling was chosen due to the sensitive nature of the topic, trauma resulting from homelessness, and the difficulty in identifying affected individuals through conventional sampling methods. Through this approach, initial participants were able to refer others within their community who had undergone similar experiences, thereby expanding the sample size in a trusted and organic manner. To gather rich, in-depth information, the study utilised a combination of qualitative methods, including firsthand personal narratives and focus group discussions. These approaches allowed respondents to share their lived experiences in safe, supportive environments, encouraging openness and depth in the responses. The collected data was analysed qualitatively to identify recurring themes, emotional reactions, coping strategies, and the broader psychosocial impacts of homelessness caused by both natural and human-made disasters. The qualitative analysis provided nuanced insights into the mental and emotional toll experienced by women and children in Mukuru, contributing to a deeper understanding of their vulnerabilities and resilience.

Section Four: Presentation of Findings

Data Collection

The data collected revealed that residents of Mukuru slum experienced high levels of repeated trauma caused by economic hardships, poverty, fires, floods, forced demolitions and evictions. The prolonged relational and environmental instability exacerbated these traumatic experiences.

The evidence indicated a significant disruption in the lives of women and children, particularly in their sense of safety and emotional stability. Many respondents expressed ongoing struggles with anxiety, fear, and difficulty in managing or expressing emotions appropriately. Several participants reported experiencing flashbacks, recurring nightmares, and intrusive thoughts, including disturbing thoughts of aggression toward others, symptoms commonly associated with post-traumatic stress. The composition of the trauma experienced was allocated in percentages:

- 20% of respondents suffered acute trauma from fires
- 30% of respondents suffered chronic trauma from the floods
- 40% of respondents suffered complex trauma from demolitions
- 10% of respondents suffered complex trauma from force evictions by landlords

Several emotional, psychological, and behavioural responses affecting women and children were identified through firsthand accounts. Post-traumatic stress experts (Sanentz, 2015; Baron, 2019; Jae, 2024) suggest that the psychological effects of "Complex" trauma have specific connections to the body. (<https://www.ncbi.nlm.nih.gov/books/NBK559129/>)

The following symptoms emerged from the interviews.

The Impact on Women and Children

1. Fear

Fear manifested itself in every participant interviewed. It was all over their faces, and one could see the tremors in their mouth as they narrated their stories.

- “It was like the doors of heaven were opened and water was released from the sky. I pray hard every day that whatever I saw that day will never happen again. We were so scared. “
- “I always want to run away from this place. The continuous threat of eviction tells us that they do not think about helping us to have decent housing here.”

2. Desperation

Desperation set in when the participants felt they had nothing left to save in their current situation.

- “The next morning, Government bulldozers came and demolished all the structures along their way. We were left with nothing. Totally nothing. People were forced to sleep outside.”
- “We managed to escape with two children. One of them drowned in the raging waters. I could not help him. I was hopeless, scared, and confused. I cried bitterly seeing my child drowning”.

Fear and Desperation become wired to the nervous system after traumatic experiences, especially those involving violence, instability or unpredictability, as they live in a state of high alert, waiting for something to go wrong.

3. Rejection

Participants reported feeling rejected not only by the government but also by those around them, mainly due to the hardships they were experiencing. This sense of social and institutional exclusion further deepened their emotional distress and feelings of isolation during times of crisis.

- “A good Samaritan took us into her house. She had five children, plus four that I moved in with, in a single-roomed corrugated sheet structure. Her husband started complaining of congestion in the house and accusing my children of being undisciplined. We had to move to the chief’s camp and sleep in tents for 2 weeks”.

4. Abandonment

Participants expressed a strong sense of abandonment by authorities, emphasising that those in positions of power/authority had the resources and capacity to intervene, yet failed to ensure the safety and well-being of women and children. This perceived abandonment contributed to feelings of frustration, helplessness, and mistrust toward institutions meant to protect and support vulnerable populations.

- “After camping at the local chief’s office (mayor) for a month, they were later rushed out with promises that their issue would be looked into, which never materialised. The Government also promised to give them houses from the affordable housing project. This again is going to the “haves” in the society, as these parents are poor and cannot afford the required amount of money (\$502 USD) to book a single-roomed house, nor do they have collateral to secure bank loans. This only adds to their distress”.
- “I blamed the Government for all this. They did not even come over to see what we were going through, not even to console us who had lost our loved ones”.

