



Kenya Children's

Complementary Report  
to the ACERWC

# Children's Complementary Report



6<sup>th</sup> - 7<sup>nd</sup> November 2025  
Mbagathi, Nairobi

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## Executive Summary and Policy Alignment

The report presents findings from a two-day child consultation held on November 6th and 7th, 2025, in Mbagathi, Nairobi. The primary goal of this consultation was to assess the practical realization of child rights in Kenya. This evaluation was conducted against the backdrop of existing legal and educational frameworks, specifically the Children Act, the CBE curriculum, and recent policy initiatives like the Social Health Authority (SHA) primarily against the framework of the African Charter on the Rights and Welfare of the Child (ACRWC). The findings reveal a significant contrast: strong support within the family unit is undermined by consistent failures in institutional systems.

A critical gap exists between children's awareness of reporting mechanisms (like the 116 helpline) and their willingness to use them. The primary barrier is an intense fear of retaliation from teachers or parents. Older adolescents expressed profound distrust in the Police, citing observed corruption (taking bribes) and the failure of the justice system, which often leads to the perpetrator being released, thereby escalating the danger to the child.

Corporal punishment remains a widespread threat, with children reporting severe physical and emotional abuse by teachers. Alarming, there was a hint of awareness regarding the potential for sexual abuse by some teachers in school settings. Older adolescents acted as critical auditors, citing massive government budget figures (e.g., KES 702.7 billion for education) that do not translate into free services or visible improvements at the community level. They openly suggested issues of corruption or mismanagement as the reason for this failure.

Younger children often lack the basic awareness to name government organizations responsible for their safety. While older children are aware of key platforms like the Kenya Children's

Assembly (KCA), they deem them inaccessible due to overly complex processes. Government ministries are criticized for weak coordination, often constrained by budget cuts, which limits effective delivery of services, particularly in collaboration with NGOs.

Discrimination was also found to be widespread, where children with disabilities are poorly served, facing bullying that is sometimes met with teacher indifference or laughter. Older children highlighted the severe violence and systemic neglect (lack of special schools) for children with disabilities and intersex children. Adolescents further argued that the Best Interests of the Child (BIC) principle is generally not followed by adults (teachers/parents), who tend to prioritize their own convenience or pre-determined outcomes, regardless of the child's view.

The decline in birth registration is attributed to high financial costs, complex processes, and a lack of parental awareness. Furthermore, older children feel deeply unsafe, citing threats from warfare, sexual abuse, and early/forced marriage, compounded by unequal access to essential services (hospitals, security) between rural and urban areas.

Despite knowing the legal definition of a child is under 18, the older cohort reported that this boundary is frequently breached by cultural and economic pressures. Harmful practices (FGM/circumcision) immediately treat girls as young as 12/13 as adults, forcing them into marriage. Similarly, child labor exposes children to adult workloads and expectations.

Basic school infrastructure is poor (damaged desks, unusable latrines). Financial exclusion remains a violation, with children denied exams or lunch over outstanding fees. While the Competency-Based Education (CBE) curriculum is noted for its career pathways, its high, unaffordable requirements are heavily criticized. Older children are mostly unaware of the new Social Health Authority (SHA), and community health services are considered unfriendly and judgemental, making adolescents fear seeking help for reproductive health issues. Substance abuse is reported to be extremely easy due to the complicity of retailers. Adolescents generally support Care Reform but fear placing traumatized children without rigorous government monitoring. They offered a strong critique of the traumatic, forced separation of children from incarcerated mothers after the four-year prison limit.

## **Methodology and Consultation Context**

The consultation was conducted to generate comprehensive children's input for the development of Kenya's complementary report to the State Party report on the African Charter on the Rights and Welfare of the Child (ACRWC). This rigorous assessment took place over two days, commencing on the 6th and 7th of November 2025, at Mbagathi, in Nairobi, Kenya.

