

Institutional Factors Influencing the Implementation of Child-Friendly Schools in Kenya

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Abstract

This study sought to examine institutional factors influencing the implementation of Child-Friendly Schools (CFS) in Kenya focusing on health, safety and protection in schools. Secondary data was used and a total of twenty (20) studies were reviewed, ten (10) studies conducted in Kenya and ten (10) others from different parts of the world that used different methods that yielded varying results. This study revealed that few schools have elaborate child protection mechanisms where child abuse incidents are prevented, detected and reported. Discrimination based on gender, ethnic stereotypes and harmful traditional practices were also reported which are not conducive for learning. Themes identified in the analysis included collaboration, coordination, playing a role, misunderstandings, vulnerability, and support network. This study concluded that while making efforts to address challenges of implementation of child-friendly schools, stakeholders in the family, community and school institutions have not focused on the whole child by taking into account conditions in the family, community and school environment which are critical to the understanding the plight of children. This study recommends that all stakeholders in education be cognizant of the fact that different children face different situations and have diverse needs.

Keywords: Institutional Factors, Implementation, Child-Friendly Schools (CFS), Kenya

Introduction

Education worldwide has provided a platform for preparing children for the future (UNICEF, 2006). Schooling has seen children from diverse backgrounds gather in structures, some permanent, others temporary and even under trees to learn with the hope of growth and development in their lives now and in the future. Given lack of adequate basic facilities such as classrooms, toilets, clean water and electricity, schooling for many of the children has not been the best experience (Cheryan, Zigler, Plant, & Meltzoff, 2014; Adegoke & Nweneka, 2016). School environment has also not been safe for many children as they fear being punished, humiliated and bullied by fellow pupils and teachers (Provide source). Mechanisms for prevention, detection, and reporting of child abuse incidents also lack in many schools. These conditions do not create a conducive environment to promote learning (Wandawa, 2012).

Child-Friendly Schools (CFS) framework is a participatory and comprehensive approach to education that promises quality by harnessing fundamental underlying principles and contexts to safeguard the interest of children. It is an essential tool in planning and implementing quality basic education. According to Claire (2011), a child-friendly school has to observe six fundamental principles that include inclusivity, quality teaching and learning, healthy, safe and protective learning environment, child-centeredness, and enhanced community linkages and partnerships. If effectively implemented, CFS increases the possibility of achieving Education For All (EFA) goals and Sustainable Development Goals (SDG-4). The focus of many studies has however been on the educational needs of children with non-educational needs, despite them being equally significant, taking a posteriority position. The health of children in schools, their safety and protection have been largely ignored by stakeholders implementing the CFS framework.

World Health Organisation definition of health is a state of complete physical, mental and social well-being (WHO, 2006). The health of learners and their learning achievements are closely linked. A Safety Standards Manual was prepared by the Ministry of Education in Kenya and Church World Service (Ministry of Education & Church World Service, 2008). In this Safety Standards Manual, safety refers to the measures undertaken by the learners, staff, parents and other stakeholders to either minimise or eliminate risky conditions or threats that may cause accidents, bodily injury as well as emotional and psychological distress. According to UNICEF (2015), protection of children refers to guarantee against all forms of violence, exploitation, abuse, and neglect. The safeguards to protect children are anchored in the Convention on the Rights of the Child and other international and regional human rights treaties and standards.

Main Argument

Implementation of Child-Friendly Schools Framework

The child-friendly framework advocates that a school functions in the best interest of children. The learning environment, therefore, must be healthy, safe and protective of the children entrusted to a school (UNICEF, 2006). Schools have to focus on the whole child taking into consideration family and community factors that could limit children health, safety, and protection. The child-friendly framework has been embraced due to its ability to combine diverse dimensions of education quality to address children needs (Ministry of Education, Science, and Technology, 2010). (Be consistent in paragraph spacing).

Significant strides have been made to increase enrolment in schools (Ingubu & Wambua, 2011) but the same cannot be said of the overall quality of learning (UNICEF, 2009). The institutional stakeholders in education have a critical role to play if the desired overall quality of learning that is children centred is to be achieved. Some of the most critical institutional stakeholders include governments, donors, schools, communities, and families. Their collaboration is vital to ensure children centred environment conducive for learning. These stakeholders play a critical role in establishing much-needed classrooms, sanitation facilities, clean drinking water, food, safety and protection of children when they are in school, among the community or at home (Njue, 2013).

