

The UNICEF Child Friendly Schools Model in
Kenya and Uganda: An Assessment of the
Successes and Challenges of the Model.

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Executive Summary

Developed by UNICEF, the Child Friendly School (CFS) model is a rights-based approach to ensuring all children have access to basic, quality education across the world. The model is comprised of five components including, universal education; academically effective and relevant; health, safety and protection; gender-responsivity; and community support and involvement. Promoted by UNICEF, this model has become the preferred solution to children's' educational needs across the world today. Therefore, an extensive array of policy documents, reports and government documents created in conjunction with UNICEF have emerged. Furthermore, there is an increasing amount of academic research and literature available focused on the CFS model throughout Africa. Finally, Aidlink has extensive access to first-hand information through its partner organisations in Kenya and Uganda. This report cross-examines the UNICEF rhetoric, the academic literature and Aidlink's partner organisations' experiences in order to compare the successes and the challenges that each of the three groups face in implementing each of the components of the CFS model. The results suggest that although progress in each of the components has occurred, significant challenges still remain although these are not homogenous across countries or the three groups' perspectives.

1. Introduction

Education is a fundamental building block to improving the social and economic outcomes of millions of children across the world. Although access to universal primary education has increased dramatically across the developing world, the quality of the education is poor and thus the importance of improving it is critical. Following the provision of universal primary education in both Uganda and Kenya, the CFS model delves deeper into this quality of the education provided. (UNICEF, 2009b). The aim of this report is to compare the UNICEF rhetoric of the successes and challenges of the CFS model to that of the academic literature and Aidlink's own experience through its partner organisation, Caritas MADDO (CM) in Uganda and Girl Child Network (GCN) in Kenya.

The first section of this report outlines the methodology used for this research and its limitations. The second section outlines the CFS model, defining each of the five components and highlighting their importance in the achievement of a CFS. The third section compares the UNICEF rhetoric, the academic literature and Aidlink's partner organisations own experience of each of the five components of the CFS model. In the final section a comparison of the different perspectives of each group will be presented and concluding remarks and recommendations made. The aim of the report is to highlight the successes and challenges of the implementation of the CFS model across all three groups in an attempt to highlight the barriers facing the achievement of the main goal which is a rights-based approach to education for all children.

2. Research Methods

To begin, a literature review of the CFS model was carried out in order to gain a deeper knowledge of the model. Following this an analysis of UNICEF policy documents, reports and evaluations was carried out to gain a deep understanding of the UNICEF rhetoric. Then a literature review in the academic sphere focusing primarily on Kenya and Uganda (while drawing from the wider research carried out in Africa) was employed to gain an understanding of the successes and challenges of the model from their perspective.

The second research method used was that of semi-structured interviews to gain an insight into the successes and challenges facing Aidlink's partner organisations on the ground in both Kenya and Uganda. The interview guide was based on the reoccurring themes from the UNICEF and academic literature and can be found in Appendix A. These interviews were essential in allowing cautious cross-comparisons of the UNICEF rhetoric, the academic literature and Aidlink's partner organisations' experiences. Throughout the report the information associated with CM and GCN refer directly to the information provided in the interviews carried out.

As with all research there were significant limitations to the scope of this study. Firstly, there were serious problems surrounding the availability of UNICEF literature. There are significant amounts of literature available for Uganda but no specific research or literature for Kenya. Furthermore, as a result of the nature of large international organisations and the long-term implementation of projects the most recent UNICEF report available is dated 2010. In contrast, with regards to the academic literature, there is significantly more literature available for Kenya than there is for Uganda. This results in the academic literature representing Kenya more than Uganda.

As a result of the different country sources of the different UNICEF and academic literature and the limited number of interviews carried out, generalisations about the successes and challenges of the model cannot and should not be drawn because these results are context-specific. However, the comparisons presented throughout this report do indicate differences and similarities in the successes and challenges facing the different groups and should be used as indications for future research.

3. The UNICEF Child Friendly Schools Model

The CFS framework was developed some 20 years ago by UNICEF with the intention of incorporating the Convention on the Rights of the Child into school management systems and classroom practices globally. Thus, the right of every child to basic, quality education is at the heart of every CFS initiative (UNICEF, 2009a). They note that this human rights-based approach to education has positive implication for sustainable capacity development including the empowerment of girls and marginalised children such as those with physical or mental disabilities. As a result of the positive adoption of the CFS model in over 70 countries, UNICEF seeks to use this model as the preferred package solution to the education needs in all of the 154 countries it operates in (UNICEF, 2016).