The program involved a total of 27 children and young people. To ensure the gathered data was relevant to different developmental stages, the participants were intentionally organized into two distinct groups:

**Group 1 (14 children aged 9–12 years):** This segment focused its discussions on assessing basic awareness, personal experiences, and observable realities within the rights framework.

**Group 2 (13 children aged 13–17 years):** This segment's input concentrated on evaluating systemic structures, policy effectiveness, and rights inconsistencies.

The segmented approach was aimed to align the assessment framework with the children's cognitive and experiential levels, enhancing the validity and depth of the findings. Despite this deliberate differentiation, both groups addressed the same eight thematic clusters to ensure the data remained comparable within the overarching ACRWC rights framework.

The primary method for collecting data was through Focus Group Discussions (FGDs), whose sessions were guided by a specific set of Child-Friendly Guiding Questions structured according to the thematic clusters. The consultation maintained strict professional standards and ethical oversight. Sessions were managed by a team of trained facilitators, including Jennifer Kaberi, Rosebella Njeje, Juliet Kimotho, Alicia Lutomia (GMT), Farida Atei, Pauline Masese, and Omar Hemed, with documentation provided by two rapporteurs, David Kabata and Erick Kariuki.

Ethical considerations were paramount, reinforced by safeguarding sessions led by Alice Njoki on day 1 and Purity Moraa on Day 2. All children provided assent forms for their personal agreement to participate, and their parents or guardians provided signed consent forms, explicitly granting permission for audio recordings, photographs, and general data collection related to the consultation.



**Pic 1: Jennifer Kaberi facilitating a preliminary session**



**Pic 2: Juliet taking the children through the Children's Charter on Day 1**

## **Findings by Thematic Cluster**

### **General Measures of Implementation (How the Government Works)**

The difference in awareness is stark, with the younger children (8–12) primarily concerned with immediate access to help and demonstrating low institutional awareness. Many explicitly stated they did not know official organizations tasked with keeping them safe, relying heavily on known adults (parents, teachers, police) and citing external entities like Mtoto News and NCAJ as examples of groups that help. Out of 14 children, **7 children** stated that they **did not know** any organisation responsible for keeping them safe.

In contrast, the older children (13–17) possessed a high degree of structural knowledge, easily naming key government sectors (health, education, protection). Their assessment quickly moved from naming institutions to critiquing their effectiveness. For example, they were aware of platforms like the Kenya Children's Assembly (KCA) but pointed out that joining KCA is a complex process, making the platform inaccessible to the average child. This illustrates that while the older children understand the mandate of government bodies, they find them difficult to engage with or utilize.

Furthermore the 8–12 group observations regarding government coordination were absent as their concerns were focused narrowly on individual safety and the availability of trusted persons. The 13–17 age group, however, offered direct critique on inter-ministerial coordination. While they observed some positive examples, such as a school operating alongside a hospital, implying the Ministries of Education and Health sometimes collaborate, a key observation was that budget cuts limit coordination. This group concluded that the government should improve collaboration, specifically naming the need for better coordination with NGOs and civil society organizations.

***“There is a government-provided nurse who visits this sanctuary or something perhaps twice a week to ensure people have necessary things like bandages and other items, and assists individuals by helping to run first aid;but even if the nurse is present, there are constraints because of budget allocation and these budget cuts limit coordination.”*** (Girl, 15)

The distinction in the perception of government spending is arguably the most significant segmented finding, where the younger group expressed a deep, foundational doubt, based on tangible unmet needs, leading them to feel the government does not consider them. The older

children (13–17) acted as critical auditors. They cited specific, large budget figures and demanded to know where the money went, pointing out that this funding does not align with the reality of mandatory fees levied despite the promise of free education. They spoke openly about the possibility of corruption and mismanagement as the reason money fails to reach rural areas where children lack proper education, food, and health services. Also noting that some essential budgets were reduced.

