Center for Resilience and Sustainable Africa
CEFRESA

CHILDREN WELL-BEING

ROUNDTABLE

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INTRODUCTION

Children's mental well-being is a cornerstone of their survival, development, protection, and participation. In Mombasa's urban coastal context, children are growing up amidst intersecting pressures, including poverty, domestic instability, exposure to violence, substance use, digital risks, and weakening community safety nets. These realities profoundly shape children's emotional health, learning outcomes, and long-term life opportunities.

Kenya's legal and policy frameworks affirm a clear obligation to safeguard children's holistic well-being. The Constitution of Kenya (2010) guarantees children the right to dignity, protection, and development, while the Children Act (2022) reinforces the duty of the State and society to promote children's psychosocial welfare. The National Mental Health Policy and the School Health Guidelines provide directions on prevention, promotion, and referral mechanisms within education and health systems. At the international level, the UN Convention on the Rights of the Child (CRC) and the African Charter on the Rights and Welfare of the Child (ACRWC) recognize mental well-being as integral to the best interests of the child.

Despite these commitments, children's mental well-being remains insufficiently prioritized in practice. Responses are often reactive, fragmented, and under-resourced, with limited emphasis on prevention, early identification, and continuity of care. This persistent gap between policy intent and lived reality underscores the urgency for deliberate, coordinated, and child-centered systems that translate legal commitments into accessible, meaningful support for children across schools, communities, and public institutions.

OVERVIEW OF THE CONVENING

The Mental Well-being Roundtable was convened by the Center for Resilience and Sustainable Africa -CEFRESA as a strategic, reflective, and practice-informed dialogue, bringing together educators, child protection specialists, community-based organizations, psychosocial practitioners, human rights defenders, and county education and health actors.

The convening was intentionally designed to move beyond problem identification toward systems reflection, examining how children's mental well-being is currently understood, prioritized, and supported across schools, communities, and public institutions in Mombasa. The dialogue emphasized lived experience, frontline practice, and cross-sector exchange, recognizing that sustainable responses must be both institutionally anchored and human-centered.

By creating a shared space where policy, practice, and community experience intersected, the roundtable surfaced practical insights, highlighted systemic gaps, and strengthened collective responsibility for advancing children's mental well-being as a core public and developmental concern.

Objectives of the Convening

Within this framework, the convening sought to:

Assess the current landscape of children's mental well-being in Mombasa

Examine existing school, community, and county-level mental well-being and psychosocial support mechanisms, drawing on frontline experiences, institutional practice, and emerging evidence.

Strengthen systems reflection and cross-sector coordination

Explore how education, health, child protection, civil society, and community actors identify, respond to, and refer children experiencing mental distress, with a focus on alignment, continuity of care, and shared accountability.

Advance a preventive, rights-based approach to child mental well-being

Elevate children's mental well-being as a core child rights and development priority, emphasizing early identification, prevention, participation, safeguarding, and age-appropriate support.

Generate strategic directions to inform action, investment, and policy influence

Identify systemic gaps, emerging risks, and opportunities for strengthening child-centered mental well-being systems, and produce actionable recommendations to guide advocacy, programming, partnerships, and donor investment

ABOUT CEFRESA

The Center for Resilience and Sustainable Africa (CEFRESA) is a community-rooted organization committed to advancing social justice, strengthening resilience, and promoting holistic well-being among children, youth, and communities.

CEFRESA works at the intersection of mental well-being, child protection, governance, climate justice, and community empowerment, applying rights-based, participatory, and systems-oriented approaches. Through convenings, communities' outreaches, research, advocacy, and strategic collaboration, CEFRESA bridges the gap between policy intent and lived realities, supporting institutions and communities to design responses that are inclusive, accountable, and responsive to the needs of children and young people.