Additionally, it provides a framework for the planning, monitoring and implementation of the effectiveness of strategies used to increase access to basic, quality education (UNICEF, 2009a). There are five components of the CFS model: the inclusion of all children, academically effective and relevant for children, healthy, safe and protection, gender-responsive and community engagement and participation (UNICEF, 2006). The model seeks to holistically promote quality education through these components. No component is mutually exclusive, each of the five components are necessary reinforcing conditions of each other.

The first component of the CFS model is universal education, the inclusion of all children regardless of their gender, race, ethnicity, socio-economic status, ability, language or culture. Furthermore this component requires schools to seek out unenrolled children in the community. The second component of the model refers to academically effective and relevant learning for all children irrespective of a child's ability. All children must develop life skills and knowledge to maximise their potential contribution to the community. This is supported by education policy frameworks centred on the right of the child, highly-trained teachers teaching a relevant curriculum and adequate learning materials. The third component of the model focuses on the area of health, safety and protection. The most important aspect of this is access to clean drinking water, sanitation and hygiene education. Additionally, it addresses the physical and emotional health of children while creating a safe learning environment free from physical violence.

The fourth component of the CFS model is that of gender-responsivity such that the promotion and accessibility of education is promoted for all children, regardless of gender. Finally, the fifth component of the model is community support and involvement such that partnerships between the school, parents and the local community are promoted through school committees, parent-teacher associations and education boards. These are essential in realising the CFS model. The five core components of the CFS model have become increasingly integrated into mainstream policies across the developing world and in both Kenya and Uganda (UNICEF, 2009a). In 2001, 642 CFS were launched in Uganda (UNICEF, 2010), incorporating all five aspects of the model and by 2005 significant improvements in the education sector were evident (UNICEF, 2010). Similarly, in Kenya as of 2009 the CFS model has been implemented in eleven focus districts with the aim of increasing the quality of education (UNICEF, 2009a).

4. Comparisons of the Success and Challenges of the CFS Model

In this section a comparison between the UNICEF rhetoric, the academic literature and Aidlink's own experience of the model will be carried out. Throughout this section both the successes and challenges of each of the components of the CFS model will be highlighted as the report analyses these through the eyes of each of these three groups.

4.1 Universal Education

UNICEF highlight that there has been progress in the attainment of the first component of the CFS model: universal education (2009b). This is reflected in the adoption of universal primary education launched in Uganda in 1997 and in Kenya in 2003. However, there are significant differences between the policies outlining the universal provision of primary education and the realities facing children in accessing school. One of the main challenges presented by all three groups is that of the provision of education for all children, in particular those with disabilities. UNICEF's global evaluation report suggests that schools are simply not equipped to cater for those with physical disabilities because of the inaccessible design of the buildings and grounds. For example, in Nigeria, South Africa and Guyana, 26-56% of schools need alterations to ensure the inclusivity of all children (2009b). Furthermore, schools are incapable of catering for learning and development disabilities with teachers highlighting the inadequate training provided to support children with special needs (2009b).

The academic literature and CM find similar challenges to ensuring universal education. Kanamba (2014) looks at the factors that influence the provision of the CFS model in primary schools in Igembe North district in Kenya. Their research suggests that no toilet facilities in the 68 surveyed schools are adapted to cater for children with physical disabilities. This supports the research by Kirk and Sommer (2006) who indicate that in Uganda the inaccessibility of latrines for disabled children acts as barrier to accessing education.

Differences exist between the levels of universal access to education between Aidlink's partner organisations. CM indicate there are no toilet facilities for children with physical disabilities in any of the seventeen schools they work with and thus these children cannot attend these mainstream schools. They also indicate that there are specific schools for children with physical and mental disabilities, however, under the CFS model all children

should learn together irrespective of physical ability. In contrast in Kenya GCN have ensured the construction of specially adapted latrines for children with physical disabilities.