**"The government gave 702.7 billion for education. Up to now, we are saying to ourselves where did that money go? Where did that money go?" (Boy, 16)**

Despite this criticism, the older cohort was able to detail specific, positive improvements funded by the government, primarily visible in urban centers. These included the existence of School Feeding Programs (SFP) (though they urged expansion to all counties and private schools), improved school security, and better public infrastructure like street lights. This demonstrates that their critique is focused on accountability and equitable distribution, rather than wholesale negativity.

### **General Principles (Basic Rights)**

The younger children (8–12) focused on immediate, palpable acts of unfairness. They reported schools engaging in preferential treatment based on access to money, where wealthier students received more attention. Crucially, they observed and were affected by the poor treatment of children with disabilities, citing instances of bullying even when teachers responded with laughter. Within the community, they were keenly aware of tribalism and class anxiety driving social pressure.

**"...some people with disabilities are treated badly, there's this one child with speech disabilities, when he started reading, the teachers made fun of him..." (Girl,12)**

The older children (13–17) moved past observable incidents to critique structural neglect and violence. They noted that children with disabilities are poorly served by mainstream education, lacking necessary facilities, and urged the government to build more special schools. A tragic finding specific to this older group involved severe bullying and violence against intersex children due to peer discovery of their gender in common changing halls, with one account noting a child's death in trauma. They proposed eliminating common changing rooms in favor of private rooms to prevent targeting. They also highlighted geographic discrimination, stressing that children in rural, insecure areas (like Samburu) are consistently overlooked in resource and security allocation compared to those in urban centres.

**"...I knew of a girl, this girl has both genders, she was intersex...you see the way that most like girls, let's say you went to this washroom and then they put each and every washroom and then let's say you're changing and other girls see you. So this girl apparently, like one of her friends, saw her body and went to tell the other...this led those girls in that class**

**had to come and cut off one of her genitalia...apparently, she died due like to what they did to her. And then she died in trauma..." (Girl, 16)**

**"...Rural areas struggle a lot...In Samburu, there's a lot of insecurities. But what does the government do about that? Nothing! They are not going to go there..." (Girl, 16)**

While the 8–12 age group generally reported a sense of involvement, noting that parents typically ask for their opinions on major decisions such as where to live or attend school, the older group was highly skeptical of the practical application of the BIC principle.

The 13–17-year-olds argued that the BIC is not truly followed in most decisions. They felt that adults (both family and teachers) often choose what suits their own convenience or what they pre-determine is best for the child, disregarding the child's actual views. In the school environment, teachers were noted for escalating minor disagreements into disciplinary issues without prioritizing student welfare. In government decision-making, while the intentions might seem positive (e.g., reducing fees), the implementation often leads to negative aftermath, such as denying resources needed for quality education, effectively undermining the child's best interests.

**"Whenever I want to change schools or even the place I live in, my parent always asks me if it is okay with me first..." (Girl, 12)**

**"...I think the government just chooses what suits them, or whatever they think suits you..." (Boy, 16)**

The younger group's survival was largely secured by the family unit; most children reported having everything needed to be healthy thanks to prompt parental provision of healthcare. Their immediate safety concerns were related to peer delinquency (stealing) and the abstract threat of cyberbullying. The older group, however, faced and articulated much graver safety threats. They expressed feeling deeply unsafe and unprotected from serious violence, citing widespread worries about warfare in insecure regions, sexual abuse, rape, and early/forced marriage. Their development is critically hindered by unequal access to basic services; they find it unfair that a child in Nairobi has access to infrastructure and health while a child in a rural area may lack a hospital, yet both are subjected to the same national exams. Additionally, they noted that the government's lack of prevention measures concerning environmental hazards like landslides increases their worries about serious accidents and death. This age group's concern extends beyond individual harm to the long-term impact of systemic inequality on their potential development.

**"...My parent provides me what I need, and when I'm sick he takes me to hospital...but i know of parents who neglect their children and don't provide these things..." (Girl, 10)**

**"When I look at areas like Samburu, I'm worried about wars, raped and being early married" (Girl, 17)**

## Civil Rights and Freedoms

For children aged 8–12, corporal punishment is the dominant threat to their bodily integrity and dignity. They described routine, serious physical harm, sometimes leading to collapse, and noted that teachers utilize emotional abuse, such as mocking a classmate for losing a parent. The fear is heightened because teachers are perceived as manipulating their behavior, with punishment sometimes backfiring, causing the child to persist in negative behavior out of spite.