Cheryan, Zigler, Plant, and Meltzoff (2014) in their study on designing a classroom to maximise students' achievement in the United States of America established that physical classroom environment has a significant effect on student performance. The effects were largely attributed to structural features of the buildings which determine the amount of lighting, noise, air quality and heating in a classroom. When these environmental conditions in the classrooms are not favourable to pupils, this can adversely affect their learning.

Adegoke and Nweneka (2016) assessed the child-friendliness of public primary schools and pupils' achievement in mathematics in Rivers State, Nigeria. They Mathematics Achievement Test (MAT) and Measures of Child Friendliness of Schools (MoCFS) in their research. Their study revealed that there were enough buildings and classrooms in Rivers State. Schools were also fenced and secure, but water supply and toilets were insufficient making their sanitation poor. According to Adegoke and Nweneka (2016), the school environment and learning materials did not have a significant effect on performance, but extracurricular activities and nature of classrooms have a significant effect on performance.

Njue (2013) examined factors influencing the implementation of a child-friendly school programme in public primary schools in Kiambu County, Kenya. The study revealed that classrooms and sanitation facilities were a major problem in schools implementing CFS in Kiambu. Community participation and parental involvement were high, but the school feeding programme was not working. Children, therefore, wasted time going home for lunch and back instead of eating at school to save time for learning. Njue (2013) partly attribute poor learning achievements, retention and transition rate to this time wastage.

Institutional Factors and Health of Children in Schools

The UNICEF manual of child-friendly schools prescribes that child-friendly institutions should be in a position to provide psychosocial support to children, vaccination, deworming and public health education. Child-friendly institutions should also have first aid kits, medicine cabinets and accessible health worker to deal with health problems facing the children in school (Mwangi, 2014). Kenya National School Health Policy introduced in 2009 stipulates a comprehensive school health programme that can enable the government to deal with the needs of learners, teachers and their families. The schools are supposed to promote knowledge about healthy living, develop social skills, provide wholesome food, and make schools drug-free zones. They are also supposed to cater to children with special needs (Kenya National School Health Policy and Guidelines, 2009). Mutia (2015) in a study on school-based factors influencing the level of implementation of national school health strategic plan in public secondary schools in Kitui County, Kenya observed that lack of funds, training, and awareness hindered implementation.

Despite the measures in the Kenya National School Health Policy, the health of children especially those from disadvantaged backgrounds has continually been poor. In the slums, for instance, basic needs such as food and health are hard to come by as a result of the poor economic status of the residents. Children from such backgrounds suffer from hunger and diseases. School feeding programmes have seen children enrolment in school increase and have lowered chances of drop out (Nyakengo, 2011; Odinga, 2012). Nyakengo (2011) examined the effects of a feeding programme for pre-school children on performance in Kiambiu slums, Nairobi Kenya. The study established a close relationship between the feeding programme and learners' performance. Nyakengo (2011) argued that the availability of food and diet affected not only the health of the children but also concentration and attendance by pre-schoolers. Odinga (2012) studied the effects of feeding programmes on the enrolment of pre-schoolers in Kibera slums, Nairobi Kenya. The study revealed that children failed to attend school because of the type or the perceived nutritional value of food being offered in school.

Institutional Factors and Safety of Children in Schools

Based on UNICEF's (2010) child-friendly manual, wet, greasy spots, and cluttered floors should be avoided in schools. Teachers in charge should also ensure that there is sufficient lighting and there are no exposed sharp objects, poorly placed desks, benches and tables. Children should not be allowed to sit carelessly on benches, rails, and balconies. Macharia (2012) examined the effect of playground safety on pre-school children participation in outdoor activities in Naivasha, Kenya. The study revealed that safe playgrounds provided space appropriate for children to participate in outdoor educational activities that help them develop. Macharia (2012) emphasised on the importance of space, play equipment, maintenance of grounds and supervision of the children.

The importance attached to safety in playgrounds by Macharia (2012) was echoed by Amy (2012) who went ahead to link extra-curricular activities in a safe environment to the performance of children in all other aspects. Muiruri and Kwasira (2015) in a study on the implementation of health and safety measures in state corporations observed that the role of human resource function is critical. Their study also revealed that health and safety measures when implemented reduce absenteeism and truancy in an organisation. Njogu (2016) in a study on the influence of child-friendly school model on pupils' performance in Kenya Certificate of Primary Education in Njoro Sub-County's schools noted that health and safety were not as pronounced as learning resources, teaching methods, and teachers' training.