Rejection and Abandonment with early loss of caregivers or repeated relational betrayals often lead to intense fear of abandonment as they feel on edge, waiting for someone to leave, especially true for children.

5. Depression and stress

Other participants reported a dark space, struggling to comprehend or make sense of events, with no understanding of how they were going to manage.

- “Depression came with the loss, and I lost hope in living. I was without my senses. I have been hiding somewhere with neither food nor a bath. It was traumatic to me”.

Depression and Stress dysregulate the brain’s ability to manage mood and stress, often overwhelming the person, making simple tasks impossible to achieve.

6. Neglect

Participants expressed that they have been consistently neglected in housing development, noting that private companies focus exclusively on building for the wealthy. At the same time, high land costs and a lack of funds exclude low-income earners.

- “We have been neglected over the years in terms of housing. All the private companies only build houses for the rich in the country. The cost of land alone puts poor people out of the housing market. The banks will not even give us any attention as we do not have the collateral security they require, and we have not seen all these being addressed by housing policies over the last four decades.”

Neglect or feeling invisible, especially with children, can lead to deep-rooted feelings of unimportance and a sense that their needs don’t matter, and struggle even to identify them.

7. Suicide and Suicidal Ideations

Some participants described experiencing an overwhelming sense of being trapped in a dark emotional space, where they continually struggled to cope with their circumstances.

- “After relocating, depression caught up with him. He lost hope of living and committed suicide, leaving behind his nine children and a sick wife”.

Suicide and Suicidal ideation are rooted in unbearable emotional pain and a sense of hopelessness. When trauma leads to long-term emotional suffering with the perception of no way out, people don’t want to die; they just want the pain to stop.

8. Shame

Some participants expressed indignation toward the comments made by others about their situation, feeling judged, misunderstood, and unfairly criticised during an already difficult time.

- “When asked why, they said their houses were demolished and they were ashamed that other students might see them going to the chief’s camp and laugh at them”.

Shame is a belief of being broken or dirty, and often it's a reaction from an assault, abuse, or neglect, and the person blames themselves and tries to hide parts of themselves because if people really knew them, they would walk away.

9. Withdrawal

Some participants expressed deep heartbreak, noting that their entire demeanour had changed as a result of their difficult circumstances.

- “It was heartbreaking to see students who were jovial, active, and bright in class going through episodes of withdrawal, emotional outbursts, and not concentrating in class”.

Withdrawal and pulling away from people and communities is a defence mechanism to avoid further pain. People become more disconnected, but they are deeply hurt.

Documents Raising Awareness on Homelessness

The legal provisions and obligations related to homelessness are emphasised in documents that raise awareness about the issue. These documents reference the United Nations Convention on the Rights of the Child and the UN Sustainable Development Goals (2022). The United Nations defines homelessness in two main categories:

- i) **Primary homelessness**, referring to individuals living without any form of shelter, such as those sleeping on the streets; and
- ii) **Secondary homelessness**, which includes individuals residing in temporary, informal, or inadequate dwellings.

Many **developed** countries have formal policies and legal frameworks aimed at addressing the issue of homelessness for their vulnerable citizens. In contrast, many **developing** countries lack comprehensive legislation or policies that explicitly recognise homelessness as a human rights issue, despite the existence of international provisions such as Article 25 of the Universal Declaration of Human Rights, which asserts the right to adequate housing. The United Nations Convention on the Rights of the Child stipulates that **ALL children** have a right to a dignified home that is safe and healthy. The lack of a safe space for children to live in prevents children from growing and living normally. These rights were infringed when the Government of Kenya gave a notice for the demolitions, leaving children and women languishing in the cold without shelter, protection or livelihoods.

While Kenya does not have a dedicated legal framework addressing homelessness, there are existing laws that indirectly support the right to shelter, such as provisions within the **Children's Act (2022)**, which safeguard children's rights to care and protection. The Children's Act (2022) further states that local authorities should provide financial assistance to families and children who are in need, and more specifically to families who are facing homelessness. This was another breach by the Government, as those women interviewed never received any financial support from the local authorities.

The Documents and Charters mentioned above include provisions that require governments to act responsibly by providing adequate, safe, and affordable housing, along with basic services for children. This does not mean that women and children should be forcefully evicted from their homes to make way for affordable housing. Instead, the government should have identified an open and safe space for these communities to relocate in a dignified manner. They were aware that the floods from the northern part

of the country would make their way down to the capital, giving them time to plan and implement. Kenya's strategic plan for 2023-2027, titled "A Decently Housed Nation," outlines a roadmap for achieving affordable housing in collaboration with the private sector. However, it has not yet been implemented in urban areas, particularly in informal settlements.