Therefore a cross-comparison of all three groups suggest that although significant strides have been made in the provision of universal education, progress for children with physical disabilities in accessing mainstream education has been extremely slow. One of the vital aspects of this component is that of the inclusion of all children irrespective of the physical capabilities and these results indicated that they are not being fully met. Therefore government intervention is needed in order to ensure access across all schools, however, this is beyond the scope of this report.

4.2 Academically Effective and Relevant for Children

UNICEF outlines several successes of the second component of the model: ensuring academic effectiveness and relevant learning for all children. One of the primary benefits of the CFS model is its adaptability to a specific country's context and regional contexts within a country (UNICEF, 2009b). In Uganda this has resulted in the translation of early class curricula into local dialects allowing all children the opportunity to access education through their mother tongue, improving the accuracy and speed at which they learn (UNICEF, 2009a). These Breakthrough to Literacy (BLT) programmes were available in nine local Ugandan languages by 2006 (UNICEF, 2009a). Furthermore, under The Right of all Children to Education (TRACE) the curriculum for Early Learning and Stimulation was developed in 16 local languages to aid the education of all children. This highlights a massive step in achieving academically effective and relevant education for all Ugandan children regardless of their ethnic and linguistic background.

One of the challenges in achieving the second component of the CFS model is that of inadequate academically effective and relevant learning for children (Johnstone, 2011; Kanamba, 2014; Kirk and Sommer, 2006; Musila, 2015; UNICEF, 2009b). There is a reoccurring theme across all three groups that a lack of adequate school facilities prevents the implementation of effective learning. Kanamba (2014) highlights that 75% of schools lack adequate classrooms, playgrounds and toilet facilities. Furthermore Musila (2015) looks at the factors influencing the implementation of the CFS programme in primary schools in Kangrundo Sub-county, Kenya and note that 89.4% of schools lack these facilities as well.

Additionally, Kanamba (2014) highlights that only 25% of schools in the district meet the recommended ratio of 1:40 children per classroom. This ratio is similar to Aidlink's partner organisations such that CGN note the average number of pupils per class is 40 but some classes can have up to 50 or 60 pupils. Similarly, CM note that the class sizes in the younger classes can be large, although higher classes have less pupils because of higher drop-out rates. Furthermore, GCN notes that in some classrooms there are more than five children sharing a desk because of a lack of funding for such infrastructure. For both Aidlink's partner organisations the adoption of the CFS model is a doubled-edged sword such that improvements made to schools infrastructure and improved training of teachers results in these schools becoming more popular in the community. This in turn places additional pressure on the schools' capacity to cope with such high demand.

Similarly, all three groups mention that a lack of teaching resources act as a serious barrier to implementing the CFS model. UNICEF (2009b) note that basic resources such as instruction materials about the model and qualified teachers, are scarce. This places a huge burden on schools themselves. The academic literature supports this, such that Kanamba (2014) highlights that 90.6% of teacher's note that instruction materials are inadequate to their teaching. Similarly, Musila (2015) suggests that 70% of teachers highlighted that the classroom facilities in their schools were inadequate due to a lack of financial investment. These results are in line with those of Johnstone (2011) whereby he suggests that the most pressing issue preventing the effective implementation of the CFS model is the lack of learning materials available in classrooms.

Textbook availability is a good proxy for the accessibility to the resources needed for effective teaching and learning. Musila (2015) note that some 89.4% of teachers state there are inadequate textbooks for effective teaching while Kanamba (2014) notes this figure as 87.5%. He also highlights that 62.5% of teachers noted the textbook-pupil ratio across schools as 1:3 while Musila (2015) notes 92.9% of teachers note the ratio as 1:4. This is in line with Aidlink's own experience whereby GCN suggest that usually three children share one textbook but in some instances the ratio is 1:7. Similarly, CM suggest that a classroom of 50 pupils will have approximately seven textbooks that are provided by the government but not relevant to the curriculum nor on the syllabus. This evidence suggests that teachers' ability to teach is hampered by the lack of teaching materials, in particular textbooks. This impacts the retention

of children in school such that a lack of textbooks negatively impact literacy and numeracy ability. This contributes to high drop-out rates as children do not achieve good grades and are unable to transition to higher classes.