**“...In school we are beaten, sometimes for things we did not even do. They can even decide not to give you food as a punishment, and if you eat you get expelled...” (Girl, 11)**

**“..beating people doesn’t help, because the more you beat , the more the child keeps repeating the mistake...” (Girl, 12)**

**“...some teachers beat us behind and that is not right...” (Girl, 12)**

The older children (13–17) are aware of reporting solutions (like the 116 helpline), but their experience with institutional response is discouraging. They reported an intense fear of seeking help because parents or teachers might retaliate, making the child a teacher's target . They expressed profound distrust in the police, citing perceived corruption (taking bribes) and the failure of the system to serve justice, which often results in the perpetrator being released and the situation escalating. This suggests that the legal mechanism intended to protect children instead compounds the danger.

Both groups noted the safety found within the immediate family. The 8–12 year olds felt safe disagreeing with their parents due to shared history, but viewed teachers as highly dismissive, often using age as a reason to disregard their concerns.

The older group, engaging with broader systems, recognized that platforms for political expression exist, specifically the Kenya Children's Assembly (KCA). However, their critique focused on the inaccessibility of these platforms, noting the complex lot of process required to join, which effectively excludes the average child. They proposed solutions like creating an app or making monthly sign-ups available to democratize participation.

**"It's not that easy to do. You can just wake up in the morning and be like, I want to join KCA. You see, you'll have to go through like a lot of process for you just to get into that KCA. I, it will be so hard." (Boy, 15)**

Regarding privacy, the younger children demonstrated basic knowledge (mentioning strong passwords) but lacked the detailed digital literacy to implement safety measures effectively. They relied heavily on parents for online issues. The older children revealed a critical lack of institutional knowledge, confirming that most do not know the Office of the Data Protection Commissioner (ODPC), the specific body meant to protect their digital data. They also highlighted a behavioral

risk: curiosity often drives them to explore content they are warned against, despite receiving warnings about online dangers.

**"If today I tell you, if you go home and you log into Instagram and you see something that is not someone telling you, for you to see this, suspect this, do you ignore it or do you say, go ahead and, I want to know what it is." (Girl, 14)**

On name and nationality, the 8–12 age group generally reported having birth certificates and perceiving the process as easy, possibly because parents sheltered them from the administrative burden. The 13–17 age group provided a forensic analysis of the falling registration rates. They linked the decline to high financial costs (registration fees, travel costs), parental indifference (especially fathers who do not see the value, viewing it as a waste of time and money), complex institutional procedures (long online forms, high requirements), and the additional difficulties faced by vulnerable groups, such as children of refugees. This demonstrates that older children perceive the issue not as simple oversight, but as a severe legal and economic barrier to establishing identity.

### Definition of a Child

Both age groups correctly identified the legal threshold: a child is anyone under 18 years old. Furthermore, both groups highlighted the central difference between childhood and adulthood is that children are financially protected and do not have the responsibility of worrying about financial matters or paying bills. They also agreed that adults possess greater financial and spatial freedom.

The 8–12 age group's perspective remained focused on this basic, protective definition. Their primary concern about transitioning to adulthood was the loss of care and attention and being subjected to restrictions that adults do not face. The older children (13–17), whose experiences are closer to the legal and physical demands of adulthood, offered a much more critical and detailed view on how the age limit is contradicted by society.

**"...the difference between adults and children is that, adults do not get cared for the way children are, they need to care for themselves..." (Girl, 11)**

They pointed out serious instances where cultural practices circumvent the legal definition. For instance, following FGM or early circumcision, girls as young as 12 or 13 are instantly classified as women and are expected to marry older men (such as those aged 50) and commence childbearing immediately. Similarly, boys in some communities, after undergoing circumcision, are immediately considered men and must assume corresponding adult responsibilities, symbolized by sleeping in a small hut.