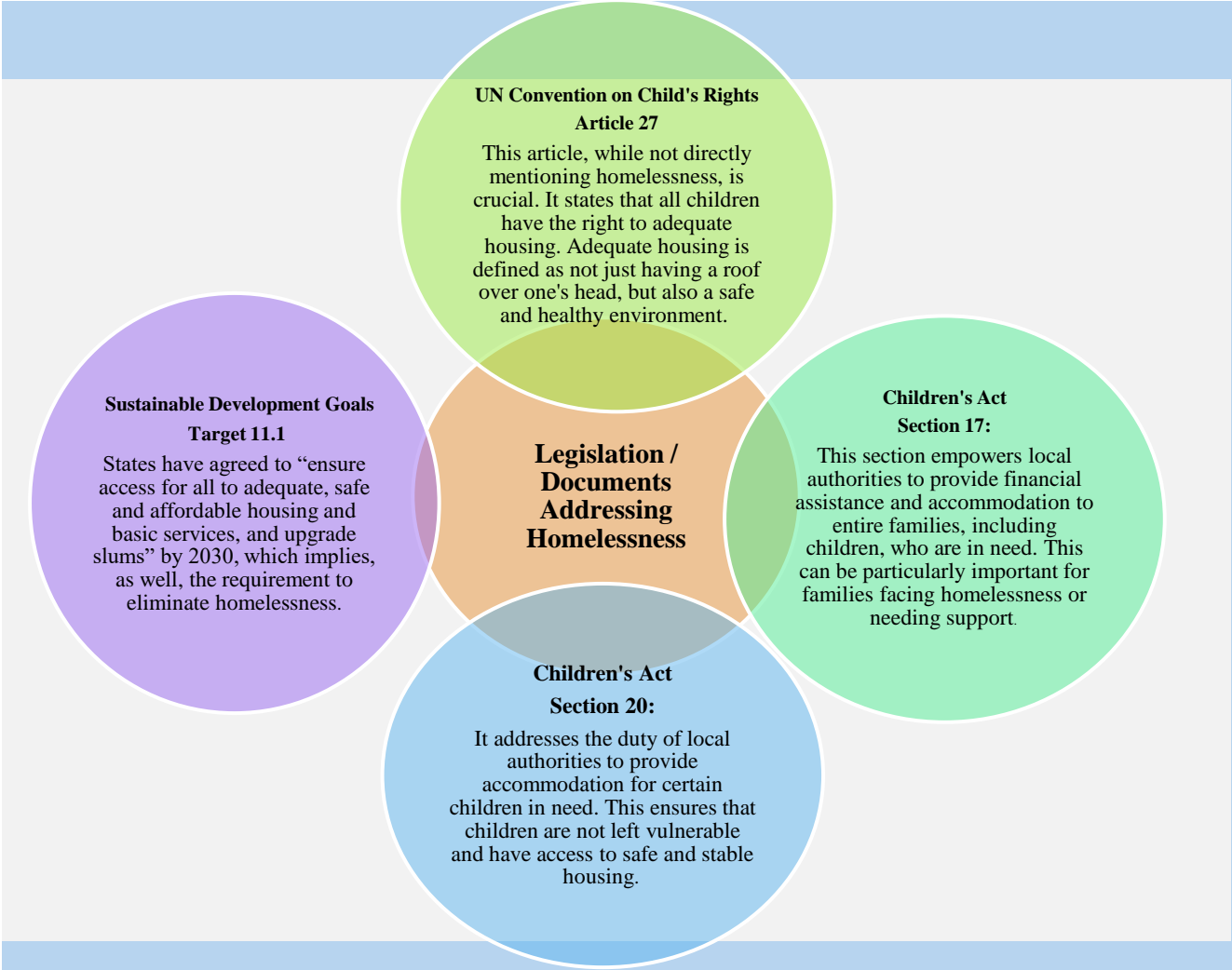


Diagram 1: illustrates the various documents that address housing as a requirement for the constitutions of any nation

National laws usually outline the procedures and responsibilities for disaster response and recovery. Women and children are often the most affected during such events, according to the UN Development Programme (UNDP). Although the law is intended to protect all individuals during and after crises, many residents of the Mukuru slums did not receive this protection, which only exacerbated their trauma.