Summary and Gaps

The literature reviewed shows gains in enrolment and the provision of necessary facilities and equipment for implementation of child-friendly schools framework. However, the non-tangible elements of this framework have not been given a priority. Health, safety, and protection of children have remained as just policies in documents with little or nothing to show in terms of implementation and results. This has been primarily due to a weak institutional link in the implementation of the child-friendly school framework. Governments, donors, communities, and schools have not translated the CFS framework into healthy children learning in safe schools and guaranteed against abuse and neglect. While resources, lack of awareness and training among teachers have been cited as the key reasons, there is a need to delve deeper to comprehensively understand why these crucial elements of CFS have fallen behind in implementation. It is against this backdrop that this study was necessary.

Clarifying The Problem and Its Impact

Ideally, the child-friendly framework should be effectively implemented for the good of children everywhere. This effective implementation requires the collaboration of all stakeholders. Key among these stakeholders include governments, donors, communities, schools, and families. Each of these represents an institution playing a significant role in basic education and therefore determining the learning experience of children. They have their capabilities and limitations in playing their respective roles. The government mainly provide resources, training, policies as well as standards and regulations. Donors have supplemented government efforts by providing additional resources, guidelines and technical expertise in the implementation of CFS. Communities where schools and children are have played a key supportive role in creating a conducive environment for learning. Communities set and maintain societal values and norms which determine the way of life for their members. The communities have a role in entrenching the best interests of children as they are the future of the community. The schools are entrusted with children and are expected to impart learning to them. The children come from families or households where they get primary care from birth. These families have a responsibility to provide and protect their children. All these institutions have a role in ensuring health, safety, and protection of the children are upheld. However, a lack of collaboration among these institutions has not served the interests of the children.

Although the governments (national and county) have provided resources for CFS implementation, these resources are not enough. Policies, standards, and regulations are in place but their follow up and enforcement are weak. Donors in their supplementary role have provided resources, guidelines, and technical expertise. However, they have not been able to reach every needy situation in the country leaving a significant number of schools and children still in the traditional practices of learning. Communities' values and norms are evolving. However, some traditional practices harmful to children are still prevalent in many communities such as female genital mutilation and cattle rustling. Contemporary family institution is also evolving and faces many challenges which affect children learning. Poverty and domestic violence are some of the most common challenges for many families. Parent-teacher communication is critical to ensure home-school relations and support parents be effective partners in the education of their children (Fuller& Olsen, 2008). However, this partnership or collaboration between families and schools is weak jeopardising health, safety, and protection of children. Limitations of each of the institutions can be mitigated through collaboration in addressing challenges affecting learning in schools. These challenges include a lack of basic facilities such as classrooms, toilets, clean water, and electricity. Addressing the safety of the school environment to minimise risks and hazards in classrooms and playgrounds is critical. In addition, creating mechanisms for prevention, detection, and reporting of child abuse incidents to ensure many children do not live in fear of being punished, humiliated and bullied by fellow pupils and teachers (Mwangi, 2014; Mutia, 2015; Njogu, 2016). It is against this background that this study sought to establish the institutional factors influencing health, safety, and protection of children in schools.

This study used a secondary method of gathering information. Peer-reviewed journal articles on child-friendly schools for the last ten (10) years were searched using three journal platforms namely ERIC, Science Direct, and Springer Link. After using the phrase 'child-friendly school' to search in these platforms, 74 articles written between 2010 and 2019 were retrieved. Journal articles were selected for

review based on relevance to the theme of this study which revolved around child-friendly schools. The distribution and selection of articles from the three journal articles platforms are presented in Table 1.

Table 1: Distribution and Selection of Articles

JOURNAL ARTICLE PLATFORM	RETRIEVED ARTICLES	SELECTED ARTICLES
ERIC	17	8
Science Direct	34	10
Springer Link	23	7
Total	74	25

Thematic analysis method was employed to review twenty-five (25) journal articles. The results of this review were used to discuss the key theme of this study; child-friendly schools with an emphasis on institutional factors influencing health, safety, and protection of children in schools.