Furthermore, the older children highlighted that child labor is a major factor that thrusts them into adult roles. They noted that children who gain work experience are subjected to the same workload as adults by co-workers who subsequently treat them as older people. They also referenced that Kenyan law permits children from age 13 to work, which exposes them to adult expectations and labor demands. This segment of the population understands the definition, but

daily life proves that this boundary is frequently ignored or intentionally broken by tradition and economic pressures.

**"...As soon as they (girls) are done, they're going to be given to an older man, let's say, at the age of 50. Let's say you're at 12 or 13, and you're going to a man at the age of 50. And if you go there, you need to have children with that man. And it's a must..." (Girl, 16)**

### **Family Environment and Alternative Care**

The 8–12 age group focused intensely on the immediate, tangible benefits provided by their parents. They unanimously affirmed that their parents offer sufficient support, including food, advice, and prompt payment for healthcare when they are sick. This highlights the family unit as the primary, reliable source of welfare for younger children. The only major critique was observing other parents neglect their children due to prioritizing adult responsibilities. They lacked the context to speak about broad government safety nets.

The 13–17 age group shifted the focus outward, critically analyzing the state's role in supporting family preservation. Rather than just detailing their own parents' care, they passionately argued that when parents struggle financially, the government's best course of action is to support the parents (e.g., with business loans or financial aid) rather than removing the child. They viewed the child as often being the emotional hope for a struggling mother, making family separation inherently painful.

This area showed the most significant difference, as the older group was able to analyze the impact of public policy. The 13–17 age group generally supported the goal of Care Reform, moving children from institutions to families, because they recognized that institutions provide less attention and strained resources. They valued the individual attention a family offers.

**"Because they feel the children staying there (children's home) does not really benefit them or give them the care that they need. ... Yes, I agree because you see when a child is in a children's home, she won't get to have that much attention. You see, there's a lot of children there, maybe clothes, she'll have small, small clothes, she'll have small food, because they are sharing, they are really many. Yeah. So when she goes into her family, she'll be given things, clothes and all of that. She'll be guided like a child somewhere. So I just recommend that let them have families." (Boy, 13)**

However, their analysis introduced an important point: placing children with traumatic backgrounds into new families without thorough and ongoing government monitoring is highly dangerous. They argued that if the adoptive family doesn't understand the child's behavioral issues (like defiance or anger stemming from past trauma), the placement could lead to further neglect or abuse. Consequently, they favored foster care (temporary placement) over permanent

adoption, especially in cases of parental financial difficulty, to preserve the hope of eventual reunification.

The older children offered a comprehensive and emotional critique of the system for children of incarcerated mothers. They highlighted that the current practice of limiting children to four years in prison with their mother leads to traumatic, forced separation. They detailed the rights violations faced by these children: being treated like prisoners, suffering from poor diets, missing key educational opportunities, and experiencing delayed development (e.g., only seeing one gender and lacking male role models).

To mitigate this, they suggested radical alternatives for non-violent offenders, such as home jail using GPS tracking, allowing the child to maintain a natural bond with the parent while ensuring justice is still served. For necessary imprisonment, they advocated for reforming correctional facilities to include special units and better facilities specifically for children. They concluded that the current system fails to uphold the best interests of the child, forcing the child to pay the consequences of the parent's crime.

Both groups shared concerns about the effectiveness and safety of reporting systems. The younger children feared retaliation from adults (parents or teachers) if they spoke up, citing that their explanations might be regarded with suspicion.

The older children echoed the fear of retaliation, providing a specific anecdote where a child became the teacher's victim/target after the mother reported abuse. Their critique extended to law enforcement, citing high distrust in the police due to corruption (accepting bribes) and the failure to serve justice, which often leads to the release of the perpetrator and escalation of the danger. This suggests that the institutional safety net is often perceived as dangerous or ineffective by children

over

13.