Section Five: Summary, Recommendations and Conclusion

Summary

The bulk of residents of Mukuru Kayaba slums were traumatised by the floods and government-ordered demolitions that significantly impacted their behaviour, livelihood, mental state, relationships, and dignity. Most of the women developed strong survival instincts to navigate complex systems for food, shelter, and safety and demonstrated remarkable resilience, adapting to new challenges and persevering. Some 80% of those affected ‘physically’ survived the traumatic effects and moved on with life, while 20% are still struggling with the effects, evident in relationship issues. The community living in Mukuru Slums is a resilient group, having managed to overcome its difficult situation with minimal assistance. Most of the residents have the view that ‘they are on their own’ and the children must adapt out of necessity.

Even though the policies and frameworks were in place, the government did not implement the disaster plan in the country effectively. The government’s Effective Disaster Management (EDM) only partially achieved its objectives. This was evident from the token intervention they offered during the disaster period. Raising public awareness or developing early warning systems can play vital roles in reducing disaster risks, but the allocation of resources must be committed to and implemented. The warning messages were not given early enough for communities to understand and implement the knowledge when disaster struck. Still, it identified that it was futile, as the people did not have the means to relocate before the floods or the demolitions.

To manage natural disasters and human-made ones, all parties need to collaborate and cooperate. The Governments, NGOs, faith-based organisations and community members all need each other to enable hope in the storms of complex traumas and build resilient residents in Mukuru slums. Trauma can have wide-ranging and lasting effects on people’s emotional, psychological, and physical well-being. Common effects include intrusive thoughts, flashbacks, avoidance behaviours, negative changes in mood and thinking, and increased arousal or reactivity. These can disrupt daily life, impacting relationships, work, and overall quality of life (Flynn 2019). From the shared experiences, it is easy to identify that the

women and children went through repeated traumatic events, which have affected their psychological well-being. These stories identify the two types of responses to trauma, the ‘victims’ and ‘survivors’. Some of the women did not have the psychological ability to deal with the trauma of homelessness as it was compounded by other consequential traumas that impacted themselves, their children and their community. Other women managed better through the help of community members and faith-based organisations to compartmentalise the traumatic events for the sake of their children; even though the experiences were horrific, they continued to keep themselves from falling into irreversible depression. All of the women talked about the neglect by the government and the humiliation as a result of being homeless. Many live within an ‘unworthiness cloud’ feeling that they don’t matter. The legal and statutory measures are in place, but not implemented well. While there was some initial response by the national and county governments to the emergency, there was no genuine political will to ensure that the hundreds of thousands of people living in the Mukuru slums would not experience such trauma again.

The children witnessed horrendous scenes with limited ability to process their emotions. Seeing their homes and all their possessions in the world being washed away, seeing siblings sucked down through sewer pipes, watching their mothers trying to hold things together for the sake of the families, has a lasting impact on them. Months after the floods and demolitions, these ‘normal’ children changed significantly in demeanour as portrayed through their behaviours such as withdrawal, nightmares, poor concentration and academic performance, sleeping in class, wetting the bed and associated noises which were not present before. These are symptoms of a more profound trauma, and the real psychological trauma of the children may not be known for years to come.

Non-governmental organisations (NGOs), agencies, compassionate individuals, community members, and the government all came together to support trauma victims when disaster struck. They provided essential items, including clothing, bedding, water, dry food, as well as mental health support and counselling services. The NGOs and other agencies are limited in their responses and rely on donor funding, which can be restricted to specific programs. Some NGOs, such as the Red Cross, can only respond to emergencies. After the initial few days, the emergency no longer qualifies as such and falls under the purview of other NGOs. Mukuru Promotion Centre receives grants, funding, and donations from worldwide sources, helping it assist the most vulnerable people during both emergencies and extended periods.

The majority of people living in the Mukuru slums experienced 'Complex' trauma, as they endure repeated traumatic events. The homelessness crisis of 2024 affected thousands of families in Mukuru; it wasn't limited to just a few households. Many individuals shared similar, painful stories of losses, creating a collective experience of devastation on a massive scale. The area resembled a war zone, with destruction evident everywhere. The constant thread in these stories is the extraordinary love and fierce maternal instinct that drives mothers to protect their children at all costs. It is this deep sense of self-preservation that fuels their unwavering dedication and resilience, enabled by their faith.