OPENING MESSAGE FROM THE MODERATOR

The session opened with a reflective and human-centered message from the moderator, drawing from her grounded experience in health programming and community-based practice. She set a tone of empathy, urgency, and shared responsibility by foregrounding the often-unheard emotional realities of children navigating distress, pressure, and silence within homes, schools, and communities.

She reminded participants that children depend on adults, institutions, and systems for protection and care, and that when we fail to respond to their calls for help, we fail them. She urged participants to engage with intention, to listen not only through professional roles but also through conscience and inner responsibility, recognizing that children's distress often speaks quietly before it becomes visible.

The opening message called for honesty, humility, and coordinated action, urging stakeholders to move beyond fragmented responses toward child-centered approaches that translate dialogue into meaningful and sustained change.

To anchor this reflection, the moderator shared a poem that captured the essence of care, responsibility, and hope that framed the dialogue.

Growing Minds

By She_bard

In young hearts and minds, the seeds are sown,
Where thoughts and feelings quietly grow.
Nurturing these with care and light,
Helps them flourish, strong and bright.

A tender touch, a listening ear,
Can ease their worries, calm their fears.
For in their smiles, we clearly see,
The strength of love, the power to be free.

So let us guard their dreams with care,
And guide them gently, always there.
For every child deserves to find,
A healthy heart, a peaceful mind.

The poem grounded the convening in compassion and reinforced the core message of the dialogue: safeguarding children's mental well-being is both a moral responsibility and a strategic investment in the future.

EXECUTIVE SUMMARY

This report documents the outcomes of a multi-stakeholder virtual roundtable convened by the Center For Resilience and Sustainable Africa (CEFRESA) to examine and strengthen mental well-being support mechanisms for children in Mombasa. The convening brought together educators, child protection specialists, community-based organizations, psychosocial practitioners, human rights defenders, and county education and health actors to reflect on frontline realities, systemic gaps, and opportunities for coordinated action.

The dialogue was evidence-informed by a rapid assessment conducted by CEFRESA during the same period, examining the status of student well-being in selected schools across Mombasa County. The assessment surfaced emerging concerns related to emotional distress among learners, limited psychosocial support structures within schools, inconsistent response and referral mechanisms, and low awareness of available mental health services. These findings reinforced the urgency of the dialogue and grounded the discussions in real-time institutional realities requiring immediate attention.

Discussions affirmed that concerns related to children's mental well-being are most often first identified within schools and community spaces, yet responses remain largely informal and uneven. School-based actors highlighted the absence of structured protocols, limited staff capacity, and unclear referral pathways. At the same time, community practitioners pointed to persistent stigma and low mental health literacy despite the presence of trusted but under-resourced informal care systems.

County education and health officials noted that while national mental health and school health frameworks provide guidance, implementation at institutional and community levels remains inconsistent. Across sectors, the lack of coordinated, child-friendly referral pathways emerged as a significant barrier to continuity of care, often leaving children without sustained support as they move between schools, communities, and health services.

The convening reinforced the need for a systems-based and preventive approach, one that strengthens schools as protective environments, equips communities with knowledge and linkages, elevates child participation within safeguarded structures, and translates policy commitments into practice. The report presents recommendations to inform policy development, program implementation, and investment decisions.

SPEAKER-LED INSIGHTS ON CHILDREN'S MENTAL WELL-BEING IN MOMBASA

The roundtable dialogue brought together diverse institutional and community actors, whose collective perspectives illuminated the state of children's mental well-being in Mombasa County. The six thematic areas below are presented through the lenses of the speakers, reflecting frontline realities, system gaps, and pathways for strengthening child-centered mental well-being responses.

CHILD PARTICIPATION AND PROTECTION-CENTERED SUPPORT SYSTEMS

Jimmy Owera - Child Protection Specialist, Kenya Children's Assembly

Jimmy Owera, a child protection specialist, reflected on the role of the Kenya Children's Assembly (KCA) as a nationally recognized child participation structure with untapped potential to advance children's mental well-being. He noted that while KCA has traditionally focused on civic engagement, leadership, and child rights advocacy, structured initiatives addressing children's mental well-being remain limited and largely informal.