How The Issue Has Been Addressed

The results of this analysis show that the majority (76%, 19) of the studies reviewed do not emanate from or include Kenyan context. Only 24% (5) of the studies reviewed from the three research journal platforms apply to the Kenyan context. In addition, the majority (64%, 16) of the studies reviewed applied to contexts outside Africa. Only 36% (9) of the studies apply to the African context. This shows a dearth of knowledge regarding implementation of the child-friendly school framework in Africa and Kenya. Studies that apply to Kenyan context have focused on inclusivity, child protection and the role of key institutional stakeholders in the implementation of CFS. However, much of information on health, safety, and protection of children can be borrowed from other countries and regions and still be applicable here in Kenya. The subsequent discussion, therefore, seeks to highlight the findings in other contexts that could be useful here in Kenya in the determination of institutional factors influencing implementation of CFS.

Berkvens (2017) revealed that CFS had not achieved the desired results mainly due to failure in understanding cultural contexts of where the implementation is taking place. Berkvens (2017) raised an important point of cultural adaptation of CFS framework but did not touch on health, safety, and protection of children which could mean changing cultural practices that undermine efforts to attain them. Di Biase (2015) emphasised important of contextual factors in implementing active learning in line with child-friendly schools framework. It also shows the critical role of stakeholders in implementing active learning. The role stakeholders who are drawn from critical institutions engaged in the implementation of CFS cannot be overemphasised. Godfrey, Osher, and Williams et al. (2012) focused on student reported measures of school quality regarding CFS conditions for learning. Cross-national differences and similarities were documented meaning the indicators of school quality are context specific. The study raises important argument as this can be advanced to health, safety, and protection of children which also could be context specific.

Otina and Thinguri (2016) established lack of preparedness among schools for the transition of autistic children due to lack of autistic child-friendly environment and untrained teachers. Otina and Thinguri (2016) focused on inclusivity element of CFS especially regarding children with special needs. However, the same preparedness would be required to implement health, safety, and protection of children in schools.

Morishane (2013) focused on protection against discrimination and language barrier. Despite highlighting safety and protection, the key elements of CFS, Morishane (2013) did not exhaustively cover them and was inclined to inclusivity rather than child protection.

Sturges (2015) highlighted the importance of upholding children participation rights and captured the aspect of democratic participation comprehensively as envisioned by CFS. This context created by the democratic participation of children could be instrumental in laying the ground for good health through activities such as hand washing training. It could also provide an avenue to engage children in designing their school environment, maintaining its cleanliness and ensuring these children observe safety rules given by the teacher in charge. The goodwill provided by democratic participation could also be useful in understanding the social support network of children to design a mechanism to help teachers in detecting and reporting cases of abuse. Rocca, Donadelli, and Ziliotto (2012) creatively combined participation and creation of a conducive environment for children to learn. They emphasised on the role of the community in ensuring child-friendly neighbourhoods. Rocca, Donadelli, and Ziliotto (2012) indirectly touched on safety in schools and the community but did not focus on the health and protection of the children.

Çobanoglu, Ayvaz-Tuncel, and Ordu (2018) captured almost all variables of CFS in assessing secondary schools' implementation where it was revealed that CFS characteristics changed with socio-economic level and gender. However, they bundled up health and safety together despite them being different and having different indicators. The same case was done for participation and protection which were combined despite their different measures. This shows there are misunderstandings of these key terms when it comes to implementation. Safety is usually confused with protection while health is included in safety and protection but not adequately covered. Malik (2013) shows school attendance differentials based on the economic status of the households. Children from poor households were more likely to go to work rather than attend school. Child schooling is therefore affected by child work. The socio-economic status can equally determine the health, safety, and protection of children in schools.

Mahlase and Ntombela (2011) highlighted the plight and vulnerability of children as a result of HIV/AIDS pandemic. Drop-in centres were shown to be a suitable solution due to their multi-sectoral nature and ability to provide a child-friendly environment. The study is context specific (South Africa) and has prioritised health, safety, and protection of children over other elements of CFS. This is primarily due to children level of vulnerability and perhaps urgency by which intervention is needed. It is not clear, however, how these children interact and relate with the rest of the community around them after their isolation in drop-in centres.