Climate change is a reality for the world. The environmental factors will increase and thousands more women and children will continue to suffer needlessly unless the Government commits to an affirmative action by delivering on improving the infrastructure in slums, building culverts to divert flood waters, laying down pipes for sewerage, erecting sanitation and hygiene outlets to remove rubbish, clearing riverways, erecting affordable housing for the low-income earners that does not rely heavily on the private sector to implement. The challenge of delivering affordable housing remains a significant issue for the Government to address, as identified in the National Housing Corporation Report 2023. The Government is providing only 50,000 units each year, when it requires 2 million units, with 61% of these units needed in urban areas. The women victims complained of Government negligence and a lack of support systems for the community with available resources and services when disaster strikes.

Corruption is often equated to opportunity, and those in authority on the ground used the opportunity to benefit themselves rather than provide the necessities to the affected members of the community. The effects of trauma were felt more profoundly by families whose loved ones lost their lives with no compensation from the Government, as they thought the loved ones meant nothing to the Government. The study noted that the Government was not prepared to deal with disasters in the country. The issue of disaster management and disaster response should be allocated funding from the county level to deal with victims at the grassroots level, with multiple levels of accountability.

Recommendations

The following recommendations are proposed to mitigate the collective complex trauma levels and the severe impact of homelessness on children and women in Mukuru slums:

- ✦ The Government immediately commit to its Affordable Housing Program and build dwellings in the urban areas, which account for 61% of its population.
- ✦ Advocate for the most vulnerable citizens and hold the State Department of Housing and Urban Development (SDHUD) accountable for achieving its Affordable Housing Program through an online petition and present it to the Government of Kenya.
- ✦ The Government implement stronger mechanisms for raising awareness about the unique vulnerabilities that women and children face whenever a disaster strikes.
- ✦ Effective planning for the implementation of early warning systems is essential at both the local and national levels. This planning must involve all potential participants in the warning process, including Community Health Providers (CHPs), the Emergency Response Team at the community level, and local county authorities.
- ✦ The Government is to develop a relocation plan to resettle vulnerable groups from Mukuru slums into affordable housing projects, prioritising them over other residents not from Mukuru slums on a needs basis.
- ✦ The Government and other stakeholders are to provide targeted mental health services specifically designed for women and children affected by all types of trauma.
- ✦ Local authorities are to integrate gender-sensitive approaches into disaster preparedness and response plans that are appropriate for women and children.

Ultimately, the study suggests that while disasters are inevitable, having proper preparations in place allows for a thorough evaluation of these traumatic events. When all the recommendations above are appropriately implemented, women and children will have a better place to live and call home, reducing needless psychological trauma and honouring their rights.

Conclusion

Based on my research, many parallels can be drawn from the stories of the Mukuru women to Catherine McAuley's own story. Catherine McAuley, Foundress of the Sisters of Mercy in 1841, was a woman who experienced significant traumas. She experienced loss, separation, religious conflict, and exposure to suffering that played a key role in forming her compassion, resilience, and commitment to serving others, especially the poor. From losing her father at the age of 5 years and her mother a few years later, financial hardship, orphaned by her mid-teens, living with protestant relatives who did not share her religious beliefs creating internal conflict and sense of isolation, separated with her siblings, who had no place to call home in her teenage years and finally the death of the Callaghan's. Throughout her life, Catherine experienced and witnessed much suffering, but did not consider herself a victim. Catherine would be classified as a 'survivor' of complex trauma, and it could be argued that she managed her experience that became a source to drive her mission of Mercy. Catherine McAuley was an enabler of HOPE.

The impacts of trauma are often visible through physical behaviours, but the deeper sources of these behaviours remain hidden beneath the surface. A series of traumatic events marked Catherine McAuley's life journey; however, her narrative is one of profound transformation rather than despair. Her response was other-centred. This theme resonates with the experiences of many women living in the Mukur slums, where adversity is a daily common thread. While the women did not always articulate the source of their hope, it becomes strikingly clear through their heartfelt expressions of faith in God. God's transformative grace instilled in them a desire for life and change, igniting within them. Despite the overwhelming, shocking nature of their traumas, they were determined not to let these experiences define who they are. They too became other-centred in their responses. Their collective journeys served as a vital bridge, enabling them to support one another and pursue a brighter future. This bond enabled them to uplift one another and strive for a brighter future together. For the mothers, the possibility of a better tomorrow for their children remains alive, as long as they can manage their traumas and actively seek to create new opportunities for their families.