## Health and Welfare

For the 8–12 age group, the ability to access healthcare is a matter of life and death determined heavily by economic factors. While most children reported that their parents successfully provide care, even amid financial difficulty, the stark reality of institutional failure surfaced around financial burdens. Children reported harrowing situations where sick patients are detained in hospitals and not allowed to be released or discharged until their outstanding bills are paid. This acute issue led them to request that hospitals implement systems for gradual payment for families who cannot afford large bills. Furthermore, there exists suspicion regarding the quality of medical treatment, with some children believing that doctors deliberately provide substandard care to ensure return visits to the hospital. They demanded accountability measures, asking for CCTVs, specific doctor names, and detailed staff lists for parental confirmation.

**“...One time I asked what would happen if the patient is not able to pay the bills for hospital,**

**I was told that they would be kept in the hospital until they pay everything...I wish they would let them pay slowly...” (Girl, 10)**

The 13–17 age group shifted focus to the governmental structure overseeing health, but many reported being largely unaware of the new Social Health Authority (SHA), suggesting a significant gap in the dissemination of information about key national healthcare policies.

While some existing services (like the 116 helpline) were noted, community-level health services are widely considered unfriendly to teenagers and adolescents. Adolescents reported that they cannot confidently approach nurses or doctors in their communities to discuss reproductive health issues due to the pervasive fear of judgment or verbal abuse.

The older children also noted that SRHR education needs urgent reform. They stressed that the sessions should be inclusive of boys, enabling them to understand the experiences of girls. This addresses a systemic gender imbalance in health education and aims to foster greater empathy and communication between genders.

Both groups identified drug abuse among children, but the older children confirmed the shocking ease of access, stating that buying drugs or alcohol is very easy, often as easy as drinking water. The core issue identified by the older group is the complicity of retailers and shop owners, who prioritize money over legal restrictions, selling illegal substances even when children claim their parents sent them. The younger group also connected substance abuse to media influence and, significantly, to children trying to relieve stress. Both groups urged the government to impose strict measures against drug sales and increase rehabilitation efforts.

While the 8–12 age group struggled to identify peers with visible disabilities in their schools, the older children’s findings, detailed in the non-discrimination cluster, reflect the gravity of the systemic neglect: children with disabilities lack adequate special schools and accommodation, forcing parents to seek mainstream education that cannot support their needs. The younger children’s lack of visibility of disability may itself reflect a lack of integration and support infrastructure in their immediate environments.

### **Education and Leisure**

The children aged 8–12 primarily assessed the state of their immediate environment: they noted that resources like desks are in a poor state, latrines are often unusable or poorly maintained, and that they encounter serious hygiene issues, including insects found in their food. Their immediate struggle focused on the unfair denial of lunch or exclusion from key exams due to outstanding fees.

**“...they should improve food in our kitchen, sometimes we find insects in our food!...” (Girl 15)**

**"...children can be told to stay outside because of fees and even lack access to lunch, which affects their health..." (Girl 11)**

The older children (13–17) confirmed these basic issues persisted but added a layer of systemic critique concerning the quality of the educational experience. They noted the ongoing problem of teacher mistreatment, including humiliating treatment toward students with speech disabilities. The continued financial exclusion, such as being told to wait outside during exams for outstanding fees, remains a violation affecting older students as well.

The most significant distinction appears in the area of curriculum. The younger group did not engage with curriculum structure. In contrast, the 13–17 age group provided detailed feedback on the Competency-Based Education (CBE) curriculum. They acknowledged its benefit through career pathways, allowing them to select areas they are strong in. However, they heavily criticized the fact that they are forced to do projects they dislike and that the accompanying requirements are often unaffordable for their families. They demanded continuous engagement and public participation in the curriculum's rollout to make it practical and affordable for all students.