Furthermore, both UNICEF and the academic literature indicate the lack of teacher training required for the correct implementation of the CFS model (Kanamba, 2014; UNICEF, 2009b). This is supported by the statistic such that 62.5% of teachers received no training for implementing the CFS approach according to Kanamba (2014). In contrast in both CM and GCN, significant progress has been made in the implementation of teacher training to increase teachers' awareness of the CFS model under the Aidlink programme. Thus, the 137 schools Aidlink's partner organisations work with are trained to teach using the CFS approach. However, this is not the case throughout either country as schools outside the realm of the Aidlink programme have no such access to training. In GCN, teachers are aware of the model as a result of the introduction of capacity building three times a year to ensure teachers awareness and adoption of the model. Similarly in CM, progress meetings are held quarterly resulted in increased awareness and progress of the model. These training programmes and progress meetings have results in visible improvements in achieving the CFS model including a reduction in corporal punishment, the involvement of students in decision making, and the creation of a child friendly environment, all of which will be discussed in greater detail below.

4.3 Health, Safety and Protection

All three groups outline the significant progress that has been made with regards to the third component of the CFS model: health, safety and protection. The most important element of this component is the provision of a clean water supply in schools. According to UNICEF there is a wide variation across countries in the provision of basic resources including a continuous clean water supply. They suggest some 16% of schools were unable to achieve a clean supply of water (UNICEF, 2009b). Fortunately, Uganda has made strides in the provision of clean water with the construction of latrines and safe water sources resulting in 500,000 children across 35,680 schools in Uganda gaining access (UNICEF, 2010). Similar to the wide cross-country difference outlined by UNICEF, the academic literature notes large variations in the supply of clean water within Kenya. Musila (2015) note that 71.8% of teachers indicate an adequate supply of water in schools while Kanamba (2014) suggest that some 75% of schools lack clean water. This highlights the difference local governments place on the importance of

clean water supply in different districts across Kenya. In line with Kanamba (2014) both GCN and CM indicate the supply of clean water in the 120 and 17 schools they work with respectively. This is as a result of Aidlink's water tank construction programmes coordinated with local governments.

Another area posing both challenges and successes in the implementation of the CFS model is that of the provision of latrines in schools. The academic literature suggests that there are significant challenges to the provision of latrines across Uganda and Kenya while Aidlink's partner organisations depict success stories of the provision of latrines, particularly for girls. Wambugu and Kyalo (2014) highlight that some schools across Kenya do not have toilets at all and students and teachers alike are forced to go outside behind bushes nearby. The Ministry of Education and Sport (MoES) in Uganda note that the target ratio for pupils to latrines is 1:40, while The Ministry of Education in Kenya outlines a ratio of 1:30 boys and 1:25 girls (Wash in Schools, 2017). However, in Kenya the ratio for boys ranges from 1:38 to 1:71, while for girls it ranges from 1:38 to 1:57 (Kanamba, 2014). In contrast significant progress has been made with Aidlink's partner organisations such that GCN note that in the 120 schools they work with they have reached the national Kenyan ratio guidelines for pupil to latrines noting that in schools where GCN is not operating the ratio remains 1:50.

Similarly, from the perspective of all three groups, improvements in the protection of children is evident whereby the majority of CFS schools provide a safe haven conducive to learning and free from danger. The physical and emotional health of a child is also vital for achieving CFS. Musila (2015) notes that emotional support is provided to students such that 71.4% of teachers agreed that psychological services were available. This is re-enforced by GCN whereby teachers have been trained to provide counselling and emotional support to girls who have experienced female genital mutilation (FGM) and child marriages, and to protect children from abuse in all forms by reporting them to the relevant authority.

In contrast no academic literature discusses a safe learning space free from physical violence. Although the Kenyan and Ugandan governments have a no corporal punishment policy it still occurs throughout schools and thus its research although sensitive, is imperative. In contrast Aidlink's partner organisations openly discuss the issues of physical violence in schools. CM note that there has been significant progress made in the reduction of physical violence and

although corporal punishment has not been fully eliminated it has been significantly reduced as a result of Aidlink's intervention. Furthermore, GCN note the reduction of gender based violence in the schools they work with but again not a complete eradication. They have taken steps to bring this into the public realm, creating dialogue of the issue between teachers, parents and the local communities in an attempt to completely stop it occurring.