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- (<https://www.populationof.net/kenya/>).
- (<https://africasacountry.com/2024/07/nairobis-disastrous-flood-response>),
- <https://www.ncbi.nlm.nih.gov/books/NBK559129/>

APPENDICES

APPENDIX 1: Questionnaire

The information you provide in this questionnaire is meant strictly for this research only and will not be used for any other reason apart from the above. All information you share in this questionnaire will be treated confidentially.

INSTRUCTIONS: Please respond by either ticking the options in brackets () or filling in the gaps provided.

1. What are your feelings about what you experienced?
2. In one word, how can you describe the whole experience?
3. What would you have done if you were the teacher in a school where children were affected by trauma?
4. Describe an environment in which you would feel safe living in the slum.
5. What situation would you describe as the most difficult in the environment you are in?
6. What would be your recommendations to the Government rather than what they did?
7. How have you managed to overcome challenges in life?
8. What suggestions would you have given to the local authority?
9. What is the most painful experience you have ever had?
10. Who would you run to for comfort during a painful experience?

DAILY NATION MONDAY, JUNE 20, 2011

Evictions Officials have vowed to investigate allegations

Anger as graft claims rock eviction drive in Mathare and Mukuru

Locals claimed fraudulent activities had marred the whole process

BY SAMMY KIMATU AND NYABOGAKIAGE

Dozens of residents in Nairobi's Mukuru Kwaya slum are among victims whose names are missing from the list submitted to administrators for the Sh10,000 payout from the government's flood relief kitty.

Those who spoke to the Nation on condition of anonymity claimed fraudulent activities had marred the whole process.

Speaking yesterday, Starehe Deputy County Commissioner John Kisang directed that the missing names of genuine victims be submitted to the South B office and a copy of the list be sent to him.

"We cannot allow illegalities to take place in government's office. We shall check to verify and if we find that someone was involved in corruption, he or she will be held accountable," Mr Kisang said. The government had promised to give every household Sh10,000 ahead of an exercise to remove structures built on riparian zones along rivers Nairobi, Ngong and Mathare.

Questions are now being raised over the ongoing demolitions in Mathare, with a section of residents claiming that they are being forced to part with bribes for their homes to be spared.

Kenya Human Rights Commission (KEHRC) officials who visited the area at the weekend lamented that people with disabilities (PWDs) were being neglected.

"There is lack of transparency in the distribution of the money and even aid meant for victims does not reach the hands of the



A young man carts away iron sheets scavenged during the ongoing demolitions of structures and buildings illegally built on riparian land in Kosovo, Mathare, on May 29. BONIFACE BOGITA/NATION

PWDs," he said, asking the government to look after women and children as well. Still I Rise International School Director Susan Irungu told the Nation she had been approached by unnamed officials with bribe demands in order to stop the demolition at the institution.

"They demanded Sh1 million, but I refused," Ms Irungu said.

The school's CEO, Mr Innocent Govoni, wondered why the state had condemned the school for being built on riparian land despite the institution recently receiving a certificate of operation from the Ministry of Education.

Furthermore, he said, officials from the National Environment Management Authority had inspected the facility and given it a clean bill of health.

"Why did they issue us with a certificate if we are on riparian land?" Mr Govoni posed.

We cannot allow illegalities ... in government's office ... if we find that someone was involved in corruption, he or she will be held accountable.

Starehe DCC John Kisang

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BRIEFLY

Woman and child pulled from river

NAIROBI A woman and a child have been rescued after falling into River Ngong in Mukuru, Nairobi. The woman was collecting plastic containers when she slipped and fell into the river yesterday. A passer-by rescued the five-year-old child when she fell into the river from a bridge. Hazina chief, Paul Muoki Mulinge, advised residents avoid bridges or walking near the river during this rainy season.

Sammy Kimatu

BRIEFLY

Children fail to report to school

NAIROBI Hundreds of children in city slums have not reported to school following the demolition of their houses after President William Ruto's directive to pull down structures on riparian land.

"I have shifted from Kayaba slum to Pipeline estate, where I'll have to find a school for my Grade Five son," Mr John Maina said. Those whose property was destroyed are demanding compensation.