He highlighted that KCA frequently encounters children experiencing emotional distress through its forums, assemblies, and peer networks. In such instances, responses often depend on individual facilitators or ad hoc referrals rather than a clearly defined mental well-being framework. This gap limits the consistency, reach, and sustainability of support offered to children within the structure.

Jimmy further identified emerging mental well-being concerns among children, including anxiety linked to academic and social pressure, exposure to violence and neglect, digital harm, and reduced safe spaces for expression. These issues, he noted, are increasingly surfacing through peer interactions within KCA spaces, reaffirming the importance of child-led platforms as early detection points.

Looking forward, Jimmy emphasized the need to intentionally strengthen KCA as a safeguarded peer-to-peer support platform. This includes integrating mental well-being into KCA programming, equipping child leaders with age-appropriate support and referral knowledge, and ensuring strong adult mentorship and child protection oversight. He underscored that peer support should function as a bridge to care, not a substitute for professional or institutional response.

His reflections positioned KCA as a strategic entry point for preventive, child-centered mental well-being interventions that uphold children's rights, dignity, and safety. "By convening this dialogue, CEFRESA has opened an important pathway for children's voices and well-being to be prioritized within our protection systems."

UNPACKING CHILDREN'S MENTAL WELL-BEING IN MOMBASA COUNTY

Agnes Mailu - Counsellor and Child Protection Practitioner

Agnes Mailu, a counsellor and child protection practitioner, guided participants through a reflective and practice-informed exploration of how children's mental well-being is profoundly shaped by the behaviors, responses, and systems created by adults. Drawing on the familiar principle of "monkey see, monkey do," she illustrated how children often mirror adult conduct, emotional regulation, and coping mechanisms, underscoring the central role adults play in either strengthening or undermining children's well-being.

She invited participants to pause and critically interrogate adult responsibility within school and community settings, posing reflective questions on whether educators, already burdened with academic delivery, lesson planning, and performance-based appraisal systems, can realistically be expected to serve as the primary custodians of children's mental well-being. Agnes emphasized that current education systems often prioritize academic outcomes while offering limited structural recognition of counselling and psychosocial care as core responsibilities, thereby placing unrealistic expectations on teachers.

Agnes further acknowledged that children naturally turn to peers for comfort & support, recognizing the value of friendship and shared experiences in helping children navigate emotional challenges. However, she cautioned against over-reliance on peer-to-peer support without adequate safeguards. She raised critical ethical questions around how children can be expected to counsel or support others when they themselves are still developing emotionally and cognitively, emphasizing the importance of do-no-harm approaches within school settings.

She stressed the urgent need for qualified and adequately supported counsellors to be attached to schools, ensuring that children have access to professional psychosocial support without stigmatizing labels. Agnes emphasized that mental well-being support should not be framed in ways that pathologize children or mark them as "mentally unwell," as such framing reinforces stigma and discourages help-seeking.

Finally, Agnes highlighted the importance of embedding mental health literacy and awareness within school environments, not as crisis interventions, but as part of everyday learning and life skills development. By normalizing conversations around emotions, coping, and help-seeking, schools can empower children to understand their own well-being, recognize when to seek support, and engage with available services in safe and informed ways.

Her contribution reinforced the need for child mental well-being systems that are ethically grounded, adult-responsible, preventive, and developmentally appropriate, ensuring that children are supported without being burdened with responsibilities beyond their capacity.

"Children copy what they see. Before asking them to be strong for each other, we must ask whether the systems around them are strong enough to support them."