4.4 Gender-Responsivity

Although challenges remain in the enrolment and retention of girls in education, across all three groups significant progress and success has occurred in the fourth component: gender-responsivity. Uganda's National Strategy for Girls' Education (NSGE) (2015-2019) developed in collaboration with UNICEF, highlights many of the successes of gender-responsivity with regards to girls' access to primary education, whereby access has nearly reached the ratio of one girl to one boy. This is supported by the academic literature whereby Kirk and Sommer (2006) note that in lower classes in primary school the gender ratio is equal, although by late primary school the number of girls drops dramatically. Furthermore, CM note that there are no initial barriers facing girls entering primary education such that there are more girls than boys at the first point of enrolment, however high dropout rates reverse this trend. Although, they do indicate that the ratio of girls to boys is 1:3 but can be up to 1:8 in more rural areas where families are traditional in their beliefs that girls should be homemakers. In line with the academic literature as children progress through each class in school the gender parity decreases.

Although increased enrolment of girls in primary education is evident there are still persistent barriers to girls' participation, retention and academic outcome (MoES et al., 2013). This is reflected in the fact that the school dropout rate is significantly higher for girls than boys. According to CM and CGN the reasons for this include child marriages, the lack of value placed on a girl's education, financial constraints, and the onset of menstruation. Additionally, GCN note that FGM exists within many of the school where they operate because it is a Massai culture for girls to be "cut" around the age of nine in preparation for marriage. Although FGM is now illegal it is still carried out in secret. However, rather than girls dropping out of school as they did in the past and forced into early marriage, GCN's engagement with the community (in particular local leaders) has highlighted the value of girls' education resulting in an increasing number of girls returning to school to finish their primary education. This is an

important fact as every extra year a girl remains in school decreases the likelihood of their own daughters experiencing FGM in the future. This will have a massive impact on the future generation of girls in the Massai tribe.

In addition to FGM and child marriages another barrier preventing the retention of girls in education is the onset of menstruation. This is reflected in the fact that across Sub-Saharan Africa 1 in 10 girls do not attend school during their monthly menses resulting in immediate impacts on their educational outcomes in both the short and long-term (WHO and UNICEF, 2013). The academic literature also suggests that there is a negative impact on a girl's learning if absent for several days a month (Wambugu and Kyalo, 2014). In response to these barriers the CFS model has explicit school-based initiatives addressing issues of sexuality and menstruation in schools to increase girls' retention.

One such initiative is the implementation of menstrual management practices of supplying sanitary kits to girls bringing the tabooed issue into the public realm (MoES et al., 2013). The academic literature supports the UNICEF rhetoric about the importance of normalising girls' menstruation such that many girls drop out of school as a result of being teased by their male counterparts about their monthly menses (Wambugu and Kyalo, 2014). Furthermore, it suggests that increased awareness of the importance of sanitation facilities for girls results in greater retention and educational outcome of girls in schools with the onset of menstruation (Kirk and Sommer, 2006). This has been achieved by CM who have introduced counselling to girls entering puberty to try support them emotionally and ensure they remain in school.

Another barrier related to the onset on menstruation is inadequate sanitary conditions in schools. UNICEF note that the gender-responsivity progress and success has been aided by strides made in the health element of the third component through increased sanitation with the construction of separate sanitation facilities for girls and boys (MoES et al., 2013). The academic literature suggests that poor sanitary conditions and the inadequate provision of sanitary supplies negatively impacts girls' access, participation, retention and performance in school (Wambugu and Kyalo, 2014). Furthermore, they suggest that 51% of absenteeism arises from a lack of sanitary facilities available. Additionally Kanamba (2014) note that a high ratio of girls to toilet facilities also acts as a barrier facing girls' in attending school during their menstruation. Aidlink have worked to create adequate sanitary facilities to increase the

retention of girls in school. The construction of girl-friendly latrines is at the heart of GCN. In each of the 120 schools they work with, 5 door bathroom facilities, 4 latrines and 1 changing room for girls to have privacy during their monthly menses have been constructed. This has resulted in increased enrolment and retention and thus the education outcome of girls.