Sammy Kimatu

02 May 2024 - 20:45



ADVERTISEMENT

Kindiki orders demolition of buildings along Nairobi Rivers

He said those within 30 metres of Ngong, Mathare and Nairobi rivers must move.

Cabinet Secretary for Interior Kithure Kindiki

Interior CS Kithure Kindiki has ordered the demolition of structures and buildings illegally constructed along riparian land near Nairobi rivers.

The directive affects all those living within 30 metres of Ngong, Mathare and Nairobi rivers.

Kindiki directed the Nairobi Regional and County Security Teams to work with the Nairobi City County Government and the National Disaster Operation Centre (NDOC) to ensure immediate vacation of people living along the rivers.

In a statement on Thursday, the CS said the evacuation will be mandatory should one refuse to move.

Kindiki said the removal of the structures will begin immediately after the owners or residents move to safer places.

"The Nairobi Regional and County Security Teams are directed to work with the Nairobi City County Government and the Multi-agency Team under the auspices of the National Disaster Operation Centre (NDOC) to ensure the immediate vacation or mandatory evacuation of all persons within the 30-metre riparian land along the Nairobi Rivers (Mathare, Ngong and Nairobi Rivers), and thereafter oversee the removal of all buildings and structures within the riparian land as well as the planning corridor," Kindiki said.

He reaffirmed that the government has put in place adequate measures to provide temporary shelter, food and non-food essential supplies to all those that will be affected by the demolition and evacuation directive.

The order extends to all Kenyans living within 30-metres of riparian land in rivers and other water bodies across the country.

Kindiki said they all have 24 hours to move starting 6.30pm Thursday.

He said upon lapse of the grace period, the government will enforce mandatory evacuation during daytime as from 6am to 6.30pm.

"Pursuant to the relevant provisions of the Constitution of Kenya and National Land Legislation, it is hereby ordered that all persons residing within the 30 metre riparian corridor of rivers and other water courses across the country vacate immediately and in any case within 24 hours effective today, May 2, 2024 at 1830 hours, failing which they will be subjected to mandatory evacuation for their safety and their premises, whether for public or private use shall be removed."

Kindiki in his statement added that 178 dams across the country are either filled up or nearly filled up.

He directed persons residing within the immediate neighborhood of the dams or water reservoirs to vacate the areas immediately.

"The County Security and Intelligence Committees (CSICs) are further directed to continuously monitor other dams or water reservoirs across the country that may not be presenting a risk now but could do so in the event of further precipitation," he said.

Extract from the Star Newspaper



Mukuru Promotion Centre
Empowerment Step by Step
Sponsored by Sisters of Mercy
www.mercymukuru.co.ke

Consent Form for Participation in the MELF project interviews.

Purpose:

This consent form is for all persons participating in the MELF project interviews, which will include one-on-one interviews and images. Parents/guardians are required to sign on behalf of any minors involved. The project will highlight the traumatic effects of homelessness brought about by natural and human-made disasters in Mukuru Kayaba slums, Nairobi, Kenya.

Participant Information:

Name: _____ **Role:** _____

Consent:

1. **Consent to Participate:** I, the undersigned, consent to participate in one on one interviews to support the MELF project work. I understand that my participation will involve being interviewed and/or appearing on film for the purpose of the project.
2. **No Compensation:** I understand that my participation is voluntary and that I will not receive any financial compensation for my involvement in the documentary.
3. **Confidentiality:** I agree that any personal information or sensitive content disclosed during the interview will be handled with respect and discretion and used solely for the purposes outlined in this consent form.
4. **Rights and Ownership:** I acknowledge that all rights, including copyright, in the footage or still images are owned by MPC. I waive any right to inspect or approve the finished product or any related promotional materials.
5. **Withdrawal of Consent:** I understand that I may withdraw my consent at any time before the PROJECT is published, by providing written notice to MPC and or Luciah.
6. **Acknowledgment:** I confirm that I have read and understood the terms of this consent form. I have had the opportunity to ask questions and have received satisfactory answers.
7. **Compliance with Policies:** I agree to comply with all organization policies and procedures.
8. **Duration and Revocation:** This consent form remains valid for the duration of procedures. I understand that the organization reserves the right to revoke this consent at any time, and I will be required to leave the premises if my behavior violates any policies or poses a risk to others.

Participant Signature: _____

Date _____

Contact _____

For minors (where applicable)

Parents /guardian Name _____

Sign _____

Date _____

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