Islam (2019) acknowledged that many Bangladeshi children are vulnerable to human trafficking, exploitation, and abuse. CFS is expected to create a safe environment for them which it did. With the implementation of CFS, measures of child development improve and incidents of child labour decrease. The study enriched knowledge on benefits of CFS by not only providing a protective environment to children but also communities around the schools.

Mahdavinia and Samavati (2010) show that creating a child-friendly environment through games or playing promotes language learning. It not only helps in practically illustrating the benefits of CFS but also shows the essence of having a safe and protective environment to promote learning. Khan and Kotharkar (2012) acknowledged the impact of the environment on inhabitants. It shows the importance of taking into account

the interest of the children and involving them in designing school compounds and the learning environment. The study captured the essence of child centricity in designing and building a learning environment. The same should apply when designing health, safety and protection mechanisms in schools.

Guarnizo-Herreño, and Wehby (2012) empirically linked dental health with children performance in school. The study serves to illustrate the importance of health not only as an end to itself but also as an ingredient of better academic performance in school. Xuan, Hoat, Rheinländer et al. (2012) examined whether promotion of sanitation through the provision of latrines in schools resulted in the use of those latrines by school children. The school children continued to urinate and defecated in the open as they found latrines unappealing to them. Xuan, Hoat, Rheinländer et al. (2012) provided evidence of an intervention without regard of the beneficiaries, in this case, the school children.

Sriprakash (2010) highlighted the struggles that teachers experience while handing more control to their pupils in order to comply with child-centred pedagogy. The same struggles noted in this study are reflected in communities, schools, and families when trying to provide health, safety, and protection to the children. Monteiro (2010) highlighted a picture of the threat to the right of the child to education. By offering any form of education without regard to quality, the right of the child to education is undermined. Monteiro (2010) emphasised on quality of education offered, therefore, raising the threshold to not only access to education but also its quality.

Petroni, Steinhau, and Fenn et al. (2017) highlighted the root cause of child marriage which is discriminatory gender norms that undermine interests of the girl child. Communities and families fail to invest in education for girls as their roles are wrongly perceived as those of wives, mothers and household caretakers. Petroni, Steinhau, and Fenn et al. (2017) created a good background as to why community, families, and schools should be engaged and collaborate in child protection mechanisms. With an effective child protection mechanism, child marriage can significantly reduce as more girls are protected so that they remain in schools. Katz, McLeigh and El szwec (2017) raised important points on child protection systems and the need to focus on the perspective of the child in the formulation of such mechanisms. The key institutions in creating children protection systems include the community, family and schools. These are always in the neighbourhoods where children can be vulnerable to exploitation, abuse, and neglect. These institutions can, therefore, create a support network from which children can seek help.

Yuki, Mizuno, Ogawa, et al. (2013) demonstrated how governments, families, communities, and schools can collaborate in ensuring increased girls enrolment despite cultural and traditional barriers. It is evident that collaboration among key institutional stakeholders in education can beat barriers of inclusivity in education. The barriers to health, safety, and protection of children can equally be beaten by a collaboration of key institutional stakeholders in the implementation of CFS. Kreider and Raghupathy (2010) dwelt on the importance of establishing a good parent-child relationship, parent development, and parent-school staff relationships. The emphasis on family and community involvement in creating a good environment for learning is critical also for the protection, safety, and health of children.

Akkari and Lauwerier (2015) show that international organisations focusing on education have had different priorities. While UNESCO and UNICEF focused on the humanistic child-centred perspective of education, the World Bank and OECD focused on tangible skills and measurable learning outcomes. With time, these international organisations are coming into a convergence incorporating their different perspectives to work

in collaboration in achieving educational goals. These international organisations provide a suitable example to key institutional stakeholders in the implementation of CFS. The importance of the convergence of interests and collaboration cannot be ignored. Klees and Qargha (2014) examined why education stakeholders have made little progress in attaining their goals. Focusing on a case of UNICEF, inequalities, and inequities have been cited as the key limitations. In the wake of such realisation, UNICEF has gone ahead to promote equity in its programmes. However, failure to agree and collaborate with other agencies in education to work in congruence may lead to fragmented efforts that will yield little for the children. The study further illustrates the costs associated with a lack of collaboration among stakeholders in education. For CFS to be implemented effectively, stakeholders have to embrace collaboration.