COMMUNITY SYSTEMS OF CARE AND GRASSROOTS RESPONSES

Lilian Muthike - Amkeni Community Organization - Social Justice Centre

Lilian Muthike offered a grounded social justice and community-based perspective, emphasizing that within many communities in Mombasa, children's mental well-being remains insufficiently recognized as a distinct and urgent concern. Emotional and psychosocial challenges affecting children are often subsumed under broader household, economic, or adult-centered issues, particularly in contexts where competing life priorities suppress sustained attention to children's well-being.

She explained that Amkeni CBO operates an open-door community support model, providing psychosocial assistance, debriefing sessions, crisis response, and rights-based services. However, access to these services is largely driven by adults, with children's mental well-being concerns frequently emerging indirectly through caregivers. While community organizations, including Amkeni, have established safe spaces and support platforms, these are predominantly designed to respond to adult needs and broader community crises rather than children's specific realities. The absence of intentional child-centered design, such as age-appropriate engagement, child safeguarding frameworks, and trained child-facing facilitators, limits children's access and often renders their distress invisible unless mediated through adults. This has reinforced an assumption that support extended to adults naturally translates into care for children, an assumption that does not consistently hold.

Lilian further noted that community responses to mental well-being remain largely reactive and service-based, relying on individuals to seek support rather than proactively reaching children through outreach-based approaches. This limits early identification and timely intervention, particularly for children who may not be visible within adult-oriented community spaces. Importantly, she identified a critical systems gap: the weak linkage between community platforms and schools. Learning institutions are often the first spaces where children's emotional distress becomes visible, yet referral pathways between schools and community organizations remain informal, fragmented, and inconsistently utilized. This disconnect undermines continuity of care, follow-up, and accountability across systems.

She called for intentional alignment between schools and community platforms to co-create child-responsive, safeguarded, and accessible systems of care, supported by outreach models, strengthened referral pathways, and sustained investment. Such integration, she emphasized, would ensure that children's mental well-being is addressed proactively and consistently across both learning and community environments.

"Support exists in our communities, but unless it is intentionally designed for children and linked to schools, many children will remain unseen."

LEGAL AND POLICY FRAMEWORKS, COUNTY INITIATIVES, AND IMPLEMENTATION GAPS

Austin Odaba - County School Health Coordinator

Austin Odaba provided an overview of the legal, policy, and institutional frameworks guiding mental well-being interventions within schools, situating children's mental health within national priorities for child development, educational attainment, and public health. He referenced existing national mental health and school health policies, which recognize mental well-being as a core component of holistic education and provide guidance for school-based promotion, prevention, and referral.

In outlining county-level initiatives, Austin highlighted efforts by the County Government of Mombasa to integrate mental well-being into school health programming through existing structures. He shared practical examples of how the county has leveraged faith-based and community platforms, including Christian Unions such as Catholic Jumuiya groups and Community Health Promoters, as outreach avenues for health and nutrition education, with mental well-being increasingly embedded within these engagements. These structures, he noted, offer trusted entry points for awareness creation and early identification within communities.

On referral pathways, Austin explained that mechanisms exist to link learning institutions to county health services, enabling schools to refer children requiring specialized psychosocial and clinical support. However, he acknowledged that these pathways remain inconsistently understood and applied across schools, largely due to limited dissemination of guidance, capacity gaps at the school level, and weak coordination between the education and health sectors.

He candidly addressed implementation constraints, noting that while policy frameworks are in place, budgetary limitations and competing county priorities have affected the scale, visibility, and consistency of mental well-being interventions. He further indicated that more detailed data and research insights are held at the executive level, underscoring the need for improved information flow to inform planning and frontline response.

Findings from the rapid assessment conducted by CEFRESA during the same period reinforced these observations, revealing limited awareness of county mental health services, inconsistent referral practices, and uneven engagement between schools and health actors.

Austin emphasized that closing these gaps requires a collaborative, multi-sectoral approach, inviting partners present to engage in joint planning, resource mobilization, and coordinated implementation. He underscored that meaningful progress in advancing children's mental well-being cannot be achieved by county government alone, but through sustained partnerships that align policy, resources, and community-based action.