In addition to the provision of latrines for girls in school, the provision of sanitary towels is also vital for the retention of girls in education. An extensive amount of academic literature focuses on this issue. Kirk and Sommer (2006) highlight how a lack of provision of sanitary protection acts as a barrier for girls attending school in southern Sudan. In Ghana the provision of sanitary towels and proper education on menstrual management and hygiene decreased the absenteeism rate from 21% of school days to just 9% of school days (Montgomery et al., 2012). Furthermore, the research carried out by Montgomery et al. (2016) looks at the impact of the provision of sanitary towels on the dropout rates of girls using a quasi-randomised controlled trial. The results suggest that in schools where sanitary towels were not provided, dropout rates were 17.1% lower than schools where towels were provided. Similarly in Kenya, Wambugu and Kyalo (2014) report girls' dropping out of primary school due to an inability to purchase sanitary pads in order to attend school.

Aidlink and GCN were the pioneers in the provision of sanitary towels in primary schools in Kenya in 2003-2004 through the Sanitary Towel Campaign, allowing girls the opportunity to attend school during their monthly menses. Furthermore, they were mavericks in lobbying the government for the provision of such towels in all schools, resulting in the Kenyan government introducing a sanitary towel budget for 5th, 6th and 7th class. This has resulted in the increased retention of girls in schools throughout the country. In contrast in Uganda there is no such provision, however, another one of Aidlink's partner organisations, Voluntary Action for Development are leading a national campaign for the inclusion of sanitary towels in the education budget. Currently, the Ugandan government provides sanitary towels for 7th class girls in urban areas. However, to achieve the CFS model this must be expanded to lower classes and rural areas. From the evidence presented in this section it is clear that significant progress has been made, however, maintained pressure on governments in the construction of latrines and provision of sanitary towels is vital in girls' retention in education.

4.5 Community Support and Involvement

There is a divided consensus among UNICEF, the academic literature and Aidlink's own experience with regards to the fifth component: community support and involvement. UNICEF outlines the challenges of such involvement while the Aidlink indicates great success in this component, while the academic literature remains divided. The importance of parental participation and community involvement is imperative to the successful implementation of the CFS model (Psacharopoulos and Patrinos, 2002; UNICEF, 2009a). UNICEF note that schools with high levels of family and community involvement have stronger conditions for child-centred learning, feeding into the third component of the CFS model whereby students feel safer, engaged and more supported (2009b). Similarly, Musila (2015) notes that community involvement is effective in achieving various CFS components, improving the performance of teachers. According to teachers, parental involvement improves the academic performance of children resulting in a "win-win" situation for the achievement of the CFS model.

The challenge to achieving this is ensuring community involvement is carried out in a meaningful manner. However, UNICEF suggest that community support and involvement is in fact not carried out in a meaningful way. This is reflected in the statistic that less than 3% of UNICEF's CFS budget is destined for improved community involvement (UNICEF, 2009b). Another challenge in implementing the CFS model is a lack of parental support outlined in the academic literature. Poor teacher-parent relationships acts as a barrier to fully implementing the CFS model because this poor relationship results in pupils' negative attitudes towards teachers, further compounding the difficulty of implementation (Kanamba, 2014).

In complete contrast the experience of Aidlink's partner organisations are extremely positive highlighting the successful achievement of the fifth component of the model. This is as a result of Aidlink's emphasis on strengthening parental involvement. There is an absolute agreement across Aidlink's partner organisations such that the best functioning schools are those with the strongest parental involvement. This results in a trickle-down effect such that teachers are more motivated resulting in children being enthused by them, resulting in improvements in their academic performance. The level of parental involvement differs from schools depending on the capacity of the parents. In schools where parents have greater financial resources the parents are more involved compared to parents who are financially constrained and lack the capacity to contribute, however they note that the desire to be more involved is present.

Similarly, GCN suggest a strong parental presence in the schools they work through school forums for parent meetings, responding to child abuse cases and referral systems to protect children. They also suggest that strong community involvement has a positive effect on girls' access, retention and educational outcome while enhancing the learning environment. Furthermore, it has resulted in a reduction of gender based violence, ensuring that the voice of the child is at the centre of the school.

5. Conclusion

It is clear from the extensive evidence outlined above that significant progress has been made in the adoption and implementation of the CFS model through the eyes of UNICEF, the academic sphere and Aidlink. Although significant challenges still persist from the perspective of all three groups the very acknowledgement of such problems will aid them in overcoming these issues in the future. UNICEF outlines the significant progress of the first component such that there is increased universal access to education globally, however, all three groups note that there is a lack of access for children with physical and mental disabilities. Therefore, increased pressure on governments is needed to ensure access to education for all children in the future.