In the preceding discussion and thematic analysis of studies done in various parts of the world regarding the implementation of child-friendly schools, major themes emerged that were influencing health, safety, and protection of children in schools. These themes revolve around five institutions namely CFS implementers, CFS stakeholders, families, schools and communities. The themes identified include collaboration, coordination, playing a role, misunderstandings, vulnerability, and support network.

Conclusions and Recommendations

Conclusions

This study concludes that there are several institutional factors influencing health, safety, and protection of children in schools. The lack of collaboration among key stakeholders in CFS implementation namely government, donors, communities, families and schools have affected all these three elements; health, safety, and protection. While government, donors, communities, families have not provided enough resources to implement CFS in regards to health, safety, and protection, schools also have not done their best with the little they get in these three areas.

Little or no understanding of cultural contexts during implementation CFS have adversely affected the process. Lack of cultural adaptation in the implementation of CFS has largely limited protection of children against abuse, exploitation, and neglect. There are cultural practices that discriminate especially based on gender which is against CFS tenets. Early marriage, for instance, is preceded by female genital mutilation or early pregnancy in some communities. Without the understanding of such cultural practices, it is hard to tackle them and ultimately achieve the protection of children desired.

CFS implementation is a difficult task that requires adequate preparation. However, many of the key stakeholders in CFS implementation lack of preparedness such as proper training and awareness of critical aspects of the framework. The concept and goals of CFS should be clear to all engaged in its implementation. The necessary equipment and tools required in CFS implementation must be in place. However, this is not the case in many contexts with essential facilities like toilets that are children centred lacking hence adversely affecting the health of children and the community around.

The communities, families, and schools have not played their role in creating child-friendly neighbourhoods. This failure has adversely affected the protection of children as unfriendly neighbourhoods increase the vulnerability of the children. The three stakeholders could work together in collaboration to

safeguard an environment free of any form of exploitation, abuse, and neglect. (Short paragraphs – up to 4 sentences only should be merged)

There is a misunderstanding of critical terms where safety is confused with protection and vice versa. This has made some of the stakeholders in CFS implementation to wrongly assume they have achieved child protection when the measures they have in place only take care of physical risks and hazards emanating from objects in the learning environment. The term protection has been used sparingly, and the same applies to measures that safeguard children against abuse, exploitation, and neglect.

Another factor that has influenced health, safety, and protection of children is the failure to recognise the level of vulnerability of the children. All the stakeholders do not seem to understand the level of vulnerability of the children at school. The children when at school, they are not always under supervision; hence safety measures to ensure there are no objects posing health risks, hazards or injuries. This applies classrooms, school compound, and playgrounds. Children living in an insecure neighbourhood, for instance, cannot get to school very early or leave late owing to insecurity problems.

The CFS implementation stakeholders have not been able to create a support network where children can feel free to open up on issues affecting them. This failure has meant that teachers cannot be in a position to easily detect children who are being abused, exploited or neglect to document and report early enough so that such children can get help and justice. With a support network, it is easier to understand problems facing children and address them before they get out of hand.

In the implementation of CFS, there are many interventions that the stakeholders carry out with no regard for beneficiaries. This has resulted in non-acceptance of such interventions by the intended beneficiaries sending the stakeholders back to the drawing board. In addition, socio-economic issues affecting stakeholders and beneficiaries as well have influenced implementation of CFS. There is a link between socioeconomic status and health and safety vulnerability of children. Children in higher socioeconomic status are less vulnerable to dangers in their neighbourhoods while those in lower socio-economic status are highly vulnerable.

The stakeholders implementing CFS have had many struggles dealing with control or power relations that come with CFS. The interests of the child are always the focus, and this has not gone down well with traditional communities, families as well as schools where a specific hierarchy had to be followed when children are relating with adults. This struggle has stood on the way of creating child centred safety measures, healthy environment and a protection mechanism that safeguards children against exploitation, abuse, and neglect.

Recommendations

This study outlined the following recommendations:

1. Government, donors, communities, families, and schools should come together in collaboration to implement CFS.
2. Stakeholders in the implementation of CFS should strive to understand the cultural context of areas they are implementing CFS.

3. Government and donors should invest adequately in the preparedness of stakeholders implementing CFS.
4. The communities, families, and schools should take up their roles in creating child-friendly neighbourhoods.
5. The government and donors engaged in the implementation of CFS should ensure the implementers clearly understand the vital terms of the CFS framework.

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