"We cannot work in silos. Children's mental well-being demands partnership, joint planning, and shared responsibility across all of us in this room."

HUMAN RIGHTS–BASED APPROACHES TO CHILDREN'S MENTAL WELL-BEING

Peter Rocky - Human Rights Defender and NGO Perspective

Peter Rocky brought a human rights lens to the discussion, emphasizing that children's mental well-being is fundamentally a rights issue. He highlighted children's rights to dignity, protection, health, and participation, noting that failure to address mental well-being constitutes a systemic violation of these rights rather than a purely social or health concern.

Responding to questions on community skills and preparedness, Peter noted that many community members and frontline actors lack adequate knowledge and practical skills to recognize, respond to, and safely manage children's mental well-being concerns. While goodwill exists, limited training in child-sensitive crisis response, psychological first aid, and safeguarding has constrained effective community action.

From the perspective of human rights defenders (HRDs) and civil society actors, he acknowledged that crisis management knowledge remains uneven. HRDs are often among the first responders to distress within communities, yet many operate without sufficient tools, referral clarity, or emotional support themselves. This gap exposes both children and responders to harm and underscores the need for structured capacity-building and clear protocols.

Peter further emphasized the importance of age-appropriate and rights-respecting interventions, cautioning against one-size-fits-all approaches to mental well-being. Children's developmental stages, consent considerations, and participation rights must inform how support is designed and delivered, ensuring that interventions empower rather than overwhelm or stigmatize children.

Drawing from NGO practice, he shared that best practice models include community-based psychosocial support, peer and caregiver engagement grounded in safeguarding, trauma-informed approaches, and strong referral linkages to professional services. These models work best when embedded within a rights framework that prioritizes accountability, confidentiality, and the child's best interests.

In his recommendations, Peter called for strengthening rights-informed community capacity, investing in crisis response skills for civil society actors, and reinforcing accountability mechanisms that compel duty-bearers to prioritize children's mental well-being. He emphasized that protecting children's mental health requires coordinated action across communities, civil society, and state institutions.

"When a child's mental well-being is neglected, their rights are already being violated.

AUDIENCE INPUTS AND REFLECTIONS

Grounding Children's Mental Well-being in Lived Realities, Evidence, and Collective Responsibility.

The roundtable dialogue was enriched by diverse inputs from participants representing education, health, community systems, civil society, and grassroots leadership. These reflections affirmed both the urgency and relevance of prioritizing children's mental well-being in Mombasa County, while grounding the conversation in lived experiences, practical realities, and a shared call for coordinated action.

A representative from the Department of Education, Mombasa County, applauded CEFRESA for its leadership and sustained commitment to advancing children's mental well-being, noting that the convening reflected timely and meaningful engagement on issues affecting learners across the County. He affirmed the Department's support for such conversations and expressed openness to continued collaboration and joint planning with partners.

He emphasized the importance of approaching children's mental well-being through a values-based lens, encouraging CEFRESA to intentionally embed conversations around care, responsibility, dignity, and respect within its mental health programming. He noted that nurturing shared values within schools and communities serves as a critical preventive foundation, ensuring that child protection and well-being are prioritized before harm occurs.

The representative further shared that the Department of Education, working alongside partners and other stakeholders, is currently engaged in the development of a Childcare Facilities Bill (2024). Participants observed that insights emerging from this roundtable, particularly those related to safeguarding, prevention, inclusion, and mental well-being, could meaningfully inform the law-making process and strengthen the Bill's responsiveness to children's lived realities in Mombasa County.

Community-level perspectives highlighted important implementation gaps. A Community Health Promoter (CHP) noted that CHPs in some areas have not been sufficiently engaged in children's mental well-being initiatives, despite being trusted frontline actors within communities. She called for a more structured and intentional engagement framework, including clear feedback mechanisms and coordinated response pathways, to facilitate timely identification and effective response at the community level.