There has been progress made in the achievement of academically effective and relevant education for children primarily due to the models adaptability whereby it can be tailored for specific country contexts. However, significant challenges still remain centred around issues of resource constraints. Across all groups a lack of adequate school facilities, large class sizes and a lack of teaching materials are noted. Thus, increased financial support is needed to improve these issues. Furthermore Aidlink is the only group to note the provision of teacher training. Significant progress has been made in health, safety and protection across all three groups. Progress includes the construction of latrines, improved clean water supplies and improvements in emotional support. However, several challenges still remain including the high ratio of children to latrines and the complete elimination of physical violence from schools. Again, stronger punishments enforced by the legal system for the use of corporal punishment are essential to eradicate it.

The component that has seen the greatest progress is that of gender-responsivity. There has been increased enrolment, retention and educational outcome, although schools are still dominated by gender stereotypes. Increased latrine provision coupled with improvements in the supply of sanitary towels has aided the retention of girls from the perspective of each group. Finally, there are differences across the perspective of each of the groups with regards to community support and involvement such that as a result of Aidlink's programmes, there has been increased involvement in CM and GCN, however UNICEF and the academic literature suggest challenges to meaningful participation remain. Although many challenges in the adoption of the CFS model remain, the significant progress that has already been made

cannot be underestimated as it has improved the educational access and outcome of thousands of children across Kenya and Uganda.

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Appendix A- Semi-Structured Interview Guide

1. Before we get started I just want to ask for your consent to record this interview so that it can be transcribed later?
2. What is your name and official job title in the Girl Child Network organisation/ Caritas MADDO.
3. Tell me a small bit about the history of your organisation.

Inclusivity of all children

1. How would you rate the inclusivity of all children in the schools that you work with- very poor, poor, average, good or very good based on?
 - a. Gender
 - b. Ethnicity
 - c. Physical and mental disabilities
2. What kinds of facilities do the schools have to cater for children with physical and mental disabilities? *Can you discuss them for me?*
 - a. What are the main challenges to ensuring that schools can cater for children with physical and mental disabilities?

Effective teaching and learning

1. Do the teachers in the schools you work with know what the CFS model is? How would you rate their awareness of the model on a scale of very poor, poor, average, good or very good.
2. Is there in-service training for the teachers to increase their awareness of the CFS model and if so what does the training involve?
3. As a rough estimate of your own knowledge how many children are in each class between standard 1-3, 4-5 and 6-7?
4. Are there textbooks available in the schools?
 - a. If so roughly how many students share one book?
 - b. Are these books appropriate to the curriculum?
 - c. What would you say are the conditions of these books on a scale of very poor, poor, average, good, and very good.
5. What type of resource constraints do the schools you work with face?
6. Are there visual learning aids in the classrooms such as maps and posters on the walls?

Health, safety and protection

1. How would you describe the physical conditions of the infrastructure of the schools, the classrooms and the playgrounds?
2. Are the schools free from physical violence in all forms?
 - a. *Specific to Caritas MADDO- I know you led a big campaign on schools in the district to completely abolish corporal punishment- has it led to a reduction in physical violence?*
3. Is there access to clean drinking water in all schools?
4. Are there separate latrines for boys and girls in all schools?
5. Are the latrines adapted for those with physical disabilities?
 - a. Feel free to expand on any of these if you feel the need to.

Gender equality

1. What would you estimate the ratio of boys to girls is in the school?
2. What are the barriers to entry girls face in accessing education?
3. What are the main reasons for girls dropping out of school?
 - a. What measures can be taken to prevent it happening?

Community Involvement

1. How are the community involved in the schools operations?
2. What is the impact of stronger parental and community involvement?

Concluding Questions

1. From your own experience is the CFS model adaptable to the specific context of where you operate and *why is this the case?*
2. Has the model helped in achieving higher rates of female enrolment and retention? *If so how has it?*
3. Can you describe the biggest challenges to achieving and implementing the CFS model in the schools?
4. What are the biggest successes of the CFS model in the schools? *Why are these the biggest successes?*