**"...I think CBC should ensure all children in future are like, experiencing or having the best, quality education. Some of the things sent are out of our parents' budget..."**

Regarding Vocational Training (TVET), the older children recognized it as a vital option for survival due to its focus on practical skills like plumbing. They pointed out, however, that the government inadvertently stigmatizes TVET by promoting it only to those who fail to meet university thresholds, making it look like an option for failures. They stressed the practical necessity of providing well-functioning, modern equipment within TVET institutions for effective learning.

Both groups highlighted issues affecting girls. The 8–12 group revealed cases of girls as young as Grade 3 becoming pregnant and the subsequent educational hurdles they faced. This group emphasized the need for trained trusted adults to offer advice and support in such sensitive situations.

The older children focused on systemic barriers, particularly the struggle girls face in managing menstrual cycles. They noted that obtaining sanitary towels remains a problem, even in urban poverty areas like Kibera.

In terms of inclusivity, the younger children reported a simple lack of peers with visible disabilities, suggesting that disabled children are not fully integrated into mainstream schooling.

Both groups agreed that while spaces for leisure exist, safety is severely compromised by bullying and drug use. The older group was able to specify the institutional oversight gaps, such as low

guard-to-child ratios in recreational facilities (citing a near-drowning incident) and the resultant increased risk of kidnapping in crowded, unsupervised spaces.

Affordability is a major barrier for both groups, with specialized sports being prohibitively expensive (up to 20,000 per month). They noted a general lack of understanding of positive cultural activities, often associating them only with harmful practices like FGM and early marriage. Finally, while clubs and activities exist to teach rights, the older children confirmed these resources are often not available in all areas and rely heavily on CSO support

## Responsibilities of the Child

For the 8–12 age group, being a responsible child is primarily defined by the performance of useful tasks in their immediate environment. They provided exhaustive lists of their contributions, including routine household chores (washing dishes, sweeping), maintenance in schools (cleaning verandas, arranging desks), and pro-social behaviors in the community (extending kindness, donating to the poor). Their view of good citizenship involves active, hands-on environmental protection, collecting plastic waste, preventing littering, and agricultural care, including emphasizing the importance of not cutting down trees.

**“...when I’m at home, I help with washing dishes, sweeping the house, giving advice to younger siblings...I also have a younger sister and when she need help, i can help her...”**  
**(Girl, 12)**

The 13–17 age group did not emphasize these basic tasks but instead focused on the broader legality and philosophical fairness of their duties. They generally agreed that the responsibilities placed upon them as Kenyan citizens, such as respecting laws, elders, and the environment, are fair as written in the Constitution and Charter. The most insightful finding from the older cohort (13–17) is the identification of a conflict between their fundamental right to express themselves and their responsibility to be respectful. They noted that adults (parents and teachers) often frame expression, especially disagreement, as disrespect, leading to the child's views being scrutinized. This issue is compounded by the observation that parents and teachers tend to teach them more about responsibilities than about rights, resulting in children feeling ill-equipped to exercise their rights effectively.

**"We have an article that states, we say that we have the right to express ourselves. But again, we have an article that says we have to be respectful. I get you. So once you are trying to express yourself, some people take it as disrespect. So it's like they're using your law against you."** (Girl, 14)

When debating the importance of rights versus responsibilities, the group was divided. Those favoring rights argued that rights form the legal foundation, citing the prioritization of rights in the law. Those favoring Responsibilities framed their argument in moral and religious terms, noting that respect for elders (a key responsibility) is the only commandment associated with a promise. This tension reveals that adolescents are acutely aware of the subjective nature of adult authority

and the difficulty of navigating communication when faced with potential parental passive anger or misinterpretation.

## **Overall Conclusions and Consolidated Recommendations**

The consultations revealed that the primary gap in child rights realization lies between policy ambition (Children Act, CBE, SHA) and practical implementation at the community level. This gap is exacerbated by a severe trust deficit in official reporting channels and systemic failure to prioritize vulnerable groups. The following recommendations are derived directly from the children and young people consulted, representing immediate, practical solutions that address the specific gaps identified in the realization of their rights, ranging from systemic reforms to adjustments in daily social and educational practices.

### **1. Reforming Government Accountability and Resource Distribution**

The older children delivered a direct demand for financial transparency and equitable resource distribution. They insist that the massive funds allocated for sectors like education must genuinely translate into visible improvements and the promised provision of free services, challenging the government to tackle suspected corruption and mismanagement. They called for increased funding, specifically for higher education and specialized science courses, rather than the observed reductions. Crucially, they recommended that the positive infrastructure improvements and security measures seen in urban schools must be equitably distributed to underserved areas, including ASALs. Systemically, they urged the government to strengthen coordination and collaboration with non-governmental and civil society organizations to maximize service delivery.

### **2. Enhancing Protection and Eliminating Discrimination**

Children demanded immediate measures to enhance safety and ensure inclusion. Regarding the pervasive threats of violence and insecurity, they called on the government to act decisively to stop conflicts and deploy security forces to insecure regions like Samburu to protect children from rape, kidnapping, and early marriage. They also highlighted the need for environmental protection by implementing prevention measures against hazards like landslides.

On disability inclusion, the children specifically recommended the government build more special schools and invest in training specialized teachers, ensuring the assessment process for special needs is free. To protect intersex children from severe bullying and violence, schools must transition away from common changing halls to incorporate multiple private rooms, coupled with awareness campaigns among students to foster understanding.

### **3. Instituting Dignified Practices and Accountability**

The consulted children offered specific alternatives to the current disciplinary and healthcare systems. They strongly requested that adults, particularly teachers, abandon corporal punishment in favour of patience, guidance, and polite communication, often suggesting parental involvement to understand a child's behaviour.

In healthcare, children demanded accountability: they recommended implementing clear measures like giving doctors specific names, installing CCTVs in hospitals, and providing detailed staff lists for parental follow-up to address suspicions of substandard treatment. Furthermore, they called for humanizing the system by requiring hospitals to introduce gradual payment options for families who cannot afford large, outstanding bills.

#### **4. Democratizing Voice and Identity**

To make political expression platforms accessible, children suggested practical digital solutions for the Kenya Children's Assembly (KCA), such as creating a simple app for joining or holding regular, decentralized sign-up sessions in various locations. Addressing the systemic barriers to identity, they recommended awareness campaigns and demanded the government address the high financial costs, institutional delays, and complex online processes hindering birth registration.

#### **5. Prioritizing Family Preservation and Health Interventions**

The children showed great maturity in their analysis of family support. They passionately recommended that the government prioritize supporting financially struggling biological parents (through business aid or financial assistance) as the primary intervention, rather than immediately withdrawing the child. When alternative care is necessary, they favoured foster care (temporary placement) over permanent adoption, especially in cases of financial hardship, to maintain the hope of eventual reunification.

Critically, they offered alternatives for children whose mothers are imprisoned, proposing home jail (house arrest with GPS monitoring) for non-violent offenders to protect the parent-child bond. Where imprisonment is unavoidable, facilities must be reformed to include special units and better facilities for children, treating them with dignity rather than like prisoners.

In health, children called for strict government measures against the sale and consumption of drugs, including increased awareness campaigns and facilitating rehabilitation. They stressed that Sexual and Reproductive Health and Rights (SRHR) education must be inclusive of boys and community health services must be made private and youth-friendly to encourage sensitive discussions without fear of judgment.

#### **6. Improving Education Quality and Vocational Respect**

The children provided practical feedback on the educational system. They suggested improving the Competency-Based Education (CBE) curriculum by decreasing the number of mandatory subjects and ensuring project requirements are genuinely affordable for all families. They also urged the MoE to engage in continuous public participation with children during the curriculum rollout.

Regarding Vocational Training (TVET) , children recommended streamlining the joining process, providing modern, well-functioning equipment, and most importantly, raising awareness to promote TVET as a valuable career path for all , not a last resort for those who fail. Finally, they emphasized the need for trained trusted adults to support girls who become pregnant and for solutions to ensure girls can manage their menstrual cycles to prevent school absenteeism.