Other participants emphasized that children's mental well-being challenges have evolved alongside changing social, economic, and digital realities, calling for responses that are relevant to the current context. There were strong calls for inclusive programming that deliberately address the needs of children with disabilities, intersex children, and other groups who often remain invisible within mainstream interventions.

The visibility of county-led efforts emerged as a recurring concern. Many participants expressed limited awareness of existing mental well-being initiatives implemented by the County Government of Mombasa, underscoring the need for improved communication, transparency, and public engagement. Participants proposed the establishment of a documented and accessible database of child well-being and mental health practitioners to strengthen referral pathways and improve coordination across sectors.

Participants also strongly emphasized the need for disaggregated, reliable, and continuously updated data on children's mental well-being in Mombasa County. They noted that the absence of age-, gender-, disability-, and location-disaggregated data limits effective planning, targeted programming, and equitable resource allocation. Continuous, evidence-based information was viewed as essential for understanding emerging trends, measuring impact, and informing responsive policy and practice.

In response to this call for evidence-informed action grounded in continuous, disaggregated data, CEFRESA informed participants that it has undertaken a rapid assessment on the status of children's mental well-being in schools in Mombasa County. The assessment was positioned as a first step toward building a shared evidence base that captures diverse realities and supports more targeted, equitable, and coordinated interventions.

CEFRESA further indicated that partners and stakeholders present would be formally invited to the forthcoming launch and validation of the assessment findings, creating space for joint reflection, learning, and dialogue on how the evidence can inform programming, policy engagement, and investment in children's mental well-being across the County.

SCHOOL MENTAL WELL-BEING SYSTEMS AND INSTITUTIONAL PREPAREDNESS

Insights from Educators during the Plenary Session

During the plenary session, educators shared written reflections and oral contributions that grounded the dialogue in the everyday realities of learning institutions across Mombasa County. Participants emphasized that schools are often the first spaces where children's mental well-being concerns become visible, as teachers interact with learners daily and observe changes in behavior, emotional regulation, and academic engagement.

Educators reported that learners present with diverse forms of emotional distress linked to academic pressure, family instability, exposure to violence, substance use within communities, and unresolved trauma. While some schools have informal mechanisms for identifying and responding to these challenges,ften driven by committed individual teachers, participants acknowledged that school-based mental well-being systems remain largely under-institutionalized.

Key gaps identified included the absence of formal mental health committees, limited availability of trained focal persons, unclear response protocols, and weak referral pathways to external support services. As a result, responses are frequently reactive, inconsistent, and overly dependent on individual initiative rather than embedded, school-wide systems.

These reflections were reinforced by findings from a rapid assessment conducted by CEFRESA during the same period, which similarly indicated that while schools play a frontline role in detecting mental well-being concerns, many remain underprepared to respond consistently due to limited capacity, unclear procedures, and weak linkages to specialized services.

Educators emphasized the need to reposition mental well-being as a core component of school governance, child protection, and learning continuity, rather than an auxiliary responsibility added to already demanding academic roles. Strengthening institutional preparedness within schools was identified as a critical entry point for early intervention, prevention, and sustained support for children's mental well-being in Mombasa County.

"Teachers see the signs early, but without clear systems, it becomes difficult to support the child beyond the classroom."

RECOMMENDATIONS

Advancing a Child-Centered, Evidence-Informed Mental Well-being System in Mombasa County

1. Institutionalize School-Based Mental Well-being as a Core Function of Education Systems

Embedding Mental Well-being within Education Governance

Schools should be positioned as protective, responsive, and rights-affirming ecosystems by embedding mental well-being within education governance structures and everyday school practice. This requires the establishment of clear school-level protocols, designation of trained mental well-being focal persons, and deliberate investment in building educators' capacity to identify, respond to, and appropriately refer children experiencing psychosocial distress. Mental well-being should be integrated into safeguarding frameworks, school leadership responsibilities, and learning continuity strategies, rather than treated as an ad hoc or crisis-driven intervention.

2. Anchor Child Participation and Peer Support within Safeguarded, Structured Systems

Safeguarded Child Participation for Early Prevention

Child participation structures should be strengthened as intentional pathways for early identification, prevention, and support for mental well-being. Platforms such as the Kenya Children's Assembly should deliberately integrate mental well-being conversations, peer-to-peer support skills, and referral awareness within their programming. These efforts must be underpinned by robust safeguarding frameworks, adult mentorship, and clear boundaries to ensure that children's agency is supported without exposing them to harm, undue responsibility, or secondary trauma.

3. Build a Coordinated Referral and Continuity-of-Care Ecosystem

Integrated Referral and Service Coordination

A shift is needed from informal, relationship-based referrals to coordinated, visible, and child-friendly referral pathways that link schools, community platforms, civil society actors, and county health services. This includes developing and maintaining documented practitioner databases, clarifying roles and responsibilities across sectors, and strengthening follow-up mechanisms to ensure continuity of care. An integrated referral ecosystem will reduce fragmentation, improve accountability, and ensure that children receive timely and appropriate support across institutional boundaries.

4. Strengthen Community Mental Health Literacy and Intentionally Design Child Responsive Care

Community-Level Prevention and Child-Responsive Support

Investment in community-level mental health literacy is essential to reduce stigma, shift harmful norms, and promote early help-seeking among children and families. Existing community platforms, such as social justice centers, faith-based spaces, and grassroots organizations, should be intentionally capacitated and redesigned through a child-centered lens. This includes outreach-based approaches, age-appropriate engagement methods, safeguarding measures, and strengthened linkages with schools and formal services to create an integrated ecology of care for children within communities.

5. Translate Policy Commitments into Practice through Evidence-Informed, Preventive, and Culturally Responsive Approaches

Operationalizing Policy through Evidence and Prevention

National mental health and school health policies should be translated into consistent county- and institutional-level practice through sustained investment in preventive, age-appropriate, and inclusive psychosocial interventions. This requires strengthening systems for continuous, disaggregated data collection and use to inform planning, equity, and accountability. Interventions should also leverage art, culture, creative expression, and responsible use of technology as legitimate tools for awareness, expression, healing, and early detection, reflecting Mombasa County's diverse cultural and social context.

CALL TO ACTION

CEFRESA calls upon county leadership, development partners, civil society actors, educators, media, and community leaders to take collective responsibility for advancing children's mental well-being in Mombasa County by:

01 Recognizing children's mental well-being as a rights-based and development-critical priority, essential to child protection, learning outcomes, and long-term social resilience.

02 Investing in preventive and system-strengthening approaches that build sustainable school, community, and referral systems, rather than relying on reactive, crisis-driven responses..

03 Advancing coordinated, cross-sector action that aligns education, health, child protection, and community systems around the needs and best interests of children.

04 Partnering with community-rooted and child-focused organizations to ensure culturally responsive, inclusive, and sustainable impact on scale.

APPRECIATION

CEFRESA extends sincere appreciation to all speakers, participants, partners, and institutions who contributed their time, expertise, and lived experiences to this convening. The diversity and depth of perspectives shared, from education, child protection, community organizing, health, human rights, and governance, enriched the dialogue and grounded it in the lived realities of children in Mombasa.

The openness, thoughtfulness, and collaborative spirit demonstrated throughout the convening reflected a shared commitment to safeguarding children's mental well-being and strengthening the systems that support them. Honest reflections on challenges and gaps created space for learning, alignment, and collective responsibility.

CEFRESA is grateful for the partnerships and shared purpose that emerged from this conversation and remains encouraged by the continued willingness of stakeholders to work together toward evidence-informed, child-centered, and context-responsive approaches to children's mental well-